IN THIS ISSUE

Acknowledgment of Medical Writers in Medical Journal Articles: A Comparison From the Years 2000 and 2007

Of Pirates, Ghosts, and the Fool: Stumbling Toward a Unified Theory of Medical Writing

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

- Publish articles on issues, practices, research theories, solutions to problems, ethics, and opportunities related to effective medical communication.
- Enhance theoretical knowledge as well as applied skills of medical communicators in the health sciences, government, and industry.
- Address the membership's professional development needs by publishing the research results of educators and trainers of communications skills and by disseminating information about relevant technologies and their applications.
- Inform members of important medical topics, ethical issues, emerging professional trends, and career opportunities.
- Report news about AMWA activities and the professional accomplishments of its departments, sections, chapters, and members.

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FEATURES

2 Acknowledgment of Medical Writers in Medical Journal Articles: A Comparison from the Years 2000 and 2007
By Susan A. Nastasee, MS

8 Of Pirates, Ghosts, and the Fool: Stumbling Toward a Unified Theory of Medical Writing
By Art Gertel

10 Open Session Summaries From the 2009 AMWA Conference

20 Exploring Diversity and Common Ground in Medical Communication: Continuing Medical Education—Here Today, Here Tomorrow
By Scott Kober, CCMEP

26 AMWA Expands Workshop and Certificate Program
By Susan E. Aiello, DVM, ELS

DEPARTMENTS

23 BRIEFLY NOTED
24 FREELANCE FORUM
25 SPOTLIGHT ON ETHICS
26 PROFESSIONAL DEVELOPMENT
31 CALENDAR OF MEETINGS
32 SOCIAL MEDIA
34 MEDIA REVIEWS
38 WEB WATCH

COLUMNS

35 MELNICK ON WRITING
36 DEAR EDIE
47 PAGE BREAK

AMWA MATTERS

39 NATIONAL NEWS
43 CHAPTER CORNER
45 MEMBER MUSINGS
48 INSTRUCTIONS FOR CONTRIBUTORS
ACKNOWLEDGMENT OF MEDICAL WRITERS IN MEDICAL JOURNAL ARTICLES: A COMPARISON FROM THE YEARS 2000 AND 2007*

By Susan A. Nastasee, MS
Publications Writing Leader, External Medical Communications, Pfizer Inc., Collegeville, PA

ABSTRACT
During the past several years, authorship and the use of unacknowledged writers have been controversial topics of discussion among journal editors, scientists, and medical writers. The purpose of this study was to determine whether the acknowledgment of medical writers’ contributions to papers published in medical journals has increased over time.

Articles from nine medical journals published during the years 2000 and 2007 were reviewed to determine whether the contributions of a medical writer were acknowledged. Medical writing was defined as writing assistance or support, editorial assistance, preparation of the manuscript, or assistance with preparation of the manuscript. Other information retrieved included whether the article delineated the author(s)’ specific contributions to the manuscript and the funding sources for the study.

A total of 581 articles were reviewed. Of the 334 articles reviewed that were published in 2000, 17 (5.1%) included an acknowledgment of a medical writer (4 for editorial assistance, 8 for assistance with preparation of the manuscript, 5 for preparation of the manuscript). Of the 247 articles reviewed that were published in 2007, 28 (11.3%) included an acknowledgment of a medical writer (11 for editorial assistance, 12 for assistance with preparation of the manuscript, 5 for preparation of the manuscript). For all articles reviewed, the authors’ specific contributions to the manuscript were listed in 34.1% of the articles from the year 2000 and 59.1% of the articles from the year 2007. The frequency of acknowledgments of funding sources was similar for both years (62% and 61% for 2000 and 2007, respectively).

In the journals and time frame studied, an overall 2-fold increase in the frequency of acknowledgments of medical writers was observed. More comprehensive research is needed to confirm these findings and to discern the reasons for the observed increase.

Authorship-related issues have become prevalent in discussions about the integrity of research results published in medical and scientific journals. Numerous publications have addressed the specific issues of the use of unacknowledged authors (referred to as ghostwriting) and authorship criteria for publication, including the acknowledgment of professional medical writers.1-6 These issues are complex, and the motives surrounding their increased attention are varied in nature and context.

Because of the controversy surrounding these issues, a number of medical writing organizations have developed statements that define the valued roles of professional medical writers and emphasize the importance of appropriately acknowledging their contributions to scientific publications.7-9 AMWA convened a task force in 2001 and subsequently published a position statement in 2003.7 The task force determined that there is a general lack of understanding about the nature and value of a professional medical writer’s contribution to manuscript preparation and a perception that these contributions are not disclosed or acknowledged.7 AMWA’s position statement indicates that “biomedical communicators who contribute substantially to the writing or editing of a manuscript should be acknowledged.”7 Similar guidelines were published by the European Medical Writers Association (EMWA) in 2005. The EMWA guidelines highlight the importance of transparency of medical writers’ contributions to manuscript preparation on behalf of named authors.8 The guidelines state that while medical writers may not meet the criteria for authorship, their involvement and the source of their funding should be acknowledged.8 The International Society for Medical Publication Professionals (ISMPP) published a similar statement supporting “complete and transparent disclosure of the role of the medical writer and the source of funding.”9 ISMPP also endorsed the use of the contributorship model as suggested by the British Medical Journal.9

In the context of the current environment of mistrust and the need for increased transparency, it is essential that the role of the medical writer be acknowledged in a publication. The purpose of this study

*This study was undertaken, in part, as a requirement for a Master of Science in Biomedical Writing at the University of the Sciences in Philadelphia, Philadelphia, PA.
was to determine whether the acknowledgment of medical writers’ contributions to papers published in medical journals has increased over time.

METHODS
Using the International Committee of Medical Journal Editors (ICMJE)’s 2001 article on “Sponsorship, authorship, and accountability” as an arbitrary time point, I compared articles published in the years 2000 and 2007 from nine medical journals, some of which were represented by the authors of the ICMJE article. The medical journals used for this analysis were

- Annals of Internal Medicine (Ann Intern Med)
- Archives of Internal Medicine (Arch Intern Med)
- British Medical Journal (BMJ)
- Canadian Medical Association Journal (CMAJ)
- Croatian Medical Journal (Croat Med J)
- Journal of the American Medical Association (JAMA)
- Lancet
- New Zealand Medical Journal (NZ Med J)

For the year 2000, I selected journal issues published in June and December. For 2007, I reviewed issues published in January and December. The issue dates were selected arbitrarily but also to include a varied selection. Of note, the November 2000 issues of CMAJ was reviewed because the December 2000 issue was a special holiday issue with articles of a humorous nature. The February 2007 issue of Croat Med J was reviewed because a January 2007 issue was not available.

Most medical journals categorize their articles under specific headings or sections. I selected from the following categories on the basis of their potential to include articles that involved the contributions of a medical writer: Original Articles or Investigations, Papers, Research, Research Letters, Brief Reports, Special Articles, Review Articles, Supplements, Commentaries (in some issues), Case Reports, Clinical Sciences, Public Health, and Basic Sciences. I did not review letters to the editor, editorials, and news sections, given the unlikely involvement of a medical writer in the preparation of articles for these sections.

All articles were first reviewed online to determine whether an acknowledgments section was included. If one was provided, this section was reviewed to determine whether a medical writer was acknowledged. For this study, I assumed that a medical writer was acknowledged if the acknowledgments section contained the following text: writing assistance or support; editorial assistance; preparation of the manuscript; or assistance with preparation of the manuscript. Medical writing was not defined as review of a manuscript, technical support, or secretarial or administrative support.

For all articles reviewed, the following information was recorded: name of the journal and the article’s citation (issue date, volume number, page number(s), name of first author); a brief description of the acknowledgment (if provided); an indication of whether or not writing support was acknowledged and, if yes, the wording of the acknowledgment; identification of funding support for the study and/or manuscript (eg, from a government agency, pharmaceutical company, society or association); and whether the article delineated individual authors’ specific contributions to the manuscript.

RESULTS
A total of 581 articles were reviewed, 334 from the year 2000 and 247 from the year 2007. Table 1 shows the distribution of articles by medical journal.

<table>
<thead>
<tr>
<th>Journal</th>
<th>YEAR 2000</th>
<th>YEAR 2007</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No. of articles reviewed</td>
<td>No. with medical writer acknowledgment</td>
</tr>
<tr>
<td>Ann Intern Med</td>
<td>27</td>
<td>2</td>
</tr>
<tr>
<td>Arch Intern Med</td>
<td>49</td>
<td>4</td>
</tr>
<tr>
<td>BMJ</td>
<td>40</td>
<td>1</td>
</tr>
<tr>
<td>CMAJ</td>
<td>27</td>
<td>0</td>
</tr>
<tr>
<td>Croatian Med J</td>
<td>27</td>
<td>0</td>
</tr>
<tr>
<td>JAMA</td>
<td>44</td>
<td>1</td>
</tr>
<tr>
<td>Lancet</td>
<td>46</td>
<td>0</td>
</tr>
<tr>
<td>N Engl J Med</td>
<td>56</td>
<td>5</td>
</tr>
<tr>
<td>NZ Med J</td>
<td>18</td>
<td>4</td>
</tr>
<tr>
<td>TOTAL</td>
<td>334</td>
<td>17</td>
</tr>
</tbody>
</table>
indicating how many of them acknowledged the contributions of a medical writer, identified the study’s funding sources, and delineated the specific contributions of each author.

For all journals combined, an overall 2-fold increase in the frequency of acknowledgments of medical writers—from from 5.1% (17/334) in 2000 to 11.3% (28/247) in 2007—was observed over the publication period examined. The frequency of medical writer acknowledgments for each journal, by year, is illustrated in Figure 1. Seven of the 9 journals (Ann Intern Med, Arch Intern Med, CMAJ, Croat Med J, JAMA, Lancet, and N Engl J Med) showed higher rates of medical writer acknowledgments in 2007 than in 2000; and 2 journals (BMJ and NZ Med J) showed a decline.

For all 334 articles reviewed from 2000, more than half (61.7%) indicated that the study was supported by some sort of funding, and approximately one-third (34.1%) listed the authors’ specific contributions to the manuscript. These contributions included conception and design of the study, analysis and interpretation of data, drafting of the manuscript, critical revision of the manuscript, and final approval of the manuscript.

The results from this study demonstrated an overall increase in the frequency of acknowledgments of medical writers in the journals studied from the year 2000 (5.1%) to the year 2007 (11.3%). This increase was evident in all but 2 of the 9 journals that were reviewed (Figure 1). While there could be various explanations for the lack of increase in the 2 journals, the overall increase in the rate of medical writers being acknowledged for their contribution to manuscripts is an important observation. Limitations to this study must be considered. Only a select group of journals were reviewed, and the results might not be generalizable to all journals. Additionally, the timeframe was an arbitrary selection and might not represent the true changes that have occurred across all journals and over time. Therefore, additional research is needed to confirm the observed increase over a wider range of journals for a longer period of time (eg, 1 year rather than 2 months of a year).

The lack of acknowledgment of the “actual” medical writer of medical

**Figure 1.** Frequency of medical writer acknowledgment by journal and year.

<table>
<thead>
<tr>
<th>Journal</th>
<th>2000</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIM</td>
<td>7.4</td>
<td>18.2</td>
</tr>
<tr>
<td>ArIM</td>
<td>2.5</td>
<td>13.2</td>
</tr>
<tr>
<td>BMJ</td>
<td>0.0</td>
<td>0.5</td>
</tr>
<tr>
<td>CMAJ</td>
<td>0.0</td>
<td>2.3</td>
</tr>
<tr>
<td>CroMJ</td>
<td>0.0</td>
<td>11.1</td>
</tr>
<tr>
<td>JAMA</td>
<td>1.1</td>
<td>14.3</td>
</tr>
<tr>
<td>LANC</td>
<td>0.0</td>
<td>15.8</td>
</tr>
<tr>
<td>NEJM</td>
<td>0.0</td>
<td>12.2</td>
</tr>
<tr>
<td>NZMJ</td>
<td>0.0</td>
<td>5.6</td>
</tr>
</tbody>
</table>

**Articles Published in 2000**

For the 17 identified articles published in 2000 that acknowledged a medical writer, the contribution was described as either editorial assistance (four articles), assistance with preparation of the manuscript (eight articles), or preparation of the manuscript (five articles). Most of the acknowledgments (13/17, 76.5%) appeared in 3 of the 9 journals: N Engl J Med, Arch Intern Med, and NZ Med J (Table 1). In 3 journals (CMAJ, Croat Med J, and Lancet), no articles were found that included an acknowledgment of a medical writer. Most of the articles that acknowledged a medical writer also acknowledged a funding source for the study (12/17, 70.6%).

**Articles Published in 2007**

For the 28 identified articles published in 2007 that acknowledged a medical writer, the contribution was described as either editorial assistance (11 articles, 2 of which indicated that the editorial support was on behalf of or funded by a pharmaceutical company), assistance with preparation of the manuscript (12 articles, 1 of which indicated that the writing was funded by a pharmaceutical company), or preparation of the manuscript (five articles, 2 of which indicated that the writing was funded by a pharmaceutical company). All but 1 journal for the year 2007 (BMJ) contained articles with an acknowledgment of a medical writer (Table 1). Most of these acknowledgments (24/28, 85.7%) appeared in 5 of the 9 journals (Lancet, Arch Intern Med, N Engl J Med, Ann Intern Med, and JAMA). Half of the 28 articles that acknowledged a medical writer also acknowledged some sort of funding source for the study.

For the 247 total articles reviewed in 2007, 61.1% indicated that the study was supported by some sort of funding, and 59.1% contained a delineation of authors’ specific contributions to the manuscript. These contributions included conception and design of the study, analysis and interpretation of data, drafting of the manuscript, critical revision of the manuscript, and final approval of the manuscript.

**DISCUSSION**

The results from this study demonstrated an overall increase in the frequency of acknowledgments of medical writers in the journals studied from the year 2000 (5.1%) to the year 2007 (11.3%). This increase was evident in all but 2 of the 9 journals that were reviewed (Figure 1). While there could be various explanations for the lack of increase in the 2 journals, the overall increase in the rate of medical writers being acknowledged for their contribution to manuscripts is an important observation. Limitations to this study must be considered. Only a select group of journals were reviewed, and the results might not be generalizable to all journals. Additionally, the timeframe was an arbitrary selection and might not represent the true changes that have occurred across all journals and over time. Therefore, additional research is needed to confirm the observed increase over a wider range of journals for a longer period of time (eg, 1 year rather than 2 months of a year).

The lack of acknowledgment of the “actual” medical writer of medical
journal articles has been the subject of many articles.\textsuperscript{1,4,10-12} In a survey of corresponding authors from peer-reviewed medical journal articles published in 1996, Flanagin and colleagues found an 11% prevalence of articles that were “ghost authored.”\textsuperscript{13} They defined a ghost author as either an individual not listed as an author but who made “contributions that merited authorship” or an “unnamed individual who participated in writing the article.”\textsuperscript{13} Most (88%) of the ghost authors in the survey study met the first definition. While the practice of ghostwriting or ghost authoring may still be occurring, the results from the present study suggest that transparency is improving as it relates to the acknowledgment of a medical writer’s contribution to a publication. Although the numbers of acknowledgments that I identified were small, their frequency more than doubled from the year 2000 to 2007. In addition, the listing of authors’ specific contributions increased from 34.1% in the year 2000 to 59.1% in the year 2007.

The motivations and reasons for these increases are likely not ascribable to a single factor. Rather, the current environment regarding transparency, various journals’ instructions to authors that require such delineations, and the ICMJE’s statement on authorship criteria together may have provided an impetus for these changes. In a paper that explored issues related to acknowledgment of medical writers, EMWA stated that “skilled medical writers are an important resource and can improve the quality of scientific papers” by “speeding the publication process, improving readability of papers [and]…improving the quality of papers by providing critical appraisal and assuring that reporting guidelines are met.”\textsuperscript{14} However, EMWA also noted that the benefits of involving professional medical writers are not widely recognized outside the profession and that involvement of a medical writer should be fully transparent. The authors further stated that authorship guidelines could better address this issue.\textsuperscript{14}

Guidelines for authorship are frequently included in a journal’s instructions to authors. Many of the journals reviewed for this study included a discussion of authors’ and medical writers’ contributions in their instructions to authors at the time of study (2008). In the section titled “Authorship: Criteria and Policy,” the instructions to authors in Ann Intern Med clearly state that the manuscript should “note people who made substantial, direct contributions to the work but did not meet the criteria for authorship in the Acknowledgments section, and should provide a brief description of their contributions.”\textsuperscript{15} The instructions further state that medical writers can be “legitimate contributors” and that a description of their roles, affiliations, and potential conflicts of interest should be included upon submission of a manuscript: “These writers should receive acknowledgment in the byline or in the Acknowledgments section…The Editors consider failure to acknowledge the contributors ghostwriting, and ghostwriting is unacceptable.”\textsuperscript{15} BMJ requests that the cover letter accompanying a manuscript submission provide assurances that “any article written by a professional medical writer follows the guidelines” put forth by EMWA.\textsuperscript{16} BMJ specifically states that the role of medical writers must be transparent: “please name any professional medical writer among the list of contributors…and specify in the formal funding statement for the article who paid the writer.”\textsuperscript{16} The instructions to authors in CMAJ request that a person who provided “writing assistance” be acknowledged along with others who contributed to the article but did not meet the criteria for authorship.\textsuperscript{17} The Croat Med J uses similar wording in its “Guidelines for Authors.”\textsuperscript{18} JAMA requires the corresponding author to complete an Authorship Form that includes an Acknowledgment Statement. This statement requests that those who made substantial contributions, including writing or editing assistance, “be named with their specific contributions in an Acknowledgment in the manuscript.”\textsuperscript{19} Likewise, Lancet’s “Information for Authors” states that “all authors of and contributors to Articles (including medical writers and editors) must describe their individual contributions.”\textsuperscript{20} An example of such language and format is provided. The Web site for the N Engl J Med includes a list of editorials that summarizes the journal’s major policies. The policy “On Authors and Contributors,”\textsuperscript{21} while not specifically mentioning medical writing, states that all those who contributed substantially but do not meet authorship criteria should be listed in an appendix.

Additionally, the publication of position statements on the contribution of medical writers to scientific publications by organizations with medical writer membership (eg, AMWA, EMWA, and ISMPP)\textsuperscript{7-9} has provided support for the transparency of the medical writer’s role. In a 2008 New York Times Letter to the Editor, Sue Hudson, then-president of AMWA, reiterated the organization’s advocacy for the full acknowledgment of a medical writer’s contributions to a scientific publication, including the full disclosure of potential conflicts of interest (eg, financial support). Hudson stated, “transparent disclosure of the roles of contributors avoids ghostwriting and allows readers to evaluate the credibility of research reports.”\textsuperscript{22} More recently, 2008-2009 AMWA President Cindy Hamilton responded to an article in The New York Times about the frequency of ghostwriting in medical
journals, emphasizing that ghostwriting is unethical and “must be distinguished from collaboration between researchers (authors) and professional medical writers, whose contributions and financing are disclosed.” Furthermore, she invited others “to join our efforts to promote transparency and awareness of ethical guidelines.”

