Green Theme Issue

Articles and Information Throughout the Issue on “Going Green”

Writing Our Future at the 2011 Annual Conference

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

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

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

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Cover conference photo © PhotobyJamie.com
AMWA’s 71st Annual Conference was held in Jacksonville, FL. The host hotel, the Hyatt Regency Jacksonville Riverfront, was located right on the St Johns River, which made for some lovely views. It also proved an extremely convenient venue; most rooms for workshops, open sessions, and events were located near one another on just two floors of the hotel.

The theme of this year’s conference was “Writing Our Future,” and the conference began with a forward-looking keynote address by Paul Root Wolpe, PhD. His talk, “Re-Creation: Ethics and the Biotechnological Restructuring of Life,” focused on present and near-future innovations in biotechnology that are bound to pose brand-new ethical dilemmas. These developments include cloning animals (from food animals to racehorses), implanting electrodes into insects and rodents to control their movements, inserting genes from one species into another, biological computer components, artificial genomes, and prosthetics that may be better at performing a particular function than the original body part. What limits can and should we put on the use of these technologies?

The conference featured other exciting speakers, too. This year’s McGovern Award recipient, diabetes expert Francine Ratner Kaufman, MD, discussed “Diabesity: The Epidemic That Travels the Globe.” She described humanity as a victim of its own success: Having spent most of our history securing our food supply, we now must take considerable measures to reverse the growing prevalence of obesity and diabetes that our success in this endeavor has brought about. The next day, Alvarez Award winner Perri Klass, MD, a pediatrician and author, spoke about the advantages, challenges, and dilemmas of writing as a physician. That evening, Swanberg Distinguished Service Award recipient Elizabeth L. Smith discussed “AMWA and Medical Communications: the Good, the Bad, and the Ugly.” (Smith’s Swanberg address is scheduled for the March 2012 issue of the Journal.)

This year’s annual conference also boasted 100 workshops—the most ever offered at an AMWA conference. Additionally, AMWA’s seventh Self-Study Workshop, Essential Ethics for Medical Communications, was released at the conference, so it is now possible to earn an Essential Skills certificate entirely through self-study.

There were also 37 open sessions on a great variety of topics, from the intriguing (eg, “Space-Based Research and the Future of Humans in Space,” “The Brave New World of Medicine: Biologics”) to the valuable (“Teaching Old Dogs [and Young Pups] New Tricks: Creating Harmony Among Generations at Work,” “Clinical Trial Ethics: Placebos and Other Issues”) to the concretely practical (“Be Your Own IT Department,” “Marketing for Independent Medical Communicators”). These sessions, along with the usual vast array of breakfast roundtables, ensured that there was something for each of the 961 attendees.

With the end of the 71st Annual Conference, we can look forward to the 72nd in Sacramento next year. As that conference’s slogan goes, “Eureka!”

How the Annual Conference Stays Green

Several “green” efforts have been made at the Annual Conference since 2008. The postconference survey and breakfast roundtable evaluations are no longer printed; rather, attendees complete these online after the conference. The printed list of attendees has also been eliminated, as have extra copies of the onsite registration brochure. Recycled paper is used for all printed materials, and badge holders and about 50% of AMWA’s 22” × 28” signs from previous conferences are reused. If the host hotel does not have its own recycling program, AMWA encourages it to set one up before the conference. Even if the hotel declines, AMWA staff still recycles all paper, cans, and plastic used in its offices and registration area.
SCIENCE EDITING AND ITS EFFECT ON MANUSCRIPT ACCEPTANCE TIME*

By Misty Bailey, MA

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ABSTRACT

I sought to determine if science editing of biomedical research manuscripts before submission to a journal reduces time to acceptance in comparison with nonedited manuscripts. Dates received and accepted were determined for each (n=47) article reported by academic authors, and days-to-publication was calculated. Analysis of covariance, using each journal’s average time from submission to first decision (JAvg) as a covariate, and analysis of variance (ANOVA) tests were used to determine if a significant difference existed in mean time to acceptance between edited and nonedited manuscripts. When the covariate was considered, edited manuscripts (n=19) were accepted an average of 27.3 days earlier than those that were not edited (n=28, P=.374). Without the covariate JAvg, the mean difference was 31 days (n=47, P=.172). Although differences existed, neither analysis was significant, likely because of the large variances for days to acceptance. A post-hoc power analysis using mean and variance estimates obtained from data used in the ANOVA showed that a sample size of 95 per group would have an 80% chance to detect a significant difference at an alpha of .05. I expected edited manuscripts would have fewer days to publication than nonedited manuscripts. A possible reason for this difference is that improved clarity of manuscripts made for faster peer reviewer reading and required fewer corrections from the author(s). However, other, intangible variables may also affect manuscript acceptance time, such as differences in individual reviewer and journal practices; further analysis with a larger sample would provide more reliable results.

In 2004, Henry Gee, a senior biology editor for Nature, lamented that reading the “roadkill” written by most scientists was akin to a glove-wearing boxer trying to peel a banana: frustrating.1 Others, too, have expressed dismay with the quality of scientific English2-4; they note that poorly written papers are time-consuming to review and, depending on the journal, may account for a small percentage of primary reasons for rejection.5 Furthermore, results from several studies confirm that quality of writing improves after review by a technical/science editor, peer reviewer, and/or copyeditor.5,6

In 2002, the Office of Research and Graduate Studies in the College of Veterinary Medicine at the University of Tennessee (UT) funded a position for a science editor to help faculty improve manuscripts and grant proposals and serve as a technical or science writer for the college’s research reports. This new position was the first of its kind at the UT Knoxville campuses. In 2009, in an effort to add resources to become a “Top 25” research institution, the largest research office in the university system created its first proposal development team, hiring two editors to assist faculty in writing grant proposals.

Other research units across the United States have also recognized the value of a science editor’s services to their researchers. St. Jude Children’s Research Hospital, the Mayo Clinic,4 several departments within Johns Hopkins University, and the University of Texas MD Anderson Cancer Center7 all have science editors on staff. Some of these programs are fee-based, but others, including the ones at UT, are free to authors because the editors are employed as full-time support staff.

For authors without access to such staff, many journals now include an online link for language editing services. For example, Elsevier, one of the world’s largest scientific journal publishers, recommends a language editing service available through its own WebShop, touted as a “one stop resource for scientists” who need support in the publication of their research.8 Springer, another large publishing company, provides a link to an editing company in its “Manuscript Guidelines for Journal Authors,”9 and Wiley-Blackwell offers eight different science editing company links in its online “Author Services” section.10 Although these services are available to all authors, editor responses to authors regarding submitted manuscripts under review often include a stock statement that authors whose first language is not English are encouraged to have their manuscripts reviewed by a primary English speaker; this same notice appears in some author instructions, as well. As one example, the Wiley-Blackwell journal Veterinary Radiology and Ultrasound advises authors to seek help from “experienced, English-speaking medical editors before submission,” when necessary, and emphasizes that poorly written articles will be returned without review.11

Further evidence of how science editing is being recognized in the research arena was the establishment of a new peer community of academic research development professionals in 2010. Part of this National Organization of Research Development Professionals’ scope is technical writing and editing, and the group already has 201 member institutions, including five Ivy League schools.12 The increasing visibility of science editing services for researchers, both as part of their own organizations and via links from the journals in which they are publishing, indicates administra-

*Based on a paper presented at the Hawaii International Conference on Arts & Humanities, January 13, 2011, Honolulu, HI.
tor and publisher recognition of the importance and usefulness of such services to improve science communication. Still, virtually no quantitative data exist, to my knowledge, to support the idea that editing improves the chances of a manuscript being published. My goal for the present study is to quantify the possible effect of science editing on manuscripts’ acceptance time to biomedical research journals.