In the fall of 2008, AMWA conducted a ghostwriting survey of its membership. The 14-question survey specifically queried members about the frequency of “undisclosed substantial contributions” and how it has changed over the last 5 years. The survey also addressed the acknowledgment of medical writers’ contributions, inquiring whether the medical writer requests acknowledgment when making a substantial contribution and whether such a request is granted, and whether the medical writer’s pertinent professional or financial relationship is disclosed or allowed to be disclosed. The results from this survey should provide much-needed information about the current environment of medical writer acknowledgment from the perspective of medical writers.

In conclusion, the results from this study suggest the acknowledgment of medical writers in medical journal articles is increasing. The reasons are uncertain, and it may be that medical writers were used more often in 2007 than in 2000, and thus were acknowledged more frequently. Additionally, changes in authors’ guidelines for medical journals from the years 2000 to 2007 need to be considered in the context of this study’s findings. More research is warranted to confirm the findings from this study.

Acknowledgment
I am grateful to Robert Goldberg-Alberts for helpful advice and discussions about the manuscript, and to the AMWA Journal editors for their constructive suggestions that improved the manuscript.

Author disclosure: The author notes that she was employed as a medical writer by Wyeth Pharmaceuticals, which was acquired by Pfizer Inc. in October 2009. The paper was written by the author without content analysis or editorial assistance from Wyeth Pharmaceuticals or Pfizer Inc. It represents the author’s independent analysis and is in no way attributable to Wyeth Pharmaceuticals, Pfizer Inc., or any of their affiliates.

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10. Sismondo S. Ghost management: how much of the medical literature is shaped behind the scenes by the pharmaceutical industry? PLOS Med. 2007;4:1429-1433.
Baseball, Beer, and Bräts…

Milwaukee is proud to be known for the 3 Bs (baseball, beer, and bräts), but there is much more to this thriving city just waiting to be discovered by AMWA attendees!

Milwaukee is a true American city, where old and new worlds blend across the urban landscape from busy downtown corridors to ethnic neighborhoods filled with small shops and restaurants. Visitors to this melting-pot city can take a gustatory trip around the world experiencing the tastes of Germany, Italy, Ireland, India, and beyond. And there is no better place to find the perfect American burger. Bring your appetite; Milwaukee is simply yummy!

The Milwaukee Art Museum is Wisconsin’s premier destination for art and culture. Located on beautiful Lake Michigan, the museum is a marvel both inside and out. The Brise Soleil (the signature wings of the museum’s graceful Quadracci Pavilion) has quickly become the symbol of the city. The 217-foot wingspan opens and closes twice a day, creating a marvelous spectacle that has to be seen to be believed.

The Harley-Davidson Museum tells the story of the rich history, heritage, and camaraderie of HD riders. With hundreds of motorcycles and artifacts, you might just contemplate what it would be like to take to the open road on a Harley! You can browse the gift shop or have a tasty lunch at the one of the Harley-themed eateries: Motor or Café Racer.

Looking to experience the history of the town’s rise to fame through its breweries? One of AMWA’s tours makes a stop at the Pabst Mansion. Once home to Captain Frederick Pabst, founder of the famous brewery, the mansion boasts stunning interiors with original furnishings, elaborate wall coverings, brilliant stained glass, and rare art.

With a world-renowned zoo (AMWA is offering a behind-the-scenes tour), the famous Mitchell domes, numerous breweries, Discovery Pier, various music venues and nightlife spots, and more, Milwaukee has it all!

Join us in this friendly city as AMWA celebrates its 70th Anniversary this fall. Come for the education and networking opportunities of the conference and take the time to discover a city that offers the best of everything for an unforgettable and affordable experience!

AMWA’s 70th ANNUAL CONFERENCE
November 11-13, 2010
Milwaukee, WI

Photos courtesy of Greater Milwaukee Convention & Visitors Bureau

American Medical Writers Association
The Resource for Medical Communicators
The journey of professional development in the world of medical writing can be quite an adventure. For many, it is a career happened upon—combining the fascination with science and the expressiveness of writing.

As this year’s recipient of AMWA’s Harold Swanberg Distinguished Service Award, I was challenged to prepare an address that would somehow reflect on my personal journey and the philosophies that have evolved along the way. How did I come to find a home in the world of medical writing? What life experiences best prepared me for this role? How did I end up making this career choice?

**Early Career Choices.** When I look back on early career choices, I, like many other boys of my generation, thought that being a cowboy would be a great career. Enchanted by such heroes as Roy Rogers, The Lone Ranger, and The Cartwrights (well, perhaps not Hoss), this seemed like an ideal life. You get to be out on the prairie, ride horses, come back to the chow wagon at the end of the day...not bad. After a few early mishaps in and out of the saddle, I had second thoughts. Maybe the cowboy life was a bit too dangerous!

**Tarot as Metaphor.** In seeking the inevitable metaphors, I considered the exercise of Tarot Card readings. The Tarot is, for me, an exercise in creative story-telling...interpreting the milestones along the pathway of life. The Fool, represented by Card Zero, embarks on Life’s journey, unaware that the beginning of one phase always represents the end of another. So, stumbling down this pathway toward a unified theory of medical writing—or at least, how it is reflected in a personal history, the Fool is an ideal companion. You never know where you will end up, but you do know that The Fool will still be with you. Therefore, it’s not such a bad thing to be accompanied by The Fool.

The Tarot allows one to be creative, working with cues—providing structure, yet allowing inspiration.

This is not unlike medical writing—there are rules and structure, yet one gets to apply intuition. Ultimately, the challenge is to pull it all together in a way that both complies with the structure yet tells a compelling, integrated story.

At a more granular level, the Tarot is, in some ways, akin to the medical writer using data as interpretive guides to prepare a study report, dossier, or manuscript. There is a great deal of creativity in bringing together a lot of, often disparate, information into a cohesive whole.

**Piracy.** Each year, the 8th grade class put on a Gilbert & Sullivan operetta. In my year, it was *The Pirates of Penzance*. We had a small class of approximately 80 students which, given the large cast, required that some of us multitask. Thus, I was cast in many roles: policeman, lighting technician, 1st trumpet in the orchestra, and...best of all, A PIRATE! A medical writer too must be a Jack-of-all-Trades—scientist, data interpreter, project manager, writer, editor, and diplomat.

Pirates have become sort of an in-joke among some of the old AMWA hands, and it’s not unusual to hear an occasional “AAARRRGGGHHH,” accompanied by a hooked finger in greeting. That there is a Pirate sub-community within AMWA is emblematic of the persona of the organization. Although we are all serious professionals, we still enjoy the camaraderie of our colleagues and share other dimensions (silly as they may be) beyond the constraints of our careers.

Piracy as a career, though? Me thinks not!
How Soccer Explains the World.
In his book, "How Soccer Explains the World: An Unlikely Theory of Globalization," Franklin Foer delves into soccer as a model for human conflict and cooperation around the globe. It is the spirit of cooperation that is so essential to success in the medical writing profession. I have played soccer all my life. It teaches many useful skills. Soccer is a sport that requires constant interdependence on one’s teammates. You need to work as a unit, back each other up, and look for opportunities to distribute the ball (and potential glory) to your fellow players.

Teamwork is an important characteristic of successful medical writing. You learn selflessness, you learn dedication, you learn commitment. You work with your teammates and very often distribute the glory (authorship?) to the center forward (principal investigator?). Sometimes one is required to make the great “save.” In soccer, you aren’t necessarily the star, but you can contribute; that’s the way medical writing is—you are not usually the person who gets the credit, yet you are instrumental in providing the skills, knowledge, and wherewithal to succeed. So you are distributing those opportunities to your fellow teammates in order to have a successful outcome. That’s a very important characteristic. We have had a lot of debate recently about authorship and what qualifies one to be an author and what qualifies one for acknowledgment. Acknowledge your teammates, even if they were not the goal-scorer. It is teamwork with rules that leaves room for individual creativity, and the result is that the whole is greater than the sum of its parts.

Ghost Busting. Years ago, I purchased a home in upstate New York. It was a 1773 Quaker dairy farmhouse that was used as the headquarters of General “Mad” Anthony Wayne, prior to the Battle of Stony Point in January, 1779. Apparently, the Colonials captured a Hessian mercenary named Litch. They tortured him and left him to die in the house. He has haunted it ever since.

Do not confuse this with what we do to bring value to manuscripts for publication!

We had a lot of discussion about this topic throughout the 2009 conference, and we heard from Karen Woolley, Annette Flanagan, Cindy Hamilton, and others about the need to combat the misperceptions that seem to have a grip on our detractors.

We must be our own best advocates. Educate your colleagues, your family, your friends. Shed light on the subject and exorcise the ghosts of ignorance and misinformation! These exist only because our critics don’t know what we do or how we do it. We must conduct research to provide irrefutable evidence and metrics reflecting value-add and integrity. If we don’t do it, no one will do it for us. Therefore, I urge each of you to individually and collectively work toward providing the supportive evidence and educational pathway to allow us to overcome the Ghost.

We Are Our Own Best Advocates. Marianne Mallia mentioned in the introduction to my session that one of my passions is advocacy for our profession. As a young firebrand in the 70s, I used to view Melville’s Bartleby the Scrivener as a hero—“fighting against THE MAN.” Now, I view him with pity.

Passive resistance without cause is not the road to take. In the end, we can be like Bartleby and “prefer not to” respond...react...deliver the message, or we can get involved in this Association...this profession...and further the cause. We must become advocates for ourselves, our community of professionals, and volunteer our time and energy; unlike many investments in this economy, it will pay dividends! One of the things you heard from our new president in his address was a call to volunteer. Volunteerism is the lifeblood of this organization. This is a clarion call to everyone to step up to the plate and volunteer.

Think Globally. I’ve long been on the globalization soapbox. Our clients are global. Research is global. Product sales are global. The pharmaceutical industry is global. Our profession is global.

We need to consider how best to ally all the diverse professional organizations to best serve us as global professionals. We must create a more unified and representative association of multinational medical writers. We can no longer afford to be parochial. We can no longer afford to draw a firewall between “us” and “them.” We need to consider strategies to best integrate the profession; not necessarily to create a monolithic “Intergalactic Medical Writing Association,” but perhaps to think of ways to create a point-of-contact communication and integration within a core of common ground. I urge you all to think about and to encourage AMWA to work toward that end.

Career Choices, REDUX. When I first joined AMWA and was approached by Howard Smith to take on my first administrative task, Pharmaceutical Section Chair for an annual conference, I felt as if I were being asked to fill the shoes of giants. Everyone on the AMWA Board seemed to be among the pantheon of Roman gods. Little did I know that I would end up HERE!

Throughout this cycle of life, there have been opportunities, career choices, life decisions. There is no end—life is a series of beginnings. It has been an interesting journey. One of commitment and service, undertaken gladly and based on the belief in the importance of this profession in providing value in the advances of science and medicine.

So...the end is the beginning, the past is a prologue.

I think I’ll become a COWBOY!
OPEN SESSION SUMMARIES

FIRST PERSON SINGULAR: CREATIVE NONFICTION AS AN OUTLET FOR MEDICAL WRITERS

Moderator
Sue Russell, MFA
Medical Writer, Thomas Jefferson University, Philadelphia, PA

Speakers
Michael F. Ryan, PhD
President, Medical/Marketing Decisions, Bridgewater, NJ
Sunil Patel, MS
Drug Safety Associate II, Onyx Pharmaceuticals, Emeryville, CA
Donna Miceli
Freelance Writer, Editor, and Public Relations Consultant, DLM Writing Services, Ft Myers, FL

By Min-Fang Huang, MS

In sharing her opinion on the definition of creative nonfiction, moderator Sue Russell, MFA, cited Lee Gutkind, writer and founding editor of the journal Creative Nonfiction. Gutkind defined creative nonfiction as a genre that involves “using scenes, dialogue, description, first-person points of view, all the tools available to the fiction writers while consistently attempting to be truthful and factual.”

According to Russell, memoirs, personal essays, and profiles can all be types of creative nonfiction. She recommended exploring Web sites and blogs, especially the Brevity Web site (www.creativenonfiction.org/brevity), which highlights works of creative nonfiction that are 750 words or less.

Michael Ryan, PhD, read his essay, “What I’ve Learned by Writing a Memoir,” to describe the challenges of writing this type of nonfiction. He defined a memoir as “a personal story...a reflection on past events.” He listed several challenges to writing a memoir.

• Determining how much to reveal of one’s private life
• Writing about yourself
• Identifying who will care about your memoir and focusing on everything that is essential to that story
• Deciding on the appropriate tone
• Concentrating on word choices, tone of voice, and pattern of speech when writing dialogues
• Telling the “truth,” given the reputations and availability of accurate sources

He encouraged the audience to write fiction or creative nonfiction and stated, “Don’t let life happen to you. In your art—make your life happen.”

Sunil Patel, MS, shared his experience of writing creative nonfiction works, and said that he adopted skills used in fiction to approach real lives and events. He also listed several memoirs that he enjoyed.

• Dry and Magical Thinking by Augusten Burroughs
• A Heartbreaking Work of Staggering Genius by Dave Eggers
• Maus by Art Spiegelman
• Fun Home: A Family Tragicomic by Alison Bechdel
• Then We Set His Hair on Fire by Phil Dusenberry

In her presentation, Donna Miceli said that writing a memoir or any piece of creative nonfiction involves writing about what you know, and she shared a technique she learned in a creative writing workshop. She gave the audience about 10 minutes to write down their favorite memory of childhood and encouraged them to describe anything that came to their mind in as much detail as possible. When the allotted time was up, she invited the audience to share what they had written. An important aspect of the creative writing workshop Miceli described is that the group was not allowed to critically comment, in a negative way, on what other group members had written.

As Russell noted, creative nonfiction can be an outlet for medical writers with a desire to express themselves in a different way.

Min-Fang Huang is a graduate student and a freelance science writer and translator in College Station, TX.

GETTING DOWN TO BUSINESS: NONWRITING ISSUES FOR FREELANCES

Speaker
Brian Bass
President, Bass Advertising & Marketing Inc, Robbinsville, NJ

By Kelly L. McCoy

According to his disclosure statement, Brian Bass is not an attorney, accountant, or insurance professional. But he does hire these professionals to help him run his business, and other freelances should too, he said.

Bass began his talk by discussing the legal issues that freelance writers most often encounter; namely, contracts. He said that there are several parts of contracts that writers might not know they should watch out for, and he summarized his list of red flags.

• Noncompete agreements, which may affect one’s ability to work with competing companies or in the same therapeutic area
• Overarching fee agreements that force freelances to bill hourly rather than by project
• Transfer of liability, meaning that a writer may be responsible for content regardless of whether it is significantly different from when it left his or her hands
• Consent to defend, which means that writers pay their clients’ legal fees if a mistake is made in the content
• Insurance requirements that oblige freelances to carry errors and omissions (E&O) or liability insurance

If freelances do come across any of these items, they should try calling the client to see why such a clause was included in the contract to begin with, Bass suggested. Often, clients use a standard template for their contracts and are willing to make adjustments.

In addition to facing legal issues, freelances also make financial decisions—paramount among them, creating an optimal business structure. Not only does a proper business framework provide freelances with personal asset protection, but it also affords them a nice sense of permanence and their clients with the comfort of doing business with an entity, Bass explained.

He then gave a broad overview of the attributes of sole proprietorships, partnerships, S-corporations, and limited liability companies (LLCs) (Table 1).

While discussing these various business structures, Bass also entertained questions from the audience about freelances paying themselves on a consistent basis. He said that if the company has money at the end of the year, S-corporation owners may be able to pay themselves bonuses on December 31 without deducting Social Security or Medicare taxes on that money, instead of having all the money in the company at the end of the year pass through to personal income, as is the case with an LLC.

The final nonwriting issue that Bass covered was the types of insurance that freelances should consider. He suggested getting health insurance, life insurance, long-term disability insurance, and E&O insurance.

Health insurance and life insurance are the ones that freelances definitely need to invest in, he said. Bass noted that term life insurance is relatively cost effective, and policy owners can use the leftover money to make their own investments, while whole life insurance is very expensive and may offer limited investment options.

Long-term disability and E&O insurance are somewhat optional, but also important, according to Bass. Long-term disability insurance protects policyholders against health disasters that do not kill them but leave them unable to function at the capacity they did before the disaster. Investing in such a policy is “one of the greatest things I ever did out of ignorance,” Bass said, since his policy will pay him up to his current full income if such a disaster occurs.

Although Bass does not currently have E&O insurance, he is thinking about getting it. “At the end of the day, you can be as good as you want to be, but people can sue you for anything,” he admitted.

Kelly L. McCoy is the owner of, and a freelance medical writer for, Green Bean Medical Writing, LLC, Atlanta, GA.

Table 1. Comparison of business structures

<table>
<thead>
<tr>
<th>Easy to set up</th>
<th>Sole Proprietorship</th>
<th>Partnership</th>
<th>S-Corp</th>
<th>LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Somewhat</td>
<td>Somewhat</td>
<td>Somewhat</td>
</tr>
<tr>
<td>Cheap to operate</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Protect personal assets</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Keep more $</td>
<td>Yes</td>
<td>Yes</td>
<td>Somewhat</td>
<td></td>
</tr>
</tbody>
</table>

RESOURCES (but not endorsed)

Long-term Disability Insurance
• Mutual of Omaha
• MetLife
  www.metlife.com/individual/insurance/disability-insurance/index.html
• Insure.com
  www.insure.com/articles/disabilityinsurance/long-term-disability.html
• CIGNA
  www.cigna.com/our_plans/disability/long_term/for_you.html

E&O Insurance
• Insurance Journal
  www.insurancejournal.com/magazines/west/2004/07/19/features/44745.htm
• CMF Group
  www.cmfgroup.com
• E&O For Less
  www.eoforless.com
• InsurePro
  www.insurepro.net
SESSION SUMMARIES

GETTING YOUR MANUSCRIPT PUBLISHED

Moderator
Marianne Mallia, ELS
Manager and Senior Medical Writer,
Texas Heart Institute, Houston, TX

Speakers
Christine F. Wogan, MS, ELS
Program Manager, Division Publica-
tions, University of Texas MD Anderson
Cancer Center, Houston, TX
William C. Roberts, MD
Editor in Chief, American Journal of
Cardiology; Executive Director of the
Baylor Cardiovascular Institute, Baylor
University Medical Center, Dallas, TX

By Brent M. Ardaugh

Most authors have had their manuscripts rejected at
least once by journal editors. However, authors can use many
methods to ensure their manuscripts get published.

Authors often underestimate the power of the begin-
ing of a manuscript, and this mistake can be a 1-way
ticket to the rejection pile. According to William Roberts, MD, the title and
abstract are the two most frequently
read components of a manuscript.
In most cases, only after editors
read the title and abstract will they
commit to reading an entire manu-
script. Therefore, authors should, as
Christine Wogan, MS, ELS, noted,
“hook” editors at the beginning of the
manuscript review process.

“Pick an important research ques-
tion, write a great title, a succinct
abstract, and a clear and compelling
hypothesis or purpose statement,”
said Wogan. “The cover letter is also a
great place to ‘hook’ editors.”

In his presentation, Dr Roberts
reinforced the importance of making
a good first impression with editors.
“When I pick up a manuscript, I first
look at the title, abstract, tables, and
figures. I then ask myself: what holes
does this manuscript fill, or what is
unusual about this case?”

A description of the holes should
lead directly into the research ques-
tion, which should be written at the
end of the introduction.1 As Wogan
noted during her presentation, the
main purpose of the introduction is to
“set the stage.”

The methods and results sections
of manuscripts are 2 other problem
areas for most authors. “These sec-
tions should be written in exquisite
detail,” said Dr Roberts. “If other peo-
ple can’t reproduce the experiments,
the study won’t last.”

Wogan also discussed the chal-
enges editors face when trying to
infer information from the methods
and results sections. “Authors often
understand the information they
communicate but readers do not,”
she said.

Authors should make their meth-
ods and results sections clear enough
so that other scientists are able to
read the methods section, perform
the same experiments under the same
conditions, and arrive at the same
conclusions. Readers should never
have to guess at what authors are try-
ing to communicate.

How can authors write methods
and results sections clear enough to
appeal to editors? “Study the masters,” said Dr
Roberts, “the people whose publica-
tions have survived the decades test.”

The final section of the manu-
script is the discussion. The main pur-
pose of the discussion is to explain the
implications of the results. The begin-
ing of the discussion should answer
the research question, the middle of
the discussion should explain how
the results support the answer to the
research question, and the end should
restate the answer to the research
question.1

“We have to make our manuscripts
crisp with sharp messages,” said Dr
Roberts. “The demand for pages is
amazing, and the standards just keep
going up.” “This should motivate us all
to become better writers.”

Additional Tips from the Speakers

• Find out what topics are important
to editors.
• Select a journal before you start
writing.
• Pick your battles.
• Give editors what they want.
• Make review of your manuscript
easy.
• Follow the “Instructions for
Authors.”
• Be polite when responding to
reviewer comments.

Books recommended by Wogan
Cargill M, O’Connor P. Writing
Scientific Research Articles: Strategy
and Steps. Chichester, West Sussex,
Day RA, Gastel B. How to Write and
Publish a Scientific Paper. 6th ed.
Zeiger M. Essentials of Writing
Biomedical Research Papers. 2nd ed.

Books recommended by Dr Roberts
Bernstein TM. The Careful Writer:
A Modern Guide to English Usage.
Tufte ER. Visual Display of
Quantitative Information. 2nd ed.
Zinsser WK. On Writing Well: The
Classic Guide to Writing Nonfiction.

References
1. Mallia M. Organizing the Biomedical
ND, eds. Essays for Biomedical
Communicators: Volume 1 of Selected
AMWA Workshops. Vol 1. Rockville,
MD: American Medical Writers

Brent Ardaugh is a medical writer
and editor from Boston University in
Boston, MA.
HOT TOPICS IN MEDICAL ETHICS: NOTHING IS BLACK AND WHITE—IT’S ALL SHADES OF GRAY

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

Speakers
Jennifer S. Bard, JD, MPH
Alvin R. Allison Professor of Law and Director, Health Law Program, Texas Tech University School of Law; Associate Professor (Adjunct), Department of Psychiatry, Texas Tech University School of Medicine, Lubbock, TX

Wendy Wagner, JD
Joe A. Worsham Centennial Professor, University of Texas at Austin School of Law, Austin, TX

By Charmaine Cummings, RN, PhD

Research involving human subjects is often riddled with ethical issues and decisions. Ethical issues in clinical trials and other scientific research are not always based on “black and white facts, but shades of gray,” according to Art Gertel, moderator of the session.

Jennifer Bard, JD, MPH, began with a description of her work in the area of human subject research. Bard stated that her focus is on 2 areas: first, the risks for the patients/study participants during the research, and second, the ethical problems arising from the marketing of research and issues of disclosure. Although there are regulations protecting human subjects in the research process, there are few protections for the professionals conducting and marketing the research study. Professionals conducting research, marketing, and recruiting of study participants, and communicating findings are often involved in the decision-making for procedural and ethical issues considered in the “gray zone.” For instance, an investigator’s potential conflict of interest is not always disclosed to study participants during recruitment. It is common practice for research staff to recruit participants who may ask for the disclosure information. There are no regulations requiring that disclosure information be provided during marketing and recruitment, but now research staff has an ethical decision—provide the information or not. Thus, a “gray zone” issue arises for investigators and staff to address.

When confronted with an ethical issue, a research professional must make thoughtful and sometimes gut-wrenching decisions about becoming a whistle-blower. Bard stated that it is difficult to be a whistle-blower, no one likes to be one, and, since the Supreme Court recently ruled that whistle-blowers have no protection by the First Amendment of the Constitution, fewer individuals will step up to expose problems.

According to Bard, a comprehensive set of regulations protecting those who work in trials is needed, although crafting protections for categories of professionals is very difficult because trials are conducted in private, government, and academic settings. A unified set of protections based on core ethical principles could protect the professionals in the research industry when they must speak out.

Wendy Wagner, JD, researches and writes about regulatory science and its ethical issues. Although most of her work is in the area of environmental research protections, she also has experience with the FDA. She stated that more research should focus on studying how regulations work and on determining whether they bring better quality to science. She said that she believes regulatory research is under-theorized and lacks appropriate funding. These 2 issues create a barrier to good research.

Wagner coauthored (with Thomas McGarity) the book Bending Science: How Special Interests Corrupt Public Health Research. Through stories found in the public records, the authors explore how corporations, think tanks, and even government agencies suppress or distort research on the safety of chemical products.

Two topics were briefly discussed by the audience in an open forum guided by Gertel and the speakers:

- Reporting of adverse events: An audience member noted that physicians are not always compelled to report adverse events in the clinical setting and there are few legal requirements. The speakers suggested that more regulation and education are needed in this area. However, they noted, no amount of regulation can ensure ethical practices are carried out.
- US research conducted in emerging countries: Another member of the audience posed the question: “Should a US company do a study in an emerging or other non-US population and then apply for FDA approval?” The discussion included issues surrounding the concept that few social norm and human subject protections in international settings exist to protect individuals. Under these circumstances, should the research be considered ethical? Bard stated that we have human subject protections for research in the United States and unless the international trial can meet the regulatory standards, the FDA could not approve the drug or device.

In closing, Gertel briefly summarized the session’s discussion topics and stated that the AMWA Code of Ethics for Medical Writers should be embraced by all writers. Although it will not address every ethical issue, the Code can be the first step in assessing the ethical issue and may give a writer a base from which to take action when it is needed.

Charmaine Cummings is a consultant and freelance writer specializing in continuing nursing and medical education and is based in Annapolis, MD.
PALLIATIVE CARE: COLLABORATIVE COMMUNICATION AT THE EDGE OF LIFE

Moderator
Tamara Ball, MD
Senior Medical Writer, i3 Statprobe, Ann Arbor, MI

Speakers
Robert L. Fine, MD
Director, Office of Clinical Ethics and Palliative Care, Baylor Healthcare System, Baylor University Medical Center, Dallas, TX
Lee Hancock
Reporter, The Dallas Morning News, Dallas, TX

By Mary N. Wessling, PhD, ELS

Robert Fine, MD, and Lee Hancock, a reporter for The Dallas Morning News, alternated speaking in relating the story of a remarkable collaboration, an “odd partnership,” between a hospital and a newspaper. Portions of a video, produced by Lee Hancock’s videographer Sonya Hebert, were also shown to provide a glimpse of several patients and their families in the Palliative Care program at Baylor University Medical Center.

What brought Dr Fine and Lee Hancock together was a boy who died of a fungal brain infection after 5 years of suffering. That boy was Lee Hancock’s youngest brother. In the final 8 months of her brother’s life, while visiting him in the ICU, Lee experienced the anguish of her own family and saw that of other families with dying relatives. She also saw that the nurses and physicians caring for these patients were suffering because they could not make the patients better. Lee began to think about a project that would tell the story of the spiritual suffering at the end of life—with Death, the elephant in the room. She began talking to editors and colleagues, and one person after another pointed her to Dr Fine’s Palliative Care program at Baylor University Medical Center.

Dr Fine described the context for his growing interest in palliative care, as an ethicist and as a physician who, as a medical student, had seen that the end-of-life process could be horrible, chaotic, and fearful. Now, at Baylor, he saw 1,300 or more deaths in a year, some of them patients who died in the hospital waiting for transplants, far from home and family, because of the lack of a hometown hospice. These patients were treated competently with pain management procedures that addressed physical pain but that could not ameliorate the spiritual and psychologic pain suffered not only by the patients but also by their families. A physician in the pain management group mentioned the notion of a palliative care program, which spurred Dr Fine and Min Patel, the chief nursing officer at Baylor, to attend a meeting in Philadelphia led by Diane E. Meyer, FACP, the Director of the Center to Advance Palliative Care. The 2 colleagues came back to Dallas and started a palliative care program. Dr Fine described the Palliative Care Program as “nurse-driven”; it now has 3 full-time nurses and 5 part-time physicians who rotate duties. Two chaplains, 3 or 4 social workers, and 2 occupational therapists provide their professional expertise to the palliative care program in addition to their other hospital duties.

In late 2007, Lee contacted Dr Fine and suggested that she and the videographer Sonya Hebert follow the members of the Palliative Care staff and tell their story. Dr Fine described his first, but unspoken, reaction: “I don’t think so!” But then, he realized that this investigative reporter could spread awareness of the Palliative Care program through her story. Dr Fine overcame his initial reaction to the reporters but had to quell the discomfort of his team who would have to “take off their emotional armor” and talk to someone about something as personal as death—all the time being followed by the woman with the notebook and another with the video camera.

After 6 months’ negotiation, guidelines and rules were established that addressed the concerns of both the hospital and the newspaper. What emerged from this odd partnership was a blend of print and visual media in a 5-part series, “At the Edge of Life” (www.dallasnews.com/sharedcontent/dws/spe/2008/edgeoflife/).

And Dr Fine’s work goes on. At some point in their 3-year training at Baylor, resident physicians come into a room to be confronted not by a PowerPoint presentation or discussion of rounds, but with a death certificate. They are challenged by Dr Fine to face their own death by filling in the certificate: how will they die, of what, and when? Rather than being taught not to say the “D-word,” as they might have been, these physicians are urged to face the reality that death is a natural part of life.

Mary N. Wessling is a freelance medical writer and translator based in the Monterey Bay, CA, area.
PROTECTING YOUR INVESTMENTS (OR HOW NOT TO LOSE MONEY WHEN EVERYONE ELSE IS)

Moderator
Alan Goldfarb, CFP, MBA
Chief Financial Strategist, Weaver Tidwell Wealth Management, Dallas, TX

Speakers
Eric Amado, MBA
Amado Consulting LLC, Dallas, TX
Barry Jordan
Financial Services Professional and Agent, New York Life Insurance Company, Dallas, TX
Luisa Nemati, CFP
Weaver Tidwell Wealth Management, Dallas, TX

By Jeanne McAdara-Berkowitz, PhD

“O ur 401Ks have become 201Ks.” By way of introduction, Alan Goldfarb, CFP, MBA, acknowledged that a year like 2008 is a test of our financial resolve. But he said that the world is (probably) not coming to an end just yet, and that the key to long-term financial success is to understand financial fluctuations, plan for them, and avoid making poor decisions based on market emotion instead of reason.

Many are asking themselves: “How can I retire comfortably, put my assets to work so that I can enjoy them now, and even preserve something to leave behind after I’m gone?” According to Goldfarb, the most popular approach—sticking one’s head in the sand—is not the ideal one. Instead, he recommended thinking about a financial plan as a 3-legged stool. The legs of this stool are accumulation, preservation, and distribution, and the balance between them should shift depending on the stage of life.

Financial affairs are complex, and most people do not coordinate their finances because they do not completely grasp them, according to Goldfarb. He suggested that how and when money is taken out of a portfolio during retirement can be as important as how it is put in during the working years. A good plan is cohesive and brings all of the pieces together like a puzzle. Goldfarb said that most people need help with this, in the form of a “personal advisory board,” which might include
- Certified financial planner
- Securities broker
- Certified Public Accountant
- Insurance broker
- Attorneys (business and estate planning)
- Others, depending on personal situations

Eric Amado, MBA, discussed the role of debt and credit in national and personal financial crises. Debt held by the public used to be 70% to 80% of the gross domestic product (GDP) and now is up around 100% of GDP. Credit card debt has grown from $238 billion in 1990 to $956 billion in 2009.

With this staggering personal debt load, many lose out on market recoveries because all disposable income goes toward servicing debt instead of investing for the future. He urged the audience to adopt a new credit minimization policy: cut up all credit cards, pay off highest-rate cards first, and once the credit debt is paid off, use the money that once went toward monthly payments as the seeds of an investment plan.

Barry Jordan discussed the role of insurance in a financial plan. He said that the point of financial planning is to accumulate enough wealth to support oneself as desired for as long as one lives. Insurance mitigates the risks of being forced to stop working too soon, of outliving one’s savings, or of being hit by catastrophic financial setbacks. Jordan reviewed the different types of insurance included in a financial plan:
- Property insurance includes auto, home, and renter’s insurance
- Human capital insurance provides income protection; examples include
  - Life insurance
  - Disability insurance
  - Liability insurance
- Catastrophe avoidance insurance protects one from events that would represent a major financial setback; examples include
  - Health insurance
  - Long-term care insurance

Jordan said that with the mounting national debt, medical writers should all keep part of their portfolios in investments that will guarantee coverage of their basic needs in retirement, and that this is another role of insurance. In contrast, non-insurance investments fund the “wants.” Of course, the problem is how to pay for so much coverage; again, this is another argument against spending all disposable income servicing debt.

Luisa Nemati, CFP, discussed the role of investments in the financial plan. She said a key concept is that this year’s top-returning asset class might be next year’s worst, so diversification is critical. She showed that S&P Index returns can be plotted as an almost-perfect bell curve. The market may go up and down, but investments follow the same laws of statistics that medical writers use in their own work.

According to Nemati, “People don’t have a hard time understanding this concept, but they have a hard time sticking with it in their investment plan.” She said many people are either taking too much risk for their return, or not enough risk, more out of portfolio neglect than out of a lack of understanding of how diversification works. She recommended working with personal advisory boards to continually review and assess portfolios, and rebalance annually when any one category outgrows the limits of the percentages set for it in the financial plan.

Nemati said that it’s also important to consider both the accumulation and distribution stages of the
investment life cycle. If one follows a dollar-cost averaging investment model, the timing of returns doesn’t matter in the accumulation phase. During distribution, however, taking money out in down years can affect the lifetime of a portfolio, so it’s important to work with advisors to tighten the “wants” budget in down years to allow the portfolio to recover.

Lastly, the speakers discussed how many people find it difficult to get started with savings and investment. They agreed that it’s critical to weigh today’s wants against tomorrow’s needs, and to stop saying, “someday I’ll start an investment plan, but first I have to make more money, or pay off these loans, or…” To people who engage in these kinds of excuses, Jordan said, “Until you make savings as important as paying the loan on your home, there will always be another reason for waiting.”

Jeanne McAdara-Berkowitz, PhD, is the Principal of Biolexica, LLC, in Longmont, CO.

RISK MANAGEMENT IN THE PHARMACEUTICAL WORLD

Moderator
Jennifer Grodberg, PhD, RAC
Director, Regulatory Affairs, Trius Therapeutics Inc, San Diego, CA

Speakers
Prerna Mona Khanna, MD, MPH, FACP
Physician Consultant, ICYou.com; Adjunct Associate Professor, University of North Texas-Health Science Center; Lieutenant Colonel, Texas Medical Rangers, Chicago, IL

Jane Neff Rollins, MSPH
Medical Writer, Arnell Communications, Montrose, CA

By Jeanne McAdara-Berkowitz, PhD

Jennifer Grodberg, PhD, RAC, introduced the speakers and the session by explaining that risk management is an iterative process comprising the following steps.

- Assessing benefit-risk balance
- Developing and implementing tools to minimize risks
- Evaluating tool effectiveness
- Modifying tools
- Returning to the assessment phase

The focus of this session was a discussion of how public risk can be minimized through timely, adequate, and informative communication—by and to consumers, physicians, pharmacists, and providers.

Jane Neff Rollins, MSPH, said that a fundamental challenge in medical communications is overcoming the public’s faulty perceptions of risk in health care. At the root of this problem is rampant public “innumeracy,” the mathematical equivalent of illiteracy. Children aren’t taught to interpret probability and statistics in school, public science education is grossly inadequate, and even television coverage of science information is declining, according to Neff Rollins. Furthermore, consumers are not taught about drug research and development or the FDA approval process. In the face of poor education, people can make natural but faulty assumptions about risk, including

- Ascribing minor happenings to chance and major occurrences to a cause (eg, tripping is an accident, whereas a major serious adverse event must be caused by a drug)
- Assuming that “natural” equals “safe”
- Believing that risk can be avoided entirely by following certain behaviors
- Accepting “pseudoscience” on the same level as rigorous scientific inquiry
- Distrusting the FDA’s ability to keep them safe, and increasing that distrust when a product is taken off the market for safety reasons, even though that is a critical function of the agency

According to Neff Rollins, the public tends to be uncomfortable with ambiguity, uncertainty, and risk-benefit evaluations; with a poor understanding of the scientific method, the public doesn’t understand that old scientific data are routinely being displaced by new studies. Scientists and health care professionals understand that we are in a continual evolution toward truth, but the public sees only “truthiness,” said Neff Rollins, acknowledging a term coined by Stephen Colbert.

She discussed how current FDA-regulated documents exacerbate public misinformation and distrust. For example, package inserts tend to be written at a 13th-grade reading level, and black box warnings at a 16.4-grade (postgraduate) level. In contrast, newspapers are typically written at a 6th-grade to 8th-grade level. She asserted that health communications must evolve to fit the modern, less paternalistic model of patient-physician interaction, in which patients take a more direct role in their own health care.

“We have a mandate as medical communicators to restore and build public trust,” Neff Rollins said. To do this, medical communicators must communicate candidly, clearly, and accurately, using plain language and education whenever possible. She added that medical communicators also have a responsibility to educate themselves, become informed consumers, take courses to understand statistics and quantitative risk-benefit analysis, and understand what the FDA does and does not do.

To explain risk concepts to the public, communicators should

- Acknowledge ambiguity but identify where the preponderance of evidence is
- Balance anecdotes with statistics
- Use risk comparisons and risk-benefit analyses to help put risk in perspective
- Use well-designed graphics to visually reinforce concepts
- Show empathy for public perceptions of risk, even if inaccurate
- Correct misperceptions without patronizing or ridiculing
- Let the public know about the
parallels between the last decade’s efforts to improve “health literacy” and new efforts to improve “risk literacy.” The potential challenges presented by cultural, language, and disability barriers, and the predisposition of the media toward sensationalist coverage, were also discussed. It was pointed out that the Internet and the changing nature of information sourcing—by both consumers and physicians—will also have a significant influence on the future of medical communication.