METHODS

Inclusion criteria
From 2006 to 2010, academic authors from the UT College of Veterinary Medicine self-reported published articles for inclusion in a college research newsletter. These basic biomedical articles reported bench-level laboratory research on either human or animal health (eg, cellular and molecular biology, immunology, virology). All articles were available for Web viewing and downloading through university library subscriptions or open access. When available, date received and date accepted were collected for each published journal article (n=47), and availability of these dates was a criterion for inclusion in the study. Articles came from 37 different journals and 19 different primary authors. Although 12 of these authors are primary English speakers, 32/47 articles (68%) were written by authors whose first language is not English.

Manuscript editing
I first divided articles into two categories: nonedited (n=16) and edited (n=31). Because manuscripts in the college are not required to undergo editing before submission, nonedited articles were those whose author did not submit them for science editing. Edited articles were those I edited. My qualifications as an editor included an MA and BA in English and an AS in general science, and certification as an Editor in the Life Sciences by the Board of Editors in the Life Sciences (BELS). I did not make a distinction between the manuscripts I edited before becoming BELS certified (in May 2008) and those after, nor did I distinguish between manuscripts I edited early-on and later. When editing a manuscript, I follow the general guidelines set forth in the American Medical Association Manual of Style (Table 1).13 To ensure consistency of editing across manuscripts, I follow the same procedure of first applying journal style via author instructions, then comparing the manuscript with at least one published article to clarify any style details not listed in the author instructions, and finally editing the text for clarity and consistency. For a more complete description of an author’s editor’s duties, see Shashok 2001.14

Depending on the author’s preference, I edit using either Microsoft Word with track changes or on paper with revision symbols. Ultimately, the decision to accept or reject changes lies with the authors, and I encourage them to carefully consider each change.

For the nonedited articles in this study, I contacted the authors to confirm that a primary English-speaking science editor had not reviewed the manuscript before submission to a journal. These articles also did not list a science editor in their acknowledgments section.

Variables
I calculated days-to-acceptance for each article using a subtraction function between date-formatted cells in Microsoft Excel. This formula calculated the exact number of days between two dates.

Word length was considered as a variable due to the expectation that a longer manuscript takes longer to review. I determined the word length of each article by downloading each article file as a PDF, saving each file as a Microsoft Word 2003 document, and using the Word Count feature.

Although the documents lost some of their formatting in the conversion from PDF to Word, all text could be counted. Not included in the word count were figures, headers, footers, tables, and appendices.

By contacting a member of the editing or publishing staff for each journal via e-mail, I obtained the mean number of days of submission to first decision (JAvg), which typically occurs on completion of the first round of review. The response rate was 63.9% (11/16 for nonedited manuscripts [10 different journals] and 19/31 for edited manuscripts [14 different journals]). The most current data available from the journal were used even if an article in the study was published several years earlier; therefore, the JAvg obtained from each journal for this study may not have been the same when some of the manuscripts went through the journal’s peer-review process.

Statistical analysis
All data analysis was conducted using SAS/STAT software, Version 9.2 of the SAS System for Windows. PASS 2008 software (NCSS, Kaysville, UT) was used for sample size determination. Values of mean ± standard deviation (SD) were calculated for the dependent variable. The linear relationships among number of words, JAvg, and

Table 1. Editing Process13

<table>
<thead>
<tr>
<th>Clarity</th>
<th>Consistency</th>
<th>Style</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grammar, punctuation, spell-</td>
<td>Discrepancies in results, figure</td>
<td>Order and titles of sections, length of title,</td>
</tr>
<tr>
<td>ing, conciseness (text, tables,</td>
<td>reference-to-figure matching,</td>
<td>abbreviations, numerals, font, spacing,</td>
</tr>
<tr>
<td>figures, legends), confusing</td>
<td>differences in usage</td>
<td>page and line numbering, in-text reference</td>
</tr>
<tr>
<td>passages, placement of ideas</td>
<td></td>
<td>citations, reference list</td>
</tr>
</tbody>
</table>

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days to acceptance were assessed by use of the Pearson product moment correlation coefficient in order to identify significant covariates for the dependent variable. The effect of editing on days to acceptance was tested using analysis of covariance (ANCOVA) and analysis of variance (ANOVA). Normality of model residuals was tested with use of the Shapiro-Wilk test. Levene’s F test was used to test for homogeneity of variance between edited and nonedited manuscripts. Both assumptions of normality and homogeneity were more than adequately satisfied. Values of \( P < 0.05 \) were considered significant for all statistical tests.