Jeanne McAdara-Berkowtiz is the Principal of Biolexica Health Science Communications in Longmont, CO.

SUCCESS STORIES IN HEALTH LITERACY

Moderator
Jane M. Krauhs, PhD, ELS(D)
Senior Scientist, Wyle, Houston TX

Speakers
Mary Luna-Hollen, PhD, RD
Research Assistant Professor, Obstetrics-Gynecology, University of North Texas Health Science Center, Fort Worth, TX
Dolores Isham-Colvard, PhD, RN
Manager, Patient Education, Children’s Medical Center, Dallas, TX
Shirin F. Pestonjee, MS, RN-BC
Patient Education Specialist, Parkland Health & Hospital System, Dallas, TX

By Mary N. Wessling, PhD, ELS

Jane Krauhs, PhD, ELS(D), opened the session with a definition of health literacy: “The degree to which individuals have the capacity to obtain, process, and understand the basic health information and services needed to make appropriate health decisions.” These skills, she emphasized, are necessary for an improved quality of life for persons, and for containing health costs for the United States. Unfortunately, health literacy is lacking in about 50% of the US population, costing an estimated $106 billion to $236 billion each year. The

Healthy People 2010 program, sponsored by the Department of Health and Human Services, has improvement of health literacy as a goal.

Dolores Isham-Colvard, PhD, RN, a nurse practicing in pediatric psychiatry for 32 years, asked an important question: “Why don’t people get it—why don’t people just embrace health literacy?” The focus of her presentation was on a struggle to change the tenor of health education materials from one that demands high levels of reading skill to one that takes into account the level of literacy of the audience for which it was intended. Dr Isham-Colvard sees her effort to produce suitable health educational materials as first identifying and engaging her target audience, and then facilitating a cultural shift using marketing strategies.

She recounted her “Saga of Pee and Poop,” as she called her challenge at Children’s Medical Center. Hospital administrators first reacted negatively toward the use of “pee” and “poop” in patient materials. They wanted to see more delicate terms (eg, urination) in brochures meant for the broader patient population. But, as Dr Isham-Colvard pointed out, medical writers are not the ones whose health literacy is the problem under discussion. Dr Isham-Colvard reminded the medical writers who produce health educational materials that for these materials to be effective, they must be written to reach an audience with a 5th-grade or 6th-grade level of reading literacy.

Shirin Pestonjee, MS, RN-BC, reinforced Dr Isham-Colvard’s points in describing her efforts to improve awareness of the importance of health literacy among the population served by Parkland Health and Hospital System (the county hospital for Dallas County). This population is largely underprivileged, and many individuals lack health insurance; as a result, they often wait too long to care for their health issues and end up in the emergency department. An initiative was undertaken by the Parkland nurses to heighten awareness of low
health literacy, beginning with the 1984 Reading Level Determination Study. Since then, said Pestonjee, awareness of the problems of low literacy and the principles of teaching this population have received increased attention. In 1998, Ms Pestonjee created a set of training materials for health care personnel working with low-literacy patients. New nurses and other clinical personnel are made aware of health literacy issues from the start: they are encouraged to use words that patients understand, such as “pee in the cup,” rather than “void in the cup.”

Mary Luna-Hollen, PhD, RD, described the Promotores de Salud program, in which lay people are trained in a state-certified program to effectively communicate health practices in their own communities. Dr Luna-Hollen explained how these lay health workers, the promotores, have helped overcome what she described as social injustice built into the current health care system.

This social injustice is a serious problem in Central Tarrant County, TX, which has one of the fastest-growing Hispanic populations in the United States. Dr Luna-Hollen pointed out that among this growing Hispanic population, at least 32% are uninsured, and many live in areas underserved by the current health care system. Promotores fill in this gap; they meet their friends and neighbors in the grocery store or at school events and can bring up health issues in the course of everyday conversation. The DREAM project used the promotores to assess the risk factors for type 2 diabetes mellitus among the Hispanic community around Fort Worth, TX. In their interactions with the community, promotores encouraged community members to increase their levels of physical activity and improve the quality of their diets. The promotores do surveys and screening, explain self-management behavior, emphasize the importance of keeping appointments with health care professionals, and track adherence to medication. Recent data from the DREAM project of the American Public Health Association indicate that a significant decrease in body mass index and prevalence of smoking among the families visited by the promotores has occurred.

Although expressed in different ways by each speaker, the overall message was clear: The keys to success in promoting health literacy, put succinctly, are to forsake eloquence for effectiveness, and to rely on cultural connections among the intended audience.

Mary N. Wessling is a freelance medical writer and translator based in the Monterey Bay, CA area.

TEACHING INTERNATIONAL AUTHORS: SOME TRAIL-BLAZING INITIATIVES

Moderator
Barbara Gastel, MD, MPH
Professor, Texas A&M University, College Station, TX

Speakers
Stephanie Deming, ELS
Scientific Editor, University of Texas MD Anderson Cancer Center, Houston, TX
Zhang Jian, MA
Lecturer, Peking University Health Science Center, Beijing, China
Dong Zhe, PhD
Professor, Peking University Health Science Center, Beijing, China

By Yanni Wang, PhD

Barbara Gastel, MD, MPH, noted that medical writing, especially scientific publications and teaching scientific writing, is becoming increasingly global. Comprising 3 presentations, this open session focused on helping international authors with their scientific publications via teaching.

Stephanie Deming, ELS, introduced MD Anderson Cancer Center’s training program on scientific writing, which was designed to help MD Anderson’s faculty members, many of whom are non-native English speakers. Development of the program involved 5 steps: identifying focus groups, conducting a needs assessment, training curriculum developers, developing a curriculum, and producing a workbook for target students. During this process, the program developers discovered that many faculty and postdoctoral fellows did not understand the structure of a scientific article and most postdoctoral fellows did not know how to write the introduction and discussion sections.

According to Deming, the Department of Scientific Publications at MD Anderson now offers the 3-day program (Table 1) several times a year. To achieve the best results, the size of each class is limited to 22 participants and 3 editors are assigned to each class.

Lessons Learned
• Even participants with rudimentary English fluency benefited
• Mixing native English and non-native English speakers works out well
• For maximum benefit, participants should be ready to write a paper
• Finding examples is difficult
• Program is adaptable for specific departments
• Instructors have become better editors

Suggestions and Recommendations
• Focus on structure instead of fine points of English
• Use many examples (good and bad)
• Time- and money-consuming; need sustainable support
• Get support from administration
• If budget is limited, recommend good books and annotate relevant examples for students

Dong Zhe, PhD, reviewed the history of training in medical writing in China, which was traced back to the early 1980s when China was to reenter the international scientific community. Funded by the China Medical Board (CMB), which is an independent US foundation, the CMB Program
in Biomedical Writing and Editing, the first formal training in medical writing in China, was created. More than 300 researchers, clinicians, and English teachers participated in the program (1996-2007). According to Dr. Dong, upon completing the program the majority of the trainees started to engage in medical writing and editing, some became editors for the English version of the Chinese medical journals, and a few started to offer courses on medical writing at medical schools in China.

Jian Zhang, MA, a former trainee of the CMB program, shared her teaching experience at Peking University Health Science Center. Zhang’s students include young faculty and PhD students. The lengths of her courses range from 2 weeks to 1 semester. Zhang noted that the scope of her teaching is similar to that of MD Anderson’s training program, but her students’ English proficiency is lower than that of the trainees in the MD Anderson program. According to Zhang, many Chinese students tend to overly stress the language barrier but underestimate the importance of the structure of a scientific article and the logic in medical writing.

Lessons Learned
- Many students in China are unaware of the style differences between English and Chinese writing
- Teaching through editing students’ homework has been proven effective
- Sustainable support is needed
- Collaboration with native English-speaking instructors is needed

Challenges
- No evaluation system to assess the quality of the teaching offered by native Chinese-speaking instructors
- High demand for helping with English writing vs. low supply of formal training

Dr Gastel introduced AuthorAID, a global effort to help researchers in developing countries to write about and publish their work. Funded by European agencies, AuthorAID is a pioneering project based at the International Network for the Availability of Scientific Publications.

Gastel noted that the key features of AuthorAID include the following.
- Online mentoring
- Worldwide workshops on scientific writing
- Openly available content

According to Google Analytics, the AuthorAID Web site has received a fairly large amount of traffic: in the 1-year ending October 21, 2009, there were 25,196 visits from 173 countries/territories; as of the time of the session, 1,047 individuals had registered on the AuthorAID site. Gastel urged the audience to visit www.authoraid.info to find out more about the program. She also encouraged editors, researchers, and others to sign up to become AuthorAID mentors.

In answering a question from the audience on how to inform international authors about the differences in writing styles in different countries, the speakers recommended letting the authors know what editors of English publications are expecting and helping authors become familiar with the way in which native English authors write. As for how and where to get support for teaching international authors, Deming suggested conducting surveys to find out about authors’ needs and the impact of training programs, and sharing positive feedback from authors with institutional decision-makers. Dr. Dong noted that because most of the institutional leaders in China are research scientists who need help with English writing, they generally are very supportive of professional training in English writing; Dr. Dong also said he thinks that some international organizations might be willing to help.

References

Yanni Wang is a contract writer in Frederick, MD.

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Table 1. Coverage of MD Anderson’s training program on scientific writing
Continuing Medical Education: Here Today, Here Tomorrow

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

In the last 12 months, approximately 10% to 20% of all providers of continuing medical education (CME) have permanently shut their doors or decided to shift their business in a different direction. Commercial funding for medical education, after having increased every year between 1998 and 2007, fell for the first time in 2008, and all signs indicate that it tumbled further in 2009. Published reports from large metropolitan newspapers such as The New York Times and The Milwaukee Journal Sentinel spurred Washington into action about potential conflicts of interest, as Congress held hearings in 2009 that put industry leaders on the defensive.

CME is clearly on the ropes, bobbing and weaving as critics line up to get in their licks. The question is whether it will be able to mount a counterattack that quiets detractors or simply be counted out.

“It’s interesting that CME has gotten caught in this awkward place,” said Jann Balmer, PhD, President of the Alliance for CME and Director of CME at the University of Virginia School of Medicine. “The entire system itself is shifting rapidly day by day. The value proposition for CME should be greater now than it ever has been, but I think we are still educating people as to why it is so valuable. People seem to expect that CME is always going to be here, but it is important to help them understand that if there is no suitable alternative to the current model, it will negatively affect patients downstream.”

For decades, most physicians, nurses, and other health care professionals have been required to earn a specific amount of continuing education credits each year to maintain their professional certification (the amount varies with the state and subspecialty). Initially, most CME activities were small, bare-bones live activities held at a local hospital and run by hospital staff.

The formal structuring of CME didn’t begin to take shape until the 1950s, when the Association of American Medical Colleges formed a committee on CME. Although incremental growth continued during the ensuing decades, it took approximately 30 years for CME to explode into a multimillion-dollar industry, mostly because pharmaceutical companies became the primary funders of CME. On the heels of Big Pharma’s interest in CME, for-profit medical education and communications companies (MECCs) sprouted up by the hundreds, joining hospitals and not-for-profit trade associations as primary providers of CME across the United States.

Today, approximately 60% of funding for CME still comes from the pharmaceutical industry, and MECCs remain the primary recipients of that funding (although their cut of CME funding is falling rather precipitously, according to a 2008 report from the Accreditation Council of Continuing Medical Education [ACCME]). However, the landscape in which funding is awarded and education is provided has drastically changed in recent years. While there were once shades of gray in the “Can we get away with this?” world of CME, today’s landscape is highly regulated with several layers of oversight to ensure compliance with guidelines set forth by the ACCME and other accrediting bodies.

Additionally, no longer is educating health care providers for the sake of education good enough. The current focus is on what has been termed “performance improvement,” which involves education that has a measurable impact on a participant’s perfor-
mance. So, for example, as part of a 90-minute educational program on the risk of type 2 diabetes in the Hispanic population, physicians who participate in the activity will be expected to complete pre- and post-activity surveys to demonstrate how the education did or did not affect their overall level of care. Some broader initiatives delve even deeper to ask physicians to review data from patient charts over the course of several months. This shift has allowed statistical specialists to emerge within the world of CME, as educational initiatives are regularly designed with multilayered surveys and post-activity analyses that allow providers to determine a tangible measure of the “return on education” (as opposed to “return on investment,” a term commonly used in the promotional world). Of note, this shift has brought additional opportunities for medical writers and editors who are able to work with these experts in measuring educational outcomes, pairing carefully worded questionnaires and surveys with specific educational activities.

“If you still believe that CME is veiled marketing, then you don’t know much about CME,” Balmer said. “By virtue of its rules and regulations, CME is required to be independent of any pharmaceutical entity. We are probably one of the most heavily regulated educational professions out there, but a lot of people just are not aware of that.”

The Alliance for CME (the Alliance) is one of the organizations helping to get that message out. The Alliance was formed in 1975 as a representative organization for all segments of the growing CME industry. Membership is open to anyone involved in CME, including staff and freelance medical writers. The Alliance currently boasts more than 2,500 members, the majority of whom have been involved in CME for at least a decade.

Alliance officers serve on behalf of the CME enterprise on advocacy committees with the American Medical Association, ACCME, and the Institute of Medicine, and they were on the front lines responding to Congressional criticism of CME earlier this year.

The Alliance’s educational programs have traditionally centered around its annual winter meeting, but it has broadened its offerings to include a series of live Webinars and a 2-day CME Basics course held during the summer. This education is available to both members and nonmembers. Alliance members receive a number of free publications, including *The Journal of Continuing Education in the Health Professions, Medical Meetings*, and *CE Measures*. But perhaps the greatest value for Alliance members, as with AMWA and other professional associations, involves the networking opportunities available. Alliance members include leading decision makers at virtually every provider and funding entity within the walls of CME. Notably, many of these people make decisions about when and whether to hire medical writers to work on specific activities.

“The Alliance is the gathering point for people who design education,” Balmer said. “It’s a very heterogeneous and eclectic group of individuals from every aspect of the CME enterprise. We are an industry driven by people who are passionate about education and who come with a cadre of different skill sets and an enriching variety of backgrounds. People don’t gravitate to CME because they are forced into it. They come to CME by choice. The Alliance gives them an opportunity to be heard and contribute their own viewpoints that help shape the future of the profession.”

**ACKNOWLEDGING THE EXPERTISE OF CME PROFESSIONALS**

While the Alliance is considered the umbrella organization for CME and probably has the greatest percentage of medical writers enrolled as members, a number of smaller niche organizations also serve the CME community. These include the North American Association of Medical Education and Communication Companies, Inc. (NAAMECC) and the Society for Academic CME (SACME).

One new organization that may be of interest to the medical writing community is the National Commission for Certification of CME Professionals (NC-CME), a nonprofit organization established in 2006 with the primary goal of developing a certification program for CME professionals. After 2 years of research, surveys, and testing, the NC-CME offered its first certification exam in June 2008. The examination covers core competencies of the entire CME enterprise, such as adult learning principles, accrediting body regulations and requirements, and instructional design.

“People in the CME enterprise have been talking about a certification program for years, but there was no organization equipped to handle it,” said NC-CME President Karen Overstreet, EdD, RPh, FACME, CCMEP. Overstreet also serves as Executive Director of the Lippincott CME Institute, part of the Medical Research division of Wolters Kluwer Health. “Once we finally got the right people sitting down together to talk about how this could be done, the momentum built from there.”

To be able to sit for the exam, individuals must complete an eligibility worksheet and demonstrate a background in and commitment to CME. A $450 application fee is also required (as of December 31, 2009). Since the exam’s inception, 240 individuals have taken and passed it, earning recognition as a Certified Continuing Medical Education Professional (CCMEP). Currently, certification is good for 3 years.

“I think getting the certification has helped me professionally,” said Anne Jacobson, MPH, CCMEP, a freelance medical writer from Port St. John, FL, who specializes in CME and took the exam in December 2008. “There really isn’t anything out there that is comparable, and it helps me stand out as a freelance who truly specializes in CME.”

The NC-CME Web site offers a “Candidates Handbook” that provides a broad outline of the type of content included on the exam. Jacobson said her preparation included a review of articles she pulled from a variety of sources, including the Alliance and ACCME Web sites. One professional
group, AOE Consulting, began offering a formal exam preparation course in early 2009, although the majority of individuals who have taken the examination prepared independently or with a small group of colleagues.

"I thought the exam was very fair and thorough," Jacobson said. "Sometimes, you don't know how much you don't know until you have to learn about it. To pass the exam, you really do need to be able to demonstrate a working knowledge of the CME environment and the current issues that are important. I don't think you can just walk off the street and take it."

In 2009, the NC-CME began exploring the possibility of developing an advanced certification examination, but Overstreet said the reception for it was only lukewarm and that the organization would continue to focus primarily on fine-tuning the certification process.

**STRADDLING THE FIREWALL**

One issue that medical writers interested in becoming involved in CME (or continuing to be involved in CME) may want to seriously consider is the focus of any non-CME work. Due to the tightening of regulations from their governing bodies, providers of continuing education are required to establish "firewalls" between their operations and any promotional activities. This means that medical writers employed full-time by CME providers cannot serve a dual role writing promotional copy, especially in similar disease states.

Technically, this rule applies to freelance writers as well, though it has traditionally been loosely enforced by many CME providers. However, as further scrutiny is placed on those providers, both Overstreet and Balmer said it is dangerous for freelance writers to expect to be able to continue accepting work on both sides of the firewall.

"The good, compliant providers are asking writers what relationships they have with commercial interests," Overstreet said. "I would not hire someone to write for a CME activity focused on breast cancer if they just worked on a promotional program in that area. In this hyperscrutinized environment, you have to be very careful about doing anything that may appear to be inappropriate."

"I would never tell someone that they couldn't do something—everyone has the right to make a living—but it is a question that a client has the right to ask and make their own determination," Balmer added. "The danger of a medical writer who writes on the same topic for 2 different entities—one CME and one non-CME—is that they may get so close to the jobs that they don't see the differences that they are supposed to see. You can inadvertently put your faculty and clients at risk."

While some conflicts for medical writers are easy to identify, others are trickier. For instance, working on a promotional slide deck for adalimumab (Humira, Abbott Laboratories. Abbott Park, IL) and a CME monograph on rheumatoid arthritis funded by Abbott at the same time would be a clear breach of the firewall, but would work on a peer-reviewed, evidence-based review article about a different Abbott product be seen in the same light? How about meeting coverage from the American College of Rheumatology's annual conference for a medical news site that receives funding from Abbott? The answers are not always easy and will largely depend on how tightly CME providers want to set up their firewalls. Some will prefer to hire freelance medical writers who strictly focus on CME work while others may be more lenient with their requirements.

**IS THIS A GOOD TIME TO GET INVOLVED IN CME?**

While the behind-the-scenes work to elevate the profession of medical education is admirable, the fact remains that CME is hurting financially and will need to continue to change if it is to survive in a form recognizable to those currently entrenched in the field. But although the changes may be bad news for some groups of professionals (such as meeting planners and onsite project managers who have traditionally been employed by CME providers to coordinate large series of meetings), it could be good news for other niche groups, such as adult education experts, statisticians, and medical writers. Yes, that's right, medical writers.

"The change in CME toward a greater focus on performance improvement for health care professionals creates a lot of rich, new opportunities for medical writers," Balmer said. "There is a lot more online work, self-assessment modules, and large, complex projects that require a lot of content to be developed. It may force medical writers to leave their comfort zone and adapt to writing for new technological platforms, but those who can adapt quickly and prove their value can have a lot of success."
❖ The new PubMed user interface has caused head-scratching around the world. Thankfully, health science librarians at the University of Washington have produced a table, “Where Has it Gone?”, that lists the before-and-after locations of commonly used features. See http://digbig.com/5bawdm. Another tip: To get to Loansome Doc, look under “Using PubMed” on the home page. Click “Full Text Articles” and then scroll to “Local library.” A brief paragraph there links to Loansome Doc.

❖ Side Effect Resource (http://sideeffects.embl.de) is a free database of all reported side effects of marketed drugs, based on package inserts and other public documents. It has a cool inverse feature—you can search on a side effect (eg, cataracts) and find out which drugs are the most common culprits. In the latter type of search, the search results page will also show which drugs are indicated for treatment of cataracts, but be careful. Indicated in what country? Is the indications list up-to-date?

❖ The Talking Glossary of Genetic Terms (http://www.genome.gov/glossary), a project of the National Institutes of Health (NIH), is designed for a wide audience, from people learning what a gene is to people learning what a microbiome is. There are 2 aspects of the “talking”: (a) users can click on a link to hear the pronunciation of each term, and (b) in short audio clips, NIH scientists explain the term in their own words, expanding on the written definition. Entries for some terms include images, 3-D animation, and links to related terms.

❖ Well-conceived graphs are “few and far between in the medical literature,” statistician Andrew Vickers grumbles in Medscape Business of Medicine. Recalling that what he learned in high school was to draw lines or curves, he argues that the ubiquitous bar graphs “don’t provide information that anyone could actually use,” and he shows us how to do better. See http://digbig.com/5bafnf.

❖ Yahoo Images has added a filter that allows searchers to find images that have a “Creative Commons” license. Such images can be modified, within restrictions set by the creator, or reused for commercial purposes. Check it out at www.yahoo.com: At the top of the page, click “Images,” type the name of a disease or body part in the search box, and click “Search.” Near the top of the results page, click “More Filters.” Near the top of the next page, look for “Creator allows reuse” and click the boxes of your choice.

❖ Is medical meeting planning part of your job description? The International Medical Meeting Professionals Association (http://www.immpa-med.com) has been formed “to promote professionalism through advocacy, education, research, and service.” The group, which is based in St. Louis and Beijing, plans to launch a certification examination this summer. Its first conference and exposition will be in St. Louis on May 17–18, 2010.

❖ The new Society of Participatory Medicine promotes “a cooperative model of health care that encourages and expects active involvement by all connected parties (patients, caregivers, healthcare professionals, etc.) as integral to the full continuum of care.” It has launched an open-access, peer-reviewed online journal (http://jopm.org) and welcomes contributions. In the inaugural issue George Lundberg, MD, an editor emeritus of The Journal of the American Medical Association, raises an issue of particular concern to medical writers: “One challenge that health professionals will face in the era of participatory medicine is how to deal effectively with the incredible diversity of our nation, and communicate with persons along a broad spectrum of financial resources, language, culture, education, literacy, and technological ability.”

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.
A – It depends on how you conduct your business. A good project proposal may require a substantial amount of preparation time. And for audiovisual productions and certain types of educational projects, if you’ve provided a proposal and budget, you’ve essentially designed the project for the client—for no fee, unless you asked to be paid for writing the proposal!

It is not uncommon for a client to request project proposals from several vendors and then extract the best from each proposal, create a new project outline from that material, and then have the work done in house or hire a completely different vendor to execute the project less expensively! Some people have this intention at the outset when they request a proposal; others are not so unethical. I have provided complete proposals with sample graphics/layout and then had the client give the project to its advertising agency, who could execute my idea less expensively because the agency was on an annual retainer and wanted to make sure it kept as much of the client’s “project work” as possible. The agency’s retainer was in the healthy six-figures, so it could absorb the relatively lower fee for a single project. [The client did apologize to me in this case, I might add, but the graphic artist who worked with me was very unhappy when we didn’t get the job, even though I had told him in advance that our proposal was 100% on spec: “If I get the project, you get the graphics part; if not, we both get nothing.”]

In a few cases, I’ve asked for payment when certain prospective clients requested a project proposal. For others, I’ve spent as much time as needed to create and write the proposal, didn’t charge anything, and was awarded that and other projects as well. Generally, I do not create detailed proposals on speculation, as I prefer to design a project that will actually be executed by me. My current philosophy is to charge for solicited proposals unless the client is long-standing and a reputable person whom I know will give me the job if he/she can possibly do so.

—Cathryn Evans

A – Unless you’re already independently wealthy, you should be prepared and willing to do anything to get business, as long as it’s not illegal, immoral, or fattening. That said, I have never written a proposal for a project to submit unsolicited to one of my clients. But I have written many project proposals (mostly for pay) for my clients, to help them pitch new business to their clients. Why do I usually charge to do this? The answer is simple. Everyone at my client who is working with me on the pitch is getting a salary. Unless they’re taking a cut in pay while they work on the pitch, why should I be the only one who’s not getting paid?

Now let me argue the other side of that coin. It’s important to the success of my freelance business (notice the emphasis on “business”) that my clients do not perceive me only as an individual freelance writer. Therefore, when I can spare the time, I will work on a pitch with some of my better clients without charge. If the pitch is successful, I build my invested time into the project estimate with a little on top to help compensate for my risk, and get the added benefit of having been a team player. If the pitch is not successful, at least I can justify the time as an advertising write off (in my mind at least) thanks to the goodwill I showed to my client. You can be sure they’ll want to work with me again!

A word of caution about proposing ideas to clients: Protect your IP (intellectual property)! Some great ideas become great projects, and can help you generate new business. But some great ideas can become great businesses, and it would be a tragedy to give that away! Imagine if the person or people who created PriMed® gave their brilliant idea away as a suggestion to a client that does meeting planning. They would have had lots of work building and sailing on a wonderful multi-million-dollar-a-year ship that they could have built and owned instead!

—Brian Bass

A – For regulatory writing, I surmise that most freelances do not know about potential projects until contacted by a client seeking help. However, I’m sure that it might be possible for a freelance to know about a potential project for which a proposal could be initiated. For example, if you know your client has just done a series of clinical study reports (perhaps you’ve written 1 or 2 of them) and is planning a regulatory submission, you could put a proposal together for writing the marketing application summary documents (eg, an ISS for an NDA). You can sell your expertise with the study reports, and thus your familiarity with the product and its messages, in order to potentially gain that business.

I often write the medical writing portions of business
proposals on behalf of my contract research organization (CRO) clients. For this assistance, it is generally assumed that I will be awarded the medical writing portion of the business if awarded to the CRO (although I should point out that this is not contractually specified when I help with a proposal—I just consider my time writing proposals as the cost of doing business in order to gain potential work). I'd like to think that clients learn a lot about my working practices from my proposals because I give a detailed list of assumptions as well as a list of who's responsible for what.

—Sherri Bowen

Although, in the past, I have helped advertising and communication companies write proposals aimed at “drumming up” new business, it is not something I would recommend to an independent freelance. It seems to me that the time and effort it takes to research and write an unsolicited proposal would be better spent developing or refining your own marketing materials and sending them to potential clients; making “cold” calls; or networking with other medical communicators. Of course, if one of your regular clients, or a potential new client, asks you to submit a proposal for how you would handle a specific project, you may want to weigh the potential “payoff” against the time and effort it will take to do such a proposal. You also may want to consider the possibility that the client, especially if it's someone new, may just be “picking your brain” for free advice.

—Donna Miceli

Self-plagiarism is unacceptable in most cases, according to an editorial in *The Lancet* [2009;374(9691):664]. In the case of original research, republishing “large parts” of one’s own paper word-for-word is redundant or duplicate publication, the editors note. Publishing nearly identical introductions and methods sections in different journals, with different results and conclusion sections, is “salami” publication and is equally objectionable. With regard to reviews or opinion pieces, self-plagiarism “is still an attempt to deceive editors and readers,” the editors write, “and constitutes intellectual laziness at best.”

Press releases issued by academic medical centers are often overblown or fail to put research findings in context, according to Dr Steven Woloshin and colleagues [Ann Intern Med. 2009;150(9):613–618]. They searched the online database EurekAlert, used by many journalists, and randomly selected 200 medical or health press releases. Of 87 press releases about animal or laboratory research, 64 explicitly claimed relevance of the findings to human health. Of 64 releases about human intervention studies, only 23 mentioned any side effects or other downsides. Overall, the researchers judged, 29% of all releases overstated the validity or implications of study results. The researchers speculate that exaggerated media coverage of medical research may stem at least in part from poorly written press releases.

“Good Publication Practice for Communicating Company Sponsored Medical Research: the GPP2 Guidelines” [Graf et al. BMJ. 2009;339:b4330] is available as a free PDF at [http://bit.ly/73lxQy](http://bit.ly/73lxQy). Four paragraphs in the article directly address the role of medical writers; the first of these paragraphs states: “Professional medical writers...should ensure that authors control and direct writing and that disclosures of funding, potential conflicts of interest, and acknowledgment of contributions are made. They are required to have a good understanding of publication ethics and conventions, and ensure, in part through their collaborations with authors, that their work is scientifically appropriate. Professional medical writers are not ghostwriters.” The authors of the article suggest using a checklist to discourage ghostwriting [Getzsche et al. *PLoS Med.* 2009;6(2):e1000023], define the best process for working with medical writers, and describe the conditions under which medical writers qualify as authors.

The North American Association of Medical Education and Communication Companies (NAAMECC) has endorsed a “Code of Conduct for Commercially Supported CME” [Continuing Medical Education]” [http://digbig.com/5bawd]. The NAAMECC board encourages other organizations dedicated to CME best practices to review and endorse the Code.

“Retractions: Guidance from the Committee on Publication Ethics” has been posted at [http://digbig.com/5bawdd](http://digbig.com/5bawdd). The document also provides guidelines about when journals should issue corrections or “expressions of concern.”

Medical Education]” [Continuing
The expanded AMWA workshop and certificate program is under way, with more opportunities to continue your professional development or, if you’re new to the profession, to get started in the world of medical communication.

**Purpose and Goals**
The original purpose of AMWA’s educational program has not changed: providing members with educational opportunities to develop and/or build on a comprehensive set of relevant communication skills, regardless of specific job function, environment, or specialty.

The updated program expands AMWA’s workshop offerings and adds several new certificates. It has also been designed to have consistent requirements for earning a certificate across all areas, making the program easier for members to navigate. In addition, the new structure of the certificate program follows a discipline-based approach that allows for future growth, increases flexibility, and improves the marketability of medical communicators in the employment world.

**The New Structure**
The foundation of the program is the new Essential Skills (ES) certificate, which is the new “Core.” Workshops in ES cover skills that all medical communicators should have, regardless of the area in which they work. These workshops address topics such as sentence structure, punctuation, and bibliographic resources.

The next group of certificates reflects four distinct specialty areas (listed here). Each certificate represents additional training in a specific discipline of key interest to medical communicators.

- **Composition and Publication (CP)** concentrates on specialized editorial and publication skills. Workshops in this area cover topics such as copyediting, grant writing, and medical journalism.
- **Regulatory and Research (RR)** concentrates on specialized writing skills in drug development and the regulatory arena, as well as in scientific and clinical research. Workshops in this area include those on writing clinical trial reports, new drug applications, investigator brochures, etc.
- **Business (B)** concentrates on management and operations skills for freelance businesses and much larger organizations. Topics include running a freelance business, project management, and public relations techniques.
- **Concepts in Science and Medicine (SM)** concentrates on broad, introductory concepts in science and medicine for nonscientists, or as refreshers for those with previous relevant training. These workshops, many of which are relatively new offerings from AMWA, cover topics in both the basic sciences as well as clinical medicine, such as molecular biology, normal anatomy and physiology of various body systems, and pharmacokinetics.

An additional group of certificates reflects 4 advanced specialty areas (listed below), building on the corresponding original specialty area. Much of this is planned for the future, because enrollment in an advanced specialty first requires completion of the related specialty; they cannot be pursued at the same time.

- **Advanced Composition and Publication (ACP)** will include workshops on advanced editing principles, rhetorical grammar, and critical appraisal of research articles.
- **Advanced Regulatory and Research (ARR)** will cover such topics as pharmaceutical document quality and various research techniques (eg, sample size and study power).
- **Advanced Business (AB)** will focus on business principles and techniques relevant to experienced freelances or to those in management positions in larger organizations.
- **Advanced Concepts in Science and Medicine (ASM)** will cover more advanced scientific and medical principles, building on concepts introduced in workshops in the SM certificate area.

**Certificate Requirements and Enrollment**
All certificates, whether ES or specialty, have the same requirements: successful completion of 8 workshops (7 subject matter plus 1 ethics) within 6 years of enrollment. The ES ethics workshop is being launched at this year’s annual conference in Milwaukee, and a self-study ethics module (workbook and CD) is planned for fall 2011. The ethics workshop for the CP certificate (Ethical Standards in Medical Publication) is already available.
Earning an ES certificate is required before you can earn a specialty certificate. However, you can enroll in multiple certificates and pursue them at the same time, except for an advanced specialty which requires completion of the related specialty before enrolling.

If you have earned a previous Core or Advanced certificate, either can be substituted for an ES certificate and you can go straight into a specialty certificate area. One thing that has not changed is that to earn credit for workshops you’ve completed toward a certificate, you must be enrolled in the certificate program to which the workshop is applicable (eg, ES certificate program for ES workshops, CP certificate program for CP workshops, RR certificate program for RR workshops, etc).

Current enrollments can be transferred to the new system at no additional cost; the remaining time in the enrollment stays the same.

A final point about enrollment, which is a frequent source of confusion. The enrollment period for all certificates is 6 years. If you have not completed the requirements for a certificate during that time period, you can extend your enrollment (for an additional fee) for another 4 years. The extension is applied as of the expiration date of your original enrollment. And again, you must be enrolled in a certificate program to earn credit for completed workshops.

The Transition

No workshop credits will be lost! Be assured that any credit that you have earned in the past (while you were enrolled in any certificate program) remains on your curriculum record forever. As always, credit for a workshop can be applied only once, toward just 1 certificate.

All AMWA workshops (previously categorized as Core, Science Fundamentals, or Advanced) will still be offered, and every workshop has been assigned one of the new designations (ie, ES, CP, RR, B, SM, etc). During the period of transition, workshops will be listed with both their previous and new designations to accommodate those AMWA members who choose to continue in their current Core, Science Fundamentals, or Advanced program (see later). Eventually, all previous designations will be phased out, and only the new designation will be listed. At that time, each workshop will have a single designation, and the credit can be applied only to that certificate program.

New workshops are in development to “fill out” the new specialty disciplines. If you would like to develop a new workshop, check out the information for workshop leaders and the willingness-to-serve form on the AMWA Web site (www.amwa.org).

Self-Study Workshops

Credit earned for successful completion (ie, returning and passing the associated test) of all currently available self-study workshops can be applied toward an ES certificate. Sentence Structure and Patterns, Punctuation for Clarity and Style, and Statistics for Medical Writers and Editors are each worth 1 credit, and Basic Grammar and Usage is worth 2 credits. A self-study workshop on Elements of Medical Terminology (1 credit) will debut in fall 2010, followed by Ethics (1 credit) in fall 2011.

Your Options, Your Decision

Let’s take a look at some common situations and timelines in the AMWA educational program.

- If you have already earned a previous Core or Advanced certificate, this can be substituted for an ES certificate, and you can enroll in a specialty certificate program(s) immediately.
- If you are not yet enrolled in any certificate program, you can start in the new system immediately and begin...
So, how do you decide what to do? I encourage you to consider several factors, such as the stage of your career, your specific educational and employment situation, and your goal(s) for your continuing professional development. Everyone will likely have a slightly different situation. Take a look at the 3 case studies and see if following the choices of these hypothetical AMWA members will help you make your decision.

More Information
Several resources are available for more information and questions. The best place to start is the AMWA Web site (www.amwa.org), where you’ll find additional description of the certificate expansion program, including a list of helpful FAQs and a PowerPoint presentation, more information on workshop designations, a certificate enrollment form, information on self-study workshops, and more. You can also access your personal curriculum record on the Web site once you’re logged in to the Members Only area. (Nonmember records are sent to those enrollees before each annual conference or are available on request.)

Specific questions can be directed to Dane Russo, AMWA’s Education Manager, at dane@amwa.org, or to me at susan@words-world.net.

CASE STUDY #1: AYMEE
Aymee has worked as a computer documentation specialist for several years. She joined AMWA 2 years ago, working toward finding better employment opportunities in medical writing. Aymee is enrolled in the Core certificate program and has taken 3 workshops. Because she’s changing careers, she’d like to demonstrate knowledge and skills in the medical communication field to potential employers by completing a certificate as soon as possible.

Aymee has two options. Her first choice is to remain in the Core certificate program. She can apply the credit she’s earned in the three workshops she’s taken so far and continue working on another five workshops to fulfill the Core certificate requirements. Her second choice is to transfer her enrollment to the new ES certificate program (at no additional cost). In this case, because of the workshop reclassification, only 1 of the 3 workshops she has already taken can be applied toward ES, while the other 2 are applicable to the new RR certificate. She understands that she would need to complete her ES certificate before she could earn her RR certificate.

After considering that earning both an ES and RR certificate will add far greater value to her professional development and improve her marketability in making a career transition, Aymee decides to transfer to the ES program and allow the 2 RR workshops to remain in her curriculum record for the time being, giving her a head start on earning an RR certificate later. She sets a goal of taking 3 more ES workshops this year (at a chapter conference and the annual conference in Milwaukee) and then earning her ES certificate by completing the credit requirements through self-study modules. She also plans to keep moving toward a future RR certificate by taking an additional RR workshop at the annual conference.

CASE STUDY #2: SPENCER
Spencer is a medical editor at a large university hospital. He has been an AMWA member for 6 years and has earned a previous Core certificate in Editing/Writing. He is enrolled in the Advanced certificate program; he has taken 4 Advanced workshops and has 2 years left on his enrollment period.