Parameter estimates obtained from data used in the ANOVA (n=47) were used to estimate the sample size required to find a significant difference in mean days to acceptance between edited and nonedited manuscripts. Powers of 80% and 90% were assessed at an alpha level of 0.05. It was determined that a minimum sample of 95 per group would have 80% power to detect a statistically significant difference between means of 121 days and 152 days to acceptance (SD=73.5). To reduce the probability of a type II error to 0.10 (90% power), a sample of 126 per group would be required.

RESULTS

Pearson’s correlation showed that JAvg was the only variable examined that had a significant linear relationship with days to acceptance (Table 2, Figure 1). There was no statistically significant correlation with number of printed words. The JAvg had a moderate linear correlation, with a value of 0.36; Pearson’s correlation ranged from -1 to +1, with 0 being no correlation.\(^{13}\) Results of the ANCOVA, with days to acceptance as the dependent variable and JAvg as the covariate, indicated that the covariate adjustment of error mean square for the test on the effect of editing was not significant (F=4.11, \( P = 0.052 \)). Edited manuscripts (n=19) were accepted an average of 27.3 days earlier than nonedited manuscripts (n=11) (Table 3); however, this difference was not found to be significant (F=0.82, \( P = 0.37 \)). Because JAvg was not significant at a critical alpha of 0.05, it was excluded as a covariate, and a univariate ANOVA was run to test the simple effect of editing. This change increased the sample size for the comparison from 30 to 47. In this sample, edited manuscripts were accepted an average of 31 days earlier than nonedited manuscripts (Table 3). Nonetheless, the ANOVA showed that the mean days to acceptance did not differ significantly between edited and nonedited manuscripts (F=1.93, \( P = 0.17 \)). Even with the larger sample, SDs for both types of manuscripts were large, and this probably accounts for the failure to find significant mean differences. The SD for the edited manuscripts was almost 60% of the sample mean (coefficient of variation=58.83), whereas the SD for the nonedited manuscripts was almost 50% of the sample mean (coefficient of variation=46.22); smaller coefficients are statistically preferred.

DISCUSSION

Previous studies related to the effects of editing on article quality have focused on post-acceptance improvements by peer reviewers, copyeditors, and/or technical/science editors.\(^5\) The present study differs from those studies because it focuses on science editing that occurs before peer review or journal acceptance. Studies like the one reported here are important because they can demonstrate a link between better quality of research reports and enhanced evaluation of the quality of the research,\(^*\) ie, peer review may be expedited and publication accelerated.

Table 2. Correlations Between Days to Acceptance and Potential Covariates

<table>
<thead>
<tr>
<th></th>
<th>Days to acceptance</th>
<th>JAvg</th>
<th>Number of words</th>
</tr>
</thead>
<tbody>
<tr>
<td>JAvg (n=30)</td>
<td>0.361</td>
<td></td>
<td>0.307</td>
</tr>
<tr>
<td>P value</td>
<td>0.049</td>
<td></td>
<td>0.105</td>
</tr>
<tr>
<td>Number of words</td>
<td>0.175</td>
<td>0.307</td>
<td></td>
</tr>
<tr>
<td>P value</td>
<td>0.244</td>
<td></td>
<td>0.105</td>
</tr>
<tr>
<td>n</td>
<td>47</td>
<td>30</td>
<td></td>
</tr>
</tbody>
</table>

Figure 1. Scatter plot of days to acceptance compared to JAvg.
colleagues who are primary English speakers. Oftentimes, an author will ask a primary English-speaking colleague to review a manuscript before resubmission, but again, the amount of help received will depend on the writing skill level of the colleague.2