Spencer’s Core certificate can substitute for an ES, so he can move right on to working on a specialty certificate. However, similar to Aymee, Spencer has some choices. He can continue in his current Advanced certificate program, or he can pursue one (or more) of the new specialty certificate programs. He realizes that because his Advanced enrollment is expiring in 2 years, he may not have enough time to complete the requirements for an Advanced certificate without extending his enrollment. Because the CP workshop offerings are directly applicable to Spencer’s current job situation, he decides that his most useful and cost-effective option right now is to enroll in the CP certificate program. He knows that his unapplied Advanced credits will not be lost and that he will be able to transfer those credits to an advanced specialty certificate in the future.

CASE STUDY #3: ERIKKA
Erikka works as a regulatory writer for a pharmaceutical company. She is enrolled in both the previous Core and Science Fundamentals certificate programs and has taken 5 Core workshops and 3 Science Fundamentals workshops.

Erikka can choose to complete these certificates under their original requirements, or she can transfer her Core credits toward an ES certificate and her Science Fundamentals credits toward an SM certificate. She knows that if she decides to transfer her credits to the new certificate programs, she’ll need to earn her ES certificate before she can earn an SM certificate. But she recognizes that if she stays in the old system, she would earn her Core certificate before her Science Fundamentals anyway. Because the transition to the new system has essentially no effect on her certificate timeline, Erikka decides to transfer into the program and get in on the ground floor.

CERTIFICATE PROGRAM ABBREVIATIONS

<table>
<thead>
<tr>
<th>Certificate Program Abbreviations</th>
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<tr>
<td>ES Essential Skills</td>
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<td>CP Composition and Publication</td>
<td></td>
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<tr>
<td>RR Regulatory and Research</td>
<td></td>
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<tr>
<td>B Business</td>
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<td>SM Concepts in Science and Medicine</td>
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Tips on Starting a Freelance Editing Career

By Melissa L. Bogen, ELS
Bogen Editorial Services, Chester, NY

Are you working full time and thinking of launching your own editing or writing business? Maybe you’re working in a lab and think you want to write instead of doing bench science. Not sure how to “break into” a writing or editing career?

My suggestions on starting out are directed at medical editors, but some information may still be of use if you are looking for writing jobs. Many of these tips may be useful for maintaining a freelance business, not just getting it off the ground.

A Word About Rates
Before you try to decide on rates, start by thinking of what you bring to your clients. What distinguishes you from everyone else? If you’re not sure, write out the ways in which you help your clients. This list will help you see all that you offer and give you confidence. Refer to it whenever you need a confidence boost or need to justify your reasoning to clients.

Take that list and note the ways in which you help your clients that are above and beyond what your competitors do. Are these significant things? Are your clients aware that what you do is better/different/more helpful? If there isn’t anything different that you offer, brainstorm ways to ensure that you deliver something memorable.

Tip 1: Handing work in on time and being reliable goes a long way in establishing your credibility.

Tip 2: If you anticipate a problem with a deadline, be proactive and contact the client ahead of the deadline to propose an alternate solution.

Organizations to Join
The single most important thing I did for my career in medical publishing was join AMWA in 2000. I have been taking workshops at every annual conference since then. They bolster my confidence, fill in knowledge gaps, and provide great opportunities to network in an environment that hardly feels like “networking.” At each annual conference, I’ve gotten job leads that have turned into my most profitable clients.

AMWA members have access to job ads (“Jobs Online”) at www.amwa.org. Most of the ads are for staff positions, but Jobs Online does list a few freelance jobs.

Several other organizations appeal to medical writers and editors in different settings and may be beneficial as a supplement to your AMWA membership. Many of these organizations have been profiled in previous issues of the AMWA Journal.

Specifically for Editors
The Council of Science Editors (www.councilofscienceeditors.org) also has a job board (www.councilscienceeditors.org/jobbank/index.cfm or http://tinyurl.com/mkrvdg) and you can sign up to have alerts sent to you without being a member. I joined because I wanted to have a list of organizations that I belonged to, to show my commitment to the profession and because I kept being impressed by others who were members.

I’m also a member of the Board of Editors in the Life Sciences (BELS) (www.bels.org). BELS membership requires a certification exam that is not a snap, but isn’t the most difficult thing in the world. Some people do not know what BELS is or what “ELS” means after my name, but those who do recognize that it distinguishes me from the vast unwashed masses of editors out there. Not everyone passes the BELS test. The booklet they send out to explain the test has sample questions that are similar to actual questions on the test.

Specifically for Freelances
The Editorial Freelancers Association (EFA) (www.theefa.org) has a job list and an e-mail discussion group. Consider signing up for the e-mail digests. They’re a good source of peer advice and the virtual water cooler makes me feel less isolated. It’s OK to mostly lurk on the list; I do. The jobs list is mostly for entry-level gigs.

Other Organizations
National Association of Science Writers (www.nasw.org)
National Writers Union (www.nwu.org)
Society for Technical Communication (www.stc.org)
Health Sciences Communication Association (www.hesca.org)
Bay Area Editors’ Forum (www.editorsforum.org)
American Copy Editors Society (www.copydesk.org)

Potentially Useful Web Site to Visit
The Bay Area Editors Forum (San Francisco, CA) Web site includes descriptions of different levels of editing (www.editorsforum.org/what_do.php). This information could help you describe and clarify your services to clients. The monthly forums are full of helpful advice (www.editorsforum.org/forum_index.php).
Online Job Postings (most in the United States):
In general, I ignore job-posting sites. Any advertised gig will draw a lot of competition, so the energy of applying is probably wasted, and very few advertised gigs will pay enough to make it worthwhile to stay in business.

Your best bet is to contact prospects directly. Companies that have job openings most likely also use freelances, so write to the companies who list full-time jobs to offer your services on a freelance basis.

Here are a few Web sites to check out.

- Jobs.NetMirchi.com: Jobs are posted to/from the entire Simply Hired jobs network, which includes sites like MySpace Jobs, LinkedIn, MyWay and, of course, Simply Hired. Jobs posted here will appear on 5,000+ job sites.
- www.comteck.com/~tanuki/bookmarks.html (or http://tinyurl.com/lgq604) Vickie West has compiled lots of helpful info on starting out.
- Publishers Weekly: http://jobs.publishersweekly.com
- MediaBistro: www.mediabistro.com/joblistings
- American Copy Editors Society: http://groups.yahoo.com/group/ACESjobs
- Copy Editor newsletter: http://jobs.copyeditor.com/home/index.cfm?site_id=502 (or http://tinyurl.com/572ayt). This job listing is free to job seekers; freelances can use it too. You can both seek jobs/free-lance gigs by posting your anonymous profile (you’re identified by a nickname of your choice) and see job/gig descriptions posted by companies. You’ll need to set aside some time (45 minutes or so) to complete a work profile for employers, recruiters, and project managers to see. You can also set up job alerts, so that you’re e-mailed daily or weekly when jobs/gigs in your area of specialization are posted. You use the job board’s interface to contact the companies that post job opportunities.

Specific Tactics to Get Work
Set up a free profile at LinkedIn (www.linkedin.com/). You can review mine as an example at www.linkedin.com/in/melissabogen). Be active in LinkedIn forums; answer questions in your area(s) of expertise. I’ve received jobs and potential clients because of my LinkedIn profile.

Network: Join and participate in professional associations and e-mail lists. Post your resume wherever it’s allowed, such as in the EFA online directory once you’ve joined the EFA; see www.the-efa.org and www.the-efa.org/dir/search.php. Hand out business cards absolutely everywhere you go.

Participate as much as you can on e-mail lists. If you become known and respected online, you may eventually be offered gigs offlist or hear about gigs for which you can apply. But make sure to give; don’t just take.

Be helpful to colleagues online, either by replying to e-mails or referring work leads to them. I enjoy doing this, but I also get referrals because of this.

Maintain contact with clients. Find reasons to periodically contact your clients so that they remember you. Frequently, the freelance who gets the project is the one whose name is freshest in the client’s mind.

Put your name and contact info on everything you touch. Develop a “signature” that appears in each e-mail you send; it should contain at least your name, your company’s name (if you have one), your phone number, your e-mail address, and the URL for your Web site. If you mail something to a client, attach a business card onto the cover sheet. For electronic documents, place your contact info in the document’s properties. In Word 2002, go to File >Properties>Summary>Comments.

Investigate new clients constantly. Every time a potential client’s name comes up on an e-mail list, in a news story, in a magazine feature, or anywhere else, search for the company’s Web site online. Bookmark it. Find out everything you can about that company. And then set aside a bit of time each week to send a note by e-mail or snail mail or call the companies you’ve checked up on. Let them know you’d like to be of service to them; never ask if they can give you work. In other words, always approach them from the perspective of their needs, not yours.

Go to your local library branch and spend time looking through Literary Market Place, in the reference book section, to find publishers of materials you’d want to edit or write. Note all contact information for these publishers and then contact them by e-mail, or by snail mail if no e-mail addresses are to be found.

Good luck.

References

Note: This article grew out of a discussion on the AMWA freelance listserve.
**APRIL**

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

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

**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

**European Medical Writers Association**  
May 11-15, 2010  
Lisbon, Portugal  
E-mail: info@emwa.org  
Web site: 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

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

**JUNE**

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

**Health and Science Communications Association**  
June 2-5, 2010  
Boston, MA  
Phone: (860) 376-5915  
Web site: www.hesc.org

**Canadian Science Writers Association**  
June 5-8, 2010  
Ottawa, Canada  
Phone: (800) 796-8595  
E-mail: office@sciencewriters.ca  
Web site: www.sciencewriters.ca

**Drug Information Association**  
June 13-17, 2010  
Washington, DC  
Phone: (215) 442-6194  
Web site: 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

**Public Relations Society of America**  
October 16–19, 2010  
Washington, DC  
Phone: (212) 995-2230  
Web site: www.prsa.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

**AMWA Annual Conferences**  
November 11-13, 2010  
Milwaukee, WI  
October 20-22, 2011  
Jacksonville, FL

**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

**Association for Business Communication**  
October 26-30, 2010  
Chicago, IL  
Phone: (936) 468-6280  
E-mail: abcjohnson@sfasu.edu  
(Dr Betty S. Johnson)  
Web site: 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: director@nasw.org (Tinsley Davis)  
Web site: www.casw.org

**American Public Health Association**  
November 6-10, 2010  
Denver, CO  
Web site: www.apha.org/meetings

**Plain Language Association International**  
June 9-11, 2011  
Stockholm, Sweden  
Web site: www.plainlanguagenetwork.org
As we turn the calendar page to 2010, the popularity of social media tools continues to grow. How we can incorporate social media into our businesses remains an issue for many medical communicators. Whether you are a freelance trying to find more ways to reach new clients or a full-time employee struggling to determine the return on investment for social media for your company, no doubt you have encountered Facebook, the Harvard social networking Web site that has become a global phenomenon.

Facebook was the brainchild of Mark Zuckerberg, who founded the site in February 2004 while a student at Harvard University. After just a few months, Facebook and the concept of social networking spread from the dormitories of Harvard to other Ivy League universities throughout the United States. Initially, users were required to have a valid e-mail address associated with any of the more than 30,000 recognized schools, colleges, and universities within the United States, Canada, and other English-speaking nations. As Facebook evolved, it allowed others outside of the educational system to join. Today anyone 13 years of age and older can set up a Facebook Profile.

Facebook’s core service is completely free and supported by advertising revenue. To set up an account, sign up with a unique user name and password. This creates a public Facebook Profile that you populate with whatever personal information you wish to share, including photos and videos. If you are concerned about privacy, you can lock your content, making it available only to those people you confirm as friends.

Once you have a Facebook account, you can seek out and “friend” others who have Facebook Profiles, post online content, join different Facebook networks and groups, and create Facebook events as a way to make your friends aware of upcoming events in your community and to organize social gatherings. The group feature enables people to gather online to share information and discuss specific subjects. Clubs, companies, and public-sector organizations use this feature to engage with stakeholders and customers.

Whereas Facebook Profiles function primarily as a conduit through which users share personal information, Facebook Pages, which launched in November 2007, offer a way for businesses, sports teams, films, brands, public figures, and other business organizations to establish a presence on Facebook. Users opt-in to Facebook Pages by adding themselves as fans. Fans can send messages, respond to posted content, and participate in discussions. In turn, businesses can use their Facebook Page to send updates to fans and engage them with videos, notes, links, and other content that communicates their business message.

To set up a Facebook Page, you first need a Facebook Profile. Once you establish a personal profile, go to www.facebook.com/pages/create.php. Type the name of the Page exactly as you want it to appear. The Page name should be one that users will use to search for it because you will not be able to change the name later. Next, choose the category that is most appropriate for your business. Now you can create content and publish your Page.

Although Pages look and behave much like a user’s personal Facebook Profile, certain differences exist.

• Anyone, even people who do not have a Facebook account, can view a Facebook Page. In contrast, users must have and be logged into a Facebook account to view a Facebook Profile. Because Facebook Pages are viewable by the public, Internet search engines are able to index your Page and share it with their users.

• Users do not need confirmation to become your fan. Anyone can become a fan of a Facebook Page, whereas users with Facebook Profiles must confirm your friend request before you can become their friend.

• Facebook Pages can have an unlimited number of fans; the number of friends is limited for Facebook Profiles.

• With Facebook Pages, you can send targeted updates to all your fans at once; this feature is not available with Facebook Profiles.

Facebook Pages come with multiple applications you can use to share and manage content. Browse the application directory to view the options that might be suitable for your purposes. One application that may be of interest to medical communicators is the Notes application, which is Facebook’s blogging feature. If you are considering blogging but don’t want to make a commitment to setting up your own blogging site, try the Notes application. To write a note, go to the Edit Page for your Facebook Page, click on “Notes,” and click on “Write a New Note.”

Another useful tool is Facebook’s Video application; it provides an engaging way to share videos or clips of live
events with fans. Facebook Pages also have a Discussion Board feature, where you and your fans can talk about your business, your products, and your upcoming events. Of course, as with any social media tool, there is the question of whether having a Facebook account is worthwhile. The answer will depend on what you expect from using social media. From a business perspective, Facebook can drive traffic to your Web site, increase brand awareness, and enable you to connect to and interact with customers and people who are interested in your service or product. Several organizations of potential interest to medical communicators already use Facebook Pages to connect with their audience, including the Board of Editors in Life Sciences, the Society of Critical Care Medicine, and Kaiser Permanente, to name a few.

As we go to press, Facebook has more than 300 million users and data confirm its usefulness for driving traffic to your Web site. In October 2009, a study from online ad network Chitika showed that Facebook was the most valuable social media tool for bringing repeat readers to content sites. Based on 33 million unique users across Chitika’s publisher network in September 2009, the study compared the number of visitors coming from major traffic sources (such as Google, Bing, Digg, and Yahoo) to the number of times those visitors returned to the referred site. Facebook promoted the highest number of repeat visitors. The data show that 20% of all visitors from Facebook returned to the referred site at least 4 times each week.1

Keeping your online personal and professional lives separate is a good idea. In the Facebook world, this means reserving your Profile for your personal connections and using your Page to connect with customers and business associates. You probably don’t want your clients to become your Facebook friends where they can view every-thing your friends write, mundane or otherwise. Social media platforms such as Facebook can enable you to build relationships with colleagues and prospective business associates. Whether these tools will benefit you depends on how you choose to use them.

References

Say That Again?

Twitter now offers “Retweet” to help you share tweets with your followers. With just a click of the mouse, you can send a tweet you’ve received to your own followers. Find out more about Retweet at www.twitter.com.

GRANTS

Specialist

Jeremy Fields, Ph.D.

29 years experience as a funded biomedical researcher
18 as a freelance medical writer

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207-865-1479 (fax)

Clear, concise, coherent & compelling proposals.
Money-Driven Medicine
Produced by Alex Gibney, Directed by Andrew Fredericks
Documentary, 86 minutes
Available for digital rental at Amazon.com or for purchase from the California Newsreel Order Department (877-811-7495).
For more information and a calendar of upcoming public screenings, visit www.moneydrivenmedicine.org.

Alex Gibney, whose Oscar-winning film Enron: the Smartest Guys in the Room dramatically documented the greed, arrogance, and criminal behavior behind the downfall of one of our nation’s most powerful energy companies, has turned his attention toward health care in America with his latest film Money-Driven Medicine.

The documentary, produced by Gibney and directed by Andrew Fredericks, contends that health care in America is not serving the needs of patients. Early in the film, we see Dr Andrey Espinoza, an interventional cardiologist, reassuring a patient in the operating room before a catheterization and later lamenting that the most important part of patient care—the development of the doctor-patient relationship—is not valued by the current health care system. "Medicine has become a business. Physicians are reimbursed for doing things. We’re not reimbursed for talking to patients," says Dr Espinoza.

Based on the book of the same name written by Maggie Mahar, a former financial journalist for Barron’s magazine, Gibney’s film attributes the ills of the health care system to numerous parties: hospital corporations that overbuild to satisfy shareholders and need to aggressively sell their over-supply of services; insurance companies that pay physicians according to procedures and tests performed regardless of whether or not they benefit the patient; and pharmaceutical and medical device companies that sell, according to Mahar, “overpriced drugs and devices that are no better than the drugs and devices that they’re replacing.”

Donald Berwick, MD, MPP, Clinical Professor of Pediatrics and Health Care Policy at Harvard Medical School and president of the Institute for Healthcare Improvement, explains in the film that “markets mean competition” and when hospitals, doctors, and pharmaceutical companies compete against one another “we set up a war.” Dr Berwick’s complaint is that “the patient doesn’t need a war.”

Although Gibney initially presents the US health care system as a battle between evil corporate profiteers out to make a buck regardless of how it affects people and kindly physicians whose motto is “first do no harm,” the film appears to contradict itself at times, most notably when it offers 2 examples of breakdowns in the system that—evidently unintentionally—indicate physician behavior as a cause for concern.

In the film, Lisa Lindell, of Houston, TX, recounts that during her husband’s hospitalization for severe burns, he suffered numerous complications, including a collapsed lung, pneumonia, and sepsis, as a result of the hospital staff’s lax response to a blocked bile duct. Lindell concludes that “a lack of prompt patient care… resulted in these additional complications. And it affects the cost of health care, it affects the length of hospitalization.”

Although one could shift blame to the hospital for possibly understaffing and overworking their health care providers as a reason for patient neglect, Lindell’s story seems to reflect poorly on the primary care providers themselves rather than the hospital’s corporate honchos.

Even more damning was the story of Jim Weinstein, MD, a spine surgeon and Director of the Dartmouth Institute for Health Policy and Clinical Practice, whose daughter endured painful side effects for 2 years during a proposed 3-year course of chemotherapy that failed to keep her leukemia at bay. The medical team then recommended brain and spinal radiation and 3 weeks of daily spinal taps. When Dr Weinstein balked at continuing to subject his daughter to what he felt was an ineffective treatment plan, the medical team threatened to sue Dr Weinstein. Mahar suspected the physicians were concerned with being sued themselves for malpractice.

Dr Weinstein investigated other treatment opportunities and found a doctor at the University of Minnesota who was doing experimental gene therapy and who assured Dr Weinstein that his daughter would not be treated with chemotherapy and radiation. A follow-up call by Dr Weinstein to the doctor’s nurse revealed that all the doctor’s patients received chemotherapy. Shocked and frustrated, Dr Weinstein asked, “So I’m going to bring my daughter to an experimental treatment with a person who doesn’t even tell the truth?” Once again, the viewer could read between the lines and fault corporate pressure on the doctor to sell the experimental treatment, but there is no evidence offered in the film to support that contention.

continued on page 37
Among medical writers, the words “diagnosis” and “treatment” are used very frequently, or referred to often by implication. We all know what those words mean. But do we? Others may have a different slant on interpreting aspects of “diagnosis” and “treatment.” Some of that is reflected in the large number of comments available on the subjects by various pundits.

Scouring those, I found some quotations that I think are interesting to writers—at least to me. Here they are.

**Diagnosis**

“Bedside manners are no substitute for the right diagnosis.” Alfred P. Sloan

“Diagnosis is a system of more or less accurate guessing in which the end-point achieved is a name. These names applied to diseases come to assume the importance of a specific entity whereas they are for the most part no more than insecure and therefore temporary conceptions.” Sir Thomas Lewis (1941)

“If you do not ask the right questions, you do not get the right answers. A question asked the right way often points to its own answers. Asking questions is the A-B-C of diagnosis. Only the inquiring mind solves problems.” Edward Hodnett

“Diagnosis: A preface to an autopsy.” Source unknown

“DIAGNOSIS, n. A physician’s forecast of the disease by the patient’s pulse and purse.” Ambrose Bierce

“A smart mother makes often a better diagnosis than a poor doctor.” August Bier

“The fact that your patient gets well does not prove that your diagnosis was correct.” Samuel J. Meltzer

“Diagnosis is not the end, but the beginning of practice.” Martin H. Fischer

And perhaps the best, most quotable and strongest in advice is that of Sir William Osler:

“Listen. The patient is telling you the diagnosis.”

**Treatment**

“Medicines are not meant to live by.” German proverb

“Treat the patient, not the x-ray.” James M. Hunter

“When a lot of remedies are suggested for a disease, that means it cannot be cured.” Anton Chekhov

“It is easy to get a thousand prescriptions but hard to get one single remedy.” Chinese Proverb

“In the sick room, ten cents’ worth of human understanding equals ten dollars’ worth of medical science.” Martin H. Fischer

“Drugs are not always necessary. Belief in recovery always is.” Norman Cousins

“The greatest mistake in the treatment of disease is that there are physicians for the body and physicians for the soul, although the two cannot be separated.” Plato

“It is not a case we are treating; it is a living, palpitating, alas, too often suffering fellow creature.” John Brown

“A man who cannot work without his hypodermic needle is a poor doctor. The amount of narcotic you use is inversely proportionate to your skill.” Martin H. Fischer

“It is easy to get a thousand prescriptions but hard to get one single remedy.” Chinese Proverb

For medical writers—and for physicians—and for all those involved in the health professions, I commend the definition given by some unknown, but awesome, author:

“A drug is that substance which, when injected into a rat, will produce a scientific paper.”

And, last but not least, from this physician to all other physicians, to writers and to everyone in the field, obviously from an unknown author:

“It is a mathematical truth that 50% of all doctors graduated in the bottom half of their class.”
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 are concise.

DEAR EDIE: I can never remember: are these one or two words: “healthcare” or “health care,” as in “healthcare (health care) professional,” and “website” or “web site”?

LORI [last name withheld]
Great Neck, NY

DEAR LORI: I deplore the use of what I call “jamming.” I have always separated health and care. I believe that the average person will know very well what “health care” means even if it is written as two words.

I also use two words for “Web site.” I never use “website” as one word, since the Web is an entity unto itself. This is my personal predilection. I believe the clarity is improved when the words are separated.

DEAR EDIE: I decry the use of puffed construction. The awkward, “I exercise at least one hour on a daily basis,” usurped the simpler “I exercise at least one hour daily.” This language bloat reminds me of the overuse of the suffix -wise during the 1950s. For example, consider the following: “Television-wise, I think this script is adequate” instead of the more reasonable “I think this script is adequate for television.”

Use-wise, I believe we should eschew such inflation on a sentence-by-sentence basis. Do you agree? And do you have your favorite examples of bloat?

JIM HUDSON
Simi Valley, Calif.

DEAR JIM: I think that there are too many wiseguys. My examples would fill several volumes. It is hard to choose a favorite of nonfavorites. Note that there is no hyphen in nonfavorites. I have mentioned the non prefix in a previous column. As an intellectual exercise, I recommend looking at Webster’s Third. I believe there are at least four or five pages of non words, none of which is hyphenated. However, the term is hyphenated when the following element begins with a capital letter as in “non-American.”

DEAR EDIE: In the sentence “An adverse event may also be called an adverse effect, adverse experience, adverse reaction, or unanticipated problem,” should “and” be used in place of “or”? Does it matter?

KATHLEEN COX, MA
Indianapolis, Ind.

DEAR KATHLEEN: Use “or.” The sentence suggests that any one of the terms might be used in a specific context. It is unlikely that more than one of these terms would be used in a single publication. If a writer is reviewing usage in a variety of publications, then it is correct to say, “Adverse events have also been reported using the terms adverse effect, adverse experience, adverse reaction, and unanticipated problem.”

DEAR EDIE: I have a question that recently led to extensive discussion in my office but was never really resolved. Here is the sentence that sparked it: “The inaugural course… attracted 56 registrants, the majority of whom was engaged in surgical research or contemplating it (Fig. 1).”

We agreed that “was” should be changed to “were,” because “majority” was associated with a plural (“registrants”). However, disagreement arose when our department’s intern opined that “whom” should be changed to “who.” Citing the Grammar and Usage self-study module, she stated that even though “whom” was the object of the preposition “of,” it also appeared to be the subject of “were engaged,” and therefore should take the subjective case. That made logical sense, but “of who” just “sounded” wrong to all of us.
We ultimately decided to go with “whom,” reasoning that “the majority of whom,” and not “whom” alone, was the subject of “were engaged.” However, we couldn’t find any authoritative reference to back us up on this decision. Were we right or wrong?

STEVE PALMER, PHD, ELS
Houston, Texas

DEAR STEVE: Your ultimate solution is correct. Majority is the subject of the verb were and does refer to the majority of the plural registrants. The phrase “of who” is grammatically impossible. Whom is indeed the object of the preposition of and must be in the objective case. In this instance, you and your colleagues were correct to go with what sounded right to you.

LAURIE KOZBELT
Palm Harbor, Fla.

DEAR EDIE: Is an apostrophe needed in the standard pharmaceutical term “days supply” (of medication), and, if so, what is the correct placement? We’ve seen it without an apostrophe and both as “days’ supply” and “day’s supply.” We think “day’s supply” is not correct because the term is not describing a single day. But what about the other two choices?

DEAR LAURIE: You could avoid the question altogether by hyphenating: “The patient had a 6-day supply of medication.” If you want to use the possessive instead of the adjective form, however, the answer depends on how long the supply is supposed to last. If it is for only one day, you should use the singular possessive: “a day’s supply” or “one day’s supply.” If the supply is for more than one day, the plural possessive is required: “7 days’ supply”—or again, “a 7-day supply.”

† I thank Janet Manfre and Robert Hand, fellow members of the Delaware Valley Chapter, for their 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 Ausage 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 amwajournal@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.

Gibney, who made a personal appearance following a December 7, 2009, screening of the film at the Cinema Village theater in New York City, told the theater audience that his aim in producing the documentary was to serve as an “agent provocateur” and reveal the economic forces that negatively affect the practice of medicine in the United States. Gibney did manage to provoke many people in the audience with his film, but perhaps not as he intended. After the screening, a question-and-answer period with Gibney devolved into more of a gripe session that demonstrated the public’s frustration with the US health care system and the audience’s apparent insistence that a filmmaker addressing this issue had better have some answers.

Gibney told the theater audience that he wanted to make a film about what he calls “capitalist fundamentalism,” and the comments he used to close his film seem to encapsulate his feeling on the matter. Dr Berwick, philosophizing about the struggle between capitalism and altruism, says, “I think health care is more about love than about other things. If there isn’t at the core of this 2 human beings who have agreed to be in a relationship where one is trying to relieve the suffering of another, which is love, you can’t get to the right answer here.”

The film is an ambitious undertaking that explores a subject that, not unlike health care reform itself, defies being reduced to a simple set of easily identifiable problems with clear-cut solutions. Certainly, anyone familiar with health care in America recognizes that profit is often the primary motive for much of what is done in the name of healing, but for the film to paint the health care conundrum as a battle of good doctors versus evil corporations does a disservice to those hoping for an impartial investigation into this difficult situation.

—Nick Sidorovich, MSEd

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.
As promised in a past column, I am going to continue to explore the AMWA Web site with you; but first, I want to share some data given to me by Ronnie Streff, our communications and technology specialist, that I think members will find interesting. From April to December 2009, the AMWA Web site had 83,643 unique visitors, an average of nearly 9,300 unique visitors a month. Clearly, www.amwa.org is a popular destination, and not just for our members. The majority of these visitors accessed the site using either Microsoft Internet Explorer or Mozilla Firefox. Other browsers used include Google, Safari, and Opera. Some members have expressed dissatisfaction with their attempts to navigate the Web site, and this can be related to the type of browser used. However, we are aware that the site is getting very “busy,” and we are working on improvements, including putting together an index of the site. Here’s a suggestion that might speed your journey along: Begin by signing in and choosing the “Members Only” section from the menu.

**About Medical Communication**

The recent discussions about the pharmaceutical industry’s use of “ghostwriters” seems to have drawn a great deal of attention to the field of medical writing. Although some of the publicity surrounding this issue has been quite negative, it has focused attention on this specialized area of written communication, and has presented a unique opportunity for us to explain to friends, family, and the general public exactly what it is we do. What is a medical writer? If you’ve been asked that question and have hesitated over your response because there really isn’t a simple answer, you might want to consider checking out the “About Medical Communication” link on the home page at www.amwa.org, where you will find just about everything you need to explain our field.

You don’t have to sign in to access the “About Medical Communication” link because it is on the home page, designed to make the information available to the public and to attract new members to AMWA. However, there is a great deal of information that both “newbies” and “veterans” will find useful. The link will take you to a list of topics that includes answers to questions such as: What is a medical communicator?; Where do medical communicators work?; What do medical communicators do?; What does a medical communicator earn?; What is the demand for medical communicators?; How can I learn the skills needed for a career in medical communication?; and How can I break into the field? In addition, you will find a link to a slide deck on the topic, which members can download and use to make a formal presentation to a school, college, or community group. There are also links to a “Career Path” brochure and a publication that explores careers in medical communication via a collection of articles from the AMWA Journal.

As you click on each of the topics in the section, you will be taken to a page full of information with embedded links to even more information. For example, clicking on “How can I learn the skills needed for a career in medical communication?” will take you to a section that provides links not only to programs offering formal training in medical communication but also to self-study workshops, AMWA’s certificate programs, and a resources page, which includes access to style manuals, how-to books, and much more.

AMWA’s primary mission is education, and that is reflected on our Web site. I hope you’ll take the time to explore it, and make a note to watch future issues of the AMWA Journal for more detailed information about this important and popular member benefit.
Note from the President

By Thomas Geneny, MS, ELS, 2009-2010 AMWA President

“W hat’s in it for me?” is a question we often hear these days in one form or another. The question is practical, direct, and even unapologetically selfish, depending on how it is used. Yet, in the context of today’s economy, “What’s in it for me?” is a question of substantial import—prioritizing our need to maximize the value of every dollar we spend.

From a budgetary perspective, there is no doubt this question is being applied these days to AMWA membership as much as to other business or personal expenses. So, what value does AMWA membership provide? If you find yourself giving greater weight to this particular consideration these days, I encourage you to read on.

AMWA is the largest and most well-established organization of its kind, providing unparalleled educational and professional development opportunities to professional medical communicators. Education is essential in today’s competitive market, whether you are new to the profession or experienced and keeping up with the latest trends, guidelines, and technologies. The association offers an extensive educational program (through live workshops and self-study text modules) as well as a variety of less formal learning opportunities via listserv postings, articles in the AMWA Journal, chapter meetings, and the AMWA Web site (www.amwa.org). Education is in such high demand by members and employers alike that AMWA recently expanded its educational program to 9 separate certificate options (see page 26 for a detailed overview and descriptions). All AMWA workshop fees are considerably discounted from nonmember rates.

The value of AMWA membership extends even further when simply considering the many benefits already included in the cost of annual dues. AMWA members enjoy access to full-text reference books and online journals via MD Consult®. Also, in the Members Only area of AMWA’s Web site are the online membership and freelance directories, Jobs Online database, searchable listserv archives, information on exclusive discounts (bibliographic software and other resources), and much more. An annual subscription to the AMWA Journal is also included with membership, and growing numbers of members are using a recently completed journal index (back to 1985) to identify and obtain articles online.

As many members can attest, additional value comes with AMWA’s many leadership and learning opportunities—from organizing meetings and programs at both chapter and national levels to serving on various boards and committees. These settings offer distinct ways for building management skills and taking organizational abilities to a new level. AMWA is a strong and vital organization largely because of its diverse and rich membership. We learn from each other, and everyone has something valuable to share, whether by contributing expert content for workshops and journal articles or by sharing key insights, experience, and advice. A common adage among members is that what you put into AMWA remains just a fraction of what you receive in return.

The cost of membership in AMWA is little more than $12 per month. Annual conference and other fees remain remarkably affordable when compared with other organizations. As a nonprofit, 501(c)3 organization with a mission to improve standards and education in our advancing profession, AMWA is unique in its ability to offer value to its members. This is the primary reason why membership has grown steadily over the past decade and why the association enjoys member renewal rates higher than those seen in other groups.

AMWA membership is an investment in the future: your own future and that of the profession itself. Please join me in recognizing 70 years of excellence in AMWA. Immerse yourself in all the rich benefits that membership has to offer. AMWA strives to fulfill its educational mission and to serve its membership in equal measure. If you have thoughts or ideas on making AMWA even better, or if you’d like to lend your skills to participate more actively in the association, please contact your local chapter leaders (listed under “Chapters” at www.amwa.org) or write to me at president@amwa.org. I’d love to hear from you.
The American Medical Writers Association (AMWA) is in a strong financial position. At the end of the last fiscal year (July 1, 2008 through June 30, 2009), income exceeded expenses by $26,474. This excess is attributable to the well-attended 2008 Annual Conference in Louisville, sustained membership, and reduction of expenses wherever possible.

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

What Are AMWA's Sources of Income?
Membership dues and annual conference registrations accounted for 81% of the $1,585,883 income for fiscal year 2008–2009 (Figure 1). Membership was sustained but, after subtracting related expenses related to membership, AMWA realized a net loss of $15,977 in this category. The annual conference provided a net gain of $8,930 over last year and education had a net gain of $3,424.

What Are AMWA's Expenses?
Staff salaries and associated expenses such as payroll taxes and benefits accounted for 35% of the total expenses of $1,559,409 (Figure 2). This was an increase of $48,359 from last year, primarily due to annual wage increases and the addition of a new staff position in marketing. AMWA now has a total of 8 full-time employees, in addition to an Executive Director. Staff members work on educational programs, support membership services, maintain the Web site, maintain the Freelance Directory and Jobs Online listings, market AMWA's products and services, coordinate meetings, implement AMWA's awards programs, and perform bookkeeping, among many other responsibilities.

Annual conference expenses were the second-highest expense category (19%). The largest expense was meal functions, which are heavily subsidized by AMWA. Other conference expenses (> $10,000) include (in descending order) printing and design, nonworkshop audiovisual (AV) support, bank charges for credit card use, workshops (AV, monitors, etc.), postage and shipping, and exhibits.

Other expenses (14%) include (in descending order) insurance for staff and officers; Board of Directors (BOD) and Executive Committee (EC) activities; Web site/Internet technology; and education. EC/BOD expenses include EC travel and hotel rooms for meetings in January, April, and July, plus food for BOD meetings held in April and at the annual conference. The highest single Web site/Internet technology expense was the ~$20,000 for MD Consult. Education expenses were mainly for on-site workshops and the distance-learning modules.

Administrative expenses (17%) increased $48,359 from last year. Rent was the largest subcategory and was $8,225 over budget, primarily due to moving to the much-needed larger office space. Other administration expenses, each exceeding $10,000, were for computer services ($31,948), bank/credit card charges ($26,370), accounting ($25,724), moving expenses ($21,661), depreciation ($18,453), and telephone/Internet access ($12,109). Many of these expenses were paid from the $45,000 that was moved from reserves by the BOD for the office move. The remaining expenses were for membership ($118,394) and publications ($110,363).

What Lies Ahead in the Current Fiscal Year?
AMWA Executive Director Donna Munari, in consultation with then-President Cindy Hamilton, then-President-Elect Tom Gegeny, and treasurer Judith M. Pepin, prepared the 2009–2010 AMWA budget in January 2009. Based on experience and information available at that time, we budgeted $1,555,610 in income (Figure 3) and $1,547,511 in expenses (Figure 4), for a projected excess of $8,099. The 2009-2010 budget anticipated higher costs for the 2009 Annual Conference, since Dallas is a first-tier city (ie, highly desirable for conferences) with related high expenses. Afternoon snacks were eliminated with a projected cost savings of $7,500. Open bar at the closing reception (only offering beer, sodas, punch and water), was also eliminated for a savings of $3,100. Other cost-savings measures were taken such as eliminating print-on-demand ($2,688), the cybercafe ($1,954), and a 4-color promotional brochure for the AC ($8,000).

Although it is too early to predict the outcome for the 2009-2010 fiscal year, the data so far in the largest categories of income indicate that it is unlikely to be bet-
Registrations for the 2009 Annual Conference in Dallas were down from 2008, but we had 857 registrants, including 28 students, and 246 first-time attendees. Since we rely heavily on dues income, the major consideration will be our membership numbers for the fiscal year. Membership-related income at the end of fiscal year 2008–2009 ($709,017) was slightly higher than expected ($705,725 budgeted). We understand that the current economic conditions may lead to a loss of current members and hope to offset that projected loss with new members. We will strive to retain these new members, and bring any lapsed members back to the association during the current year.

What About the Long Term?

As a general rule, nonprofit organizations should have operating funds of 25% to 33% of annual expenses (for AMWA, this was $421,116 to $555,873 for fiscal year 2008–2009). This year, due to the sluggish economy and less-than-stellar return on investments, as of June 30, 2009, our operating funds (cash and cash equivalents totaling $254,354) were under the target range (Table 1). Because of this, we moved some of the operating funds into short-term certificates of deposit (CDs).

Nonprofit organizations also should have reserves of 6 to 12 months of annual operating expenses (for AMWA, $842,233 to $1,684,465 for fiscal year 2008–2009). This year, due to the sluggish economy and less-than-stellar return on investments, as of June 30, 2009, our operating funds (cash and cash equivalents totaling $254,354) were under the target range (Table 1). Because of this, we moved some of the operating funds into short-term certificates of deposit (CDs).