**Language editing: whose responsibility?**

Alternatively, manuscripts that are so poorly written that the message cannot be deciphered will often be sent back to the author (Adriaan Klinkenberg, Marc Lippman, personal communications).11,15 In fact, some academic authors seek science editing services only after a journal’s editor has rejected a manuscript for inadequate writing.13 Some authors may hope that a journal editor, peer reviewer, or copyeditor will accept the responsibility of language revision.15 However, journal editors and peer reviewers simply do not have enough time to substantially edit a manuscript’s language, and typically, only the most prestigious journals are equipped with copyeditors who provide comprehensive language services.10 In fact, science editors often note that some reviewers who point out an author’s poor English may be misjudging their own writing proficiency.16 In a study that examined peer reviewer feedback about language or writing, an average of 32% of the recommended changes were deemed incorrect by an experienced science editor.16 Therefore, not only does a lack of time limit peer reviewers’ ability to assist with language editing, but their level of writing skill may also limit the usefulness of their edits. This same idea applies to editors who are primary English speakers. Oftentimes, an author will ask a primary English-speaking colleague to review a manuscript before resubmission, but again, the amount of help received will depend on the writing skill level of the colleague.2

**Lack of formal training in science writing**

Perhaps one explanation for why some researchers are poor authors is that scientists rarely receive formal training in scientific writing7,17,18; in one study, academic scientists perceived effective writing of grants and publications as their highest career development need, regardless of gender, academic rank, or department.19 In another study, only about 22% of physicians in emergency medicine who were interested in pursuing an academic career rated their quality of training in medical writing as good or excellent.14 To meet this developmental and training need, institutions are hiring science editors not only to edit documents but also to teach science writing in seminars, workshops, and formal courses.11,14,17 The desire for this education is evidenced by its popularity; at the University of California, San Francisco, the course in science writing is often wait-listed.17

**Non-primary vs primary English speakers**

Who are the authors who seek writing assistance? In my experience, they are primary and non-primary English speakers; assistant, associate, and full professors; clinicians and bench researchers; residents, interns, and postdoctoral associates; graduate and professional students; laboratory and veterinary technicians; and men and women. A common misconception I encounter about authors who use science editors is that they are all non-primary English speakers. Yet, approximately 66% (41) of the 62 authors currently employed at my college and with whom I have worked, are primary English speakers. The same Nature editor, Henry Gee, who is frustrated by “convoluted prose,” admits that he was never formally taught English grammar, even though he, too, is a primary English speaker. Gee goes as far as to say that non-primary English speakers sometimes write the best manuscripts precisely because they have been taught “the old-fashioned way,” and he calls those manuscripts “bright buttons from a larger pile of lexical sludge.”1 For all authors, writing requires constant practice to come close to perfection and then continued practice to maintain the skill at that level.8

**Author instructions and journal style**

Most manuscripts I edit need at least one change to bring the style in line with the style of the target journal. Some authors with whom I work completely disregard a publication’s author instructions; others try to follow the instructions, but their untrained eyes may miss pieces. Still others are new to writing manuscripts and are not aware that such instructions exist. Recently, one author’s failure to follow the author instructions for the *American Journal of Veterinary Research* resulted in a suspension in the processing of the manuscript (confidential personal communication). In this case, the editor asked the author to correct the style issues and resubmit. Some Elsevier journals require all submitted manuscripts to pass an electronic technical check; if the manuscript does not conform to the journal’s style, the editorial

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**Table 3. Descriptive Statistics of Days to Acceptance for Edited vs Nonedited Manuscripts**

<table>
<thead>
<tr>
<th>Description</th>
<th>ANOVA</th>
<th>Min</th>
<th>Max</th>
<th>Mean</th>
<th>SD</th>
<th>Median</th>
<th>Interquartile range</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edited (n=31)</td>
<td></td>
<td>11 302</td>
<td>120.9</td>
<td>71.1</td>
<td>103</td>
<td>77</td>
<td>.172</td>
<td></td>
</tr>
<tr>
<td>Nonedited (n=16)</td>
<td></td>
<td>46 304</td>
<td>151.9</td>
<td>75.6</td>
<td>134</td>
<td>117</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANCOVA</td>
<td></td>
<td>11 302</td>
<td>125.8</td>
<td>86.8</td>
<td>96</td>
<td>135</td>
<td>.374</td>
<td></td>
</tr>
<tr>
<td>Edited (n=19)</td>
<td></td>
<td>46 304</td>
<td>153.1</td>
<td>70.8</td>
<td>137</td>
<td>60</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nonedited (n=11)</td>
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</table>

*ANCOVA uses JAvg as a variable. ANOVA = analysis of variance; ANCOVA = analysis of covariance.*
staff is instructed to send it back to the author.\textsuperscript{20} Therefore, disregarding author instructions sometimes leads to initial triage rejection, and it stands to reason that formatting a manuscript to conform to journal style likely accelerates time from initial submission to acceptance and perhaps also from acceptance to publication. For example, the journal \textit{Ecosphere}'s author instructions indicate that failure to follow journal style on submission of the final accepted manuscript will delay online publication.\textsuperscript{21}

\textbf{Faster acceptance for critical career moments}

In the present study, edited manuscripts were accepted an average of 27.3 days earlier than nonedited manuscripts. For most authors, a month might not make a substantial difference, but for authors under tenure or promotion review or those seeking diplomate status who are required to publish, a few days could affect their careers. Using a science editor before submitting a manuscript, then, may also decrease the likelihood of triage rejection and, in some instances, expedite the copyediting process for faster online or print publishing.

\textbf{Author skepticism toward science editors}

Researchers may be slow to develop confidence that editing services are indeed worthwhile. At UT’s College of Veterinary Medicine, faculty needed education about what to expect from a science editor. Some faculty expected the editor to do literature reviews and write papers. Others were reluctant to trust an editor with their confidential research proposals or results. Still others felt that an editor without a PhD in a related field could not possibly make their writing better and, in fact, might even change their intended meaning. The latter concern was voiced mostly by primary English speakers; non-primary speakers initially used the service the most and seemed to appreciate it more.

The skepticism toward a science editor is, no doubt, compounded because virtually no quantitative data exist to suggest that editing actually improves the chances of a manuscript being published. Furthermore, the quality of the science is likely the most important, yet unquantifiable, variable that determines acceptance. Several writing quality studies indicate manuscript improvement after editing, but all of these studies were conducted on already-accepted and, in most cases, published articles.\textsuperscript{5,6,22} Although only one of those studies distinguishes between improvements made by peer reviewers and those made by science editors,\textsuperscript{5} they all conclude that the papers are of better quality after some form of peer or editorial review. A study on articles published in the \textit{Dutch Journal of Medicine} indicated statistically significant editing-related improvements in quality, style, and organization. That study looked at results from both science editing and peer review by asking 100 journal readers to judge the quality of submitted, accepted, and published versions of manuscripts. The readers, unaware of the version of each manuscript, subjectively assessed quality based on a 5-point scale and found that editing alone greatly improved tables and figures, whereas they did not see significant improvements after peer review alone. The methods section was also improved significantly after editing vs peer review.\textsuperscript{1} However, those studies, as well as the present study, examined only manuscripts that were eventually published and, therefore, were already of high quality.\textsuperscript{5,6} Opportunity for improvement may have been small for these manuscripts compared with rejected manuscripts, and data from the study by Goodman et al support this idea.\textsuperscript{6} In that study, manuscript quality was gauged by 44 field experts who used a 34-item assessment tool and found that peer review generally improved poorly written manuscripts more than those that were already fairly well written.\textsuperscript{6} The JAvg reported in the present study is based on published articles too, and the data collected do not account for manuscripts that were rejected because they were written poorly or were not in the appropriate style. In addition, the present study does not address acceptance rates, nor does it assess results from different editors with varying levels of experience. These are all limitations of the study.