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Nonprofit organizations also should have reserves of 6 to 12 months of annual operating expenses (for AMWA, $842,233 to $1,684,465 for fiscal year 2008–2009). AMWA’s reserves are defined as its short-term investments in CDs that mature in 1 to 5 years and long-term investments in mutual funds (60% various stocks and 40% bonds) that are managed by Smith Barney. As of June 30, 2009, our short-term and long-term reserves amounted to $1,006,814, which was down from $1,041,065 on June 30, 2008, but are still within the target range.

As of June 30, 2009, the Endowment Fund balance was $165,159.28, the interest of which continues to be used on special projects consistent with the Fund’s mission statement and as determined by the BOD.
In summary, AMWA has weathered another year of a slow economy and downturn in investments and we have continued positive financial health with respect to the current market. Keeping this in mind, and with continued conservative investing, we are planning and budgeting a lean year ahead.

Acknowledgments
I thank the members of the current 2009-2010 Budget and Finance Committee—Barbara Snyder, Karen Klein, Jane Krauhs, Heather Haley, Linda Rowse, and Alison Woo, and ex officio members (Tom Gegeny, Melanie Ross, Donna Munari, and Larry Liberti)—for reviewing this manuscript. I also thank Donna Munari for helping me by answering questions and providing valuable advice.

Table 1. AMWA Balance Sheet as of June 30, 2009

<table>
<thead>
<tr>
<th>Assets</th>
<th></th>
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<tbody>
<tr>
<td>Cash and cash equivalents (operating funds)</td>
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<td>Short-term funds (maturity 1 to 5 yr)</td>
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<td>Accrued interest on short-term investments</td>
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<td>Accounts receivable</td>
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<td>Prepaid expenses and supplies inventory</td>
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<tr>
<td>Fixed assets (furniture, equipment)</td>
<td>$73,351</td>
</tr>
<tr>
<td>Other assets (McGovern Fund, Endowment Fund, deposits)</td>
<td>$312,936</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td><strong>$1,726,915</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Liabilities and Net Assets</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts payable and accrued expenses</td>
<td>$79,916</td>
</tr>
<tr>
<td>Unearned (deferred) income</td>
<td>358,881</td>
</tr>
<tr>
<td>Total liabilities</td>
<td>$438,797</td>
</tr>
<tr>
<td>Total net assets</td>
<td>$1,288,118</td>
</tr>
<tr>
<td>Net income</td>
<td>-124,544</td>
</tr>
<tr>
<td><strong>Total liabilities and net assets</strong></td>
<td><strong>$1,726,915</strong></td>
</tr>
</tbody>
</table>

In summary, AMWA has weathered another year of a slow economy and downturn in investments and we have continued positive financial health with respect to the current market. Keeping this in mind, and with continued conservative investing, we are planning and budgeting a lean year ahead.

Acknowledgments
I thank the members of the current 2009-2010 Budget and Finance Committee—Barbara Snyder, Karen Klein, Jane Krauhs, Heather Haley, Linda Rowse, and Alison Woo, and ex officio members (Tom Gegeny, Melanie Ross, Donna Munari, and Larry Liberti)—for reviewing this manuscript. I also thank Donna Munari for helping me by answering questions and providing valuable advice.

Table 1. AMWA Balance Sheet as of June 30, 2009

<table>
<thead>
<tr>
<th>Assets</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents (operating funds)</td>
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<tr>
<td>Short-term funds (maturity 1 to 5 yr)</td>
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<td>Accrued interest on short-term investments</td>
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<td>Accounts receivable</td>
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<td>Prepaid expenses and supplies inventory</td>
<td>$49,184</td>
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<tr>
<td>Fixed assets (furniture, equipment)</td>
<td>$73,351</td>
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</table>

2010 Honorary Award Winners Announced

“Seek, Soar, Succeed” is a fitting theme for 3 individuals who will be honored at the 2010 Annual Conference in Milwaukee. The Keynote Address will be given by William L. Lanier, MD, editor-in-chief of the venerable Mayo Clinic Proceedings and the youngest person to attain the rank of professor of anesthesiology in the history of Mayo Clinic. Dr Lanier is former president of the Society of Neurosurgical Anesthesia and Critical Care, and a founding editorial board member for the American Medical Association’s new journal, Disaster Medicine and Public Health Preparedness.

The John P. McGovern Award will be presented to Thomas Stossel, MD, the Princeton- and Harvard-educated physician who currently teaches medicine at Harvard Medical School and is Director of Translational Medicine at Brigham and Women’s Hospital, Boston. Dr Stossel’s interest in physician and researcher interactions with private industry and his post as Editor in Chief of Current Opinion in Hematology make him a natural choice for the McGovern Award, which honors a preeminent contribution to any of the various modes of medical communication.

The Alvarez Award honors excellence in communicating health care developments and concepts to the public. Prerna Mona Khanna, MD, MPH, FACP, is a triple-Board-certified, Emmy-winning physician who took a 90% pay cut when she decided to leave her medical practice and become a TV health reporter. Currently a medical contributor for www.icyou.com, Dr Mona has a passion for communicating health information to the public and teaching patients how to make decisions to improve their quality of life; this passion ensures a remarkable Alvarez Award Luncheon.
The economic upheaval of the past couple years has affected all professions, including medical writing. The New England Chapter presented “Careers in Medical Writing: A Panel Discussion” last summer to offer an insider’s look into 3 major areas of medical writing. A goal of the event was to provide AMWA members with information to help them decide whether another area of medical writing might be a good fit. The panel included Tom Gegeny, MS, ELS, Envision Scientific Solutions; Michelle Horan, MS, Department of Safety and Risk Management, Pfizer, Inc; and Candice M. Hughes, PhD, Hughes BioPharma Advisers, LLC. Each panelist focused his or her presentation on one area of expertise.

Tom addressed the publications field, with special emphasis on the challenges of planning and implementing publications based on industry-sponsored clinical trials. He stated that planning publications a year or more in advance and using medical writers to implement the plan facilitates budgeting and efficient use of resources. In general, publication writers develop and edit content under the direction of the authors, gather the necessary references, coordinate and implement changes from reviews, and ensure that journal requirements are met and writing guidelines are followed. Writers must be flexible to work with a variety of authors, such as clinicians and statisticians.

Michelle, a 20-year veteran of Pfizer, addressed regulatory writing based on her 9 years in Pfizer’s medical writing department. She writes clinical study reports and integrated summaries of efficacy, safety, and clinical pharmacology.Michelle follows products from the preapproval phase through the approval and post-marketing phases. She also coordinates large Periodic Safety Update Reports (PSURs) with multiple authors. Michelle has a wide range of responsibilities, so her workdays have variety. Her daily tasks may include planning for upcoming PSURs or reviewing cases for routine pharmacovigilance. Michelle noted that working with data and performing data analyses are advantages of regulatory writing, while developing standardized, concise text can be a downside.

Candice focused on continuing medical education (CME), an area of medical writing that has been undergoing rapid, unprecedented change for the past 5 years as a result of political, economic, and business environmental changes. Clinicians need CME to stay abreast of advances in their field. The types of programs CME writers develop include slide sets and speaker notes; print pieces (eg, monographs); and content for Web sites, video, and medical conferences. Her typical workday is a non-stop juggling act of many projects and priorities. For instance, a typical day for Candice may include sending work to freelances, holding conference calls with physician reviewers, and meeting with a creative director to discuss the format and design of a project. Candice finds the advantages of CME writing to include a wide variety of project types with some potential for creativity while the disadvantages can include too little time for writing/editing, a lack of input on content, working at an intense pace, and frequent travel.

One job role common to all panelists was that of project manager. Being able to manage large, changeable projects, often involving many “players,” is a factor in all 3 areas of medical writing. The current trend for many corporate (ie, inhouse) medical writers is for writers (or publications managers) to spend substantial amounts of time planning and managing projects, with writing often being performed by vendors/freelances.

The main difference among the 3 areas of medical writing on this panel was the amount of scientific knowledge needed. Scientific expertise is most important in regulatory writing and somewhat less necessary in clinical trial-based publications, followed by CME writing. Even so, all panelists agreed that medical writing by definition requires a basic knowledge and understanding of medicine and medically related science.

The audience had many excellent questions and comments. Anna Marie Lane of Pfizer, Inc. noted that outsourcing of medical writing is a growing trend. One challenge outsourcing poses for her is that document team members are sometimes located in different time zones, which creates challenges when trying to resolve issues with regulatory documents.
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- Improved and substantially better on-time delivery of programs; and
- Marked reduction in the overall lifecycle costs compared with traditional outsourcing strategies.

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  - Vision care
  - Company sponsored disability and life insurance plans
  - 401(k) plan
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  - Paid corporate holidays
  - Corporate credit cards and calling cards

Join An Industry Leader!
By Bettijane Eisenpreis

Success is a word easy to associate with Tom Lang. Winner of AMWA's Swanberg, Golden Apple, and President awards; leader of nearly 165 workshops, many of which he designed; and principal of Tom Lang, Communications and Training, Tom should be a poster boy for a rewarding career in medical communication.

Yet it is a failure that Tom credits with setting him on the path for all his future successes.

"I was a technical writer and got into medical writing because I failed a rank exam in Japanese martial arts," he explains. "You had to know both the knockout blows and the anatomy and physiology behind them. My instructor had taught me the former but not the latter, so I failed the exam. Shortly after, I went to the National Institutes of Health as a normal volunteer for medical research and, while interning at the National Library of Medicine, wrote my first monograph on the anatomical and physiological effects of striking the body."

Back in Chico, CA, in 1978, Lang coauthored a college text on personal health (Health Behaviors: Concepts, Values, and Options, which, he says, covers life “from birth to earth, womb to tomb, sperm to worm, and lust to dust”). “I decided it was time to join a professional association,” he says. “I found AMWA and called 3 members in the Bay area—Jim Yuen, Susan Eastwood, and Lottie Applewhite—and visited them.” Shortly after speaking to them, he joined AMWA, in time to attend the second Asilomar conference.

The first AMWA workshop Tom led was in 1983, at Asilomar. Since then, he has led close to 165 national, regional, and on-site workshops. He has developed 7 workshops, among them workshops on interpreting and reporting statistics; reporting association, correlation, and regression analyses; reporting risks, rates, and ratios; reporting diagnostic test characteristics; and improving comprehension: theories and research findings. He also teaches 6 workshops that were developed by others but that bear his distinctive stamp.

He is passionate about building the profession of medical writing by developing a cadre of writers educated in evidence-based medical writing and editing.

“Many medical writers have never received prolonged, systematic, and formal training in the craft,” he explains. “Medical writing has a research base that can help us improve written communication. We need to identify and disseminate these research findings for the good of the profession.”

Lang chaired AMWA’s second Long-Range Planning Committee, founded the Ohio Valley chapter’s Deer Creek Conference, has spoken at several annual meeting sessions, and has been a peer reviewer for the Journal, among other responsibilities. Still, he insists that the benefits work 2 ways.

“One of the first times I went to Asilomar, I found myself walking along the beach with Stephen Lock, who was then the editor of the British Medical Journal. I became very much interested in ‘journalology,’ as he called it, which affected how I designed my graduate program in communications,” says Tom. “Years later, again at Asilomar, I showed a draft of my book on statistical reporting to Ed Huth, the long-time editor of Annals of Internal Medicine. In a minute, he asked whether the American College of Physicians could publish the book. I said yes, and the rest is history.”

Lang’s first book, How to Report Statistics in Medicine: Annotated Guidelines for Authors, Editors and Reviewers, has been translated into Chinese and Japanese. A second English edition was published in 2006. This year, How to Write, Publish and Present in the Health Sciences: A Guide for Clinicians and Laboratory Researchers, also published by the American College of Physicians, is slated to be translated into Japanese.

“AMWA has provided me with both the structure for developing my craft and the opportunities to practice it,” Lang says. “My most recent book is dedicated in part to Lillian Sablack, AMWA’s Executive Director for 28 years, who helped set up and maintain that structure while both the profession and the association fundamentally changed.”

Past AMWA President Art Gertel says, “There is a well-known saying that ‘The pen is mightier than the sword.’ This may seem particularly germane to the medical writing profession. Tom Lang is the rare individual who wields both pen and sword—he practices iaidō, the art of drawing and cutting with the Japanese sword—with equal finesse. He is also one of the few of our colleagues who has penetrated the arcana of the world of biostatistics. His 2 books serve as Rosetta Stones to those for whom biostatistics is an exercise in cryptology. For this, we are eternally grateful.”

Tom, with wife Mary Running.
This In Memoriam was modified for the AMWA Journal from an obituary written by Stephen Ordway of J. David Gladstone Institutes and Pamela Derish of the UCSF Surgery Department.

Susan Eastwood, editor, writer, educator, consultant, and mentor, died in her sleep from complications of pulmonary disease at her home in Oakland, CA, on February 6, 2010. Her death was sudden and unexpected.

Susan was educated at the University of Colorado, Boulder, where she received a BA in English, and at Stanford University. She began her career as a senior editor in the Department of Laboratory Medicine at San Francisco General Hospital in 1973. In 1977, she created an editorial office for the Department of Neurological Surgery at the University of California, San Francisco (UCSF). During her 28-year tenure there, she undertook editorial projects ranging from “nuts and bolts” editing of manuscripts and grants to developmental editing of books, guidelines for the ethical conduct of research, and program project grants. She received two Chancellor’s Outstanding Achievement Awards from UCSF.

Susan was a visionary leader of efforts to improve biomedical research through clarity of expression and adherence to high ethical standards. She possessed the keenest of intellects, phenomenal editorial concentration, and a rare gift for collaboration and mentorship. Through her leadership and efforts in several professional organizations, she had a profound influence on her writing community. She wrote countless academic, administrative, public relations, development, promotional, historical, and commemorative documents. In addition, she lectured, conducted workshops, taught classes, and organized symposia and seminars in scientific writing, research ethics, reporting of clinical trials, and peer review in scientific writing. Her range was extraordinary. If a project was deemed important, Susan was asked to participate, and inevitably she was a catalyst for excellence.

Susan was an active contributor to American Medical Writers Association at both the national and local chapter levels. Over her 30 plus years of membership, she led workshops at the annual conference and served on several committees, becoming an AMWA Fellow in 1983 and receiving the President’s Award in 1989 and the Harold Swanberg Award in 2003. In 1980, she founded the Asilomar Conference for Northern California and Pacific Southwest chapters, now called the Pacific Coast Conference, and became an active participant there also; this year’s Pacific Coast Conference will be dedicated to Susan.

Susan served as president of the Council of Science Editors (1996–1997) and was a founding member and member of the Executive Council (1991–1998) of the Board of Editors in the Life Sciences Association; she received the Distinguished Service Award from the Council of Science Editors.

As a mentor and friend, Susan had few equals. She always made time to listen and offer perceptive insights and advice. She had great warmth and sensitivity and a wonderful sense of humor, which enabled her to relate in a positive and productive way to just about everyone. She was loyal, thoughtful, generous, and constitutionally incapable of saying “no” to friends and colleagues who came to her for help. Susan will be remembered by many for her skills and contributions to our writing community; I, however, will remember her most for her remarkable insights into human nature and as my good friend.

Susan is survived by her husband, Ray Berry of Oakland, CA; sisters Pat Eastwood of Yakima, WA, Sunnia (Nancy) Eastwood Maseloe of Oakland, CA, and Leslee Eastwood (Maj. USAF, ret.) of Del Rio, Texas; niece Kristina Neyart; nephew Karl Neyhart and his wife, Kelly; and great-nieces Alexandria Neyhart and Kennedy Neyhart.

In recognition of Susan’s exceptional contributions, a Susan Eastwood Memorial Fund has been set up at UCSF, which will be used for an annual Susan Eastwood Award to be presented to the resident whose manuscript is judged most outstanding in content and preparation. Contributions to the fund may be sent to Mitchel S. Berger, MD, Chair, Department of Neurological Surgery, UCSF, Box 0112, San Francisco, CA 94143-0112.

– Harriet Benson, AMWA Fellow

The AMWA Journal extends its sympathy to Mary Royer, 2009-2010 AMWA Secretary, who lost her father, Richard Royer, on January 3.
Sleep – who needs it? Turns out we all do, and most of us don’t get enough.

It’s gotten so dire that the Huffington Post and Glamour magazine are calling sleep deprivation the next feminist issue. “In order for women to get ahead in this country, we’re all going to have to lie down and take a nap,” write Arianna Huffington and Glamour’s Cindi Leive.

These 2 media moguls recently issued “Sleep Challenge 2010” to the bleary-eyed women across our land who have multitasked their way to permanent low-grade exhaustion. While sleep needs vary, Ms. Huffington has vowed to get a full 8 hours.

Of course men don’t get enough shut-eye either. But lack of sleep among women has reached epidemic proportions. I once had a dear friend who proposed that we found “The Tired Woman’s Inn,” a B & B and spa for beleaguered mothers working 2 shifts (home and office) or burned out political activists down to their last frayed nerve. This was in the late 1970s. Sadly, we were too tired to pull it off. I guess we were ahead of our time.

Sleep deprivation has serious consequences—everything from weight gain to illness, increased stress, and traffic accidents. Worst of all, it can put you in a perennially bad mood wherein just doing the bare minimum seems like too much.

I’ve had sleep “issues” for years, ever since my children were babies and I listened (even while supposedly sleeping) for their slightest whimper. I became as hyper-alert as a cat, and to this day, the smallest noise can wake me from slumber.

To edit clinical content well requires a keen eye and fully functioning brain cells capable of detecting a misplaced comma or a flaw in logic. I require a solid 8 hours of sleep to perform at my best. I rarely get it. Chalk it up to reading too late, or waking too early. Or sometimes the noise of rain on the roof, or a barking dog.

As the mother of a new mother, I’m concerned about the next generation of sleep-deprived, juggling-baby-with-iPhone women stumbling about like zombies. They are raising our grandchildren!

I admit it: I’m a ga-ga grandmother. I live to post pictures of my little darling on Facebook. Born a few days before Thanksgiving, my granddaughter Lucia is the light of my life. I’ve written before in these pages about my concerns for whether I’d be able to balance grandparenting with working full time. So far, I’m doing OK, but it is an adjustment.

I visit (and sometimes baby-sit for) Lucia on Sunday evenings, so the alarm seems to go off extra early on Mondays. I willingly forego sleep to spend time with Lucia and to give my exhausted daughter and her exhausted husband a break. On good nights, they may get up to 4 hours of unbroken sleep. But not all nights are good ones. Luckily, Meghan works from home, so when it’s time for her to begin doing paid work again, she’ll have some flexibility. I’m delighted that the Huffington Post and Glamour are shining the spotlight on how sleep deprived we are and encouraging us to nap. That’s a challenge I’m happy to step up to...er, lie down for.

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

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

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

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

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

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

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

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

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

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

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

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

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- Written permission of author(s) and publisher(s) to use any material published previously (figures, tables, or quotations of more than 100 words)

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

Lori Alexander, MTPW, ELS
Editor, *AMWA Journal*
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