Even if such data were available, the main variable of a manuscript’s scientific content cannot be controlled. In addition, the length of time from submission to acceptance of a manuscript depends on many variables unrelated to the quality of the writing. For example, the number of submitted manuscripts, resources of the journal’s editorial office, peer review time, and frequency of publication all affect evaluation time.\textsuperscript{22} Although date published and date first available online were sometimes reported in the articles used in this study, these dates were less valuable to the study because of other, intangible variables that affect when a manuscript will be published: number of manuscripts approved for publication (queue), journal issue size (space), and urgency of manuscript content.\textsuperscript{13} The review and publication processes also vary by journal. To attempt to control for some of these variables, I included the JAvg for each journal, as well as word length of each published article in the sample. However, no statistically significant correlation was found between word length and days to acceptance, indicating that variability in mean days to acceptance is not significantly related to word length but may be due to factors that were not measured, such as individual reviewer and journal practices.

\textbf{Future studies}

As noted, the sample size was not adequate for detecting significance, and future research would require larger samples. In addition, studies in which instances of rejection for edited and nonedited manuscripts are compared might give more accurate data on the usefulness of science editing. Although such data would be difficult to obtain because the process would require authors to report decisions from every manuscript they submit, a survey of academic faculty could supply these.
data for future studies. Also beneficial would be collecting and studying data from multiple editors to determine if level of experience affects acceptance time. Such studies would help demonstrate the value of science editors, including medical editors, to further justify their role and enhance credibility of the profession.

CONCLUSION

Use of a science editor before submission does not guarantee that a manuscript will be accepted or even forwarded for peer review. The author’s reputation may account for acceptance in some instances. Manuscripts may also be rejected due to flaws in the design and methods of the research, redundant knowledge, or inappropriate content for the journal.13,16,17 For these reasons, it is important for authors’ editors, especially freelance editors, to tell the author or client that their input does not guarantee acceptance.18 Many freelance editors and editing companies include such a disclaimer on their job quotes to clients. Although it may be impossible to obtain conclusive results from studies about the true effects of editing on manuscript acceptance and publication, results of other studies indicate that quality improves in edited or reviewed papers,18-20 and the present findings suggest an approximate 1-month decrease in acceptance time for edited manuscripts. In addition, beyond the results of this study, a paper edited before submission appears to have a lower chance for triage rejection, which, without a doubt, delays acceptance and publication (Adriaan Klinkenberg, Mark Lippman, personal communications; AJVR confidential personal communication).13,15,20

Acknowledgment

I thank Dr Robert Porter for sharing his extensive knowledge of grant editing programs, Ms Ann Reed for statistical consulting, and Dr Leon Potgieter for critical reading of the manuscript and funding to present the results at the 9th Annual Hawaii International Conference on Arts & Humanities.

Author disclosure: The author notes that she has no commercial associations that may pose a conflict of interest in relation to this article.

Author contact: Mmcginn2@utk.edu.

References

As the 20th century began, the need for regulations and guidance for drug development was apparent. In 1902, the US government passed the Biologics Control Act to ensure the safety of biologic products intended for use in humans. In 1938, the Federal Food, Drug, and Cosmetic (FD&C) Act was passed for drug regulation. In 1949, the newly formed US Food and Drug Administration (FDA) published the first Guidance to Industry, "Procedures for the Appraisal of the Toxicity of Chemicals in Food." Today, the FDA’s Comprehensive List of Guidance Documents is 49 pages long.

One of the first FDA guidances of interest to medical writers was issued in 1988, providing a comprehensive outline of the contents of the clinical and statistical sections of a new drug application (NDA). That guidance, in combination with associated regulations, provided the structural outline that sponsors followed to compile marketing applications for the next decade. During that time, all submissions were painstakingly printed to paper (with multiple copies) and the massive output was delivered to the FDA in (literally) tractor trailer loads.

As the drug industry expanded and the number of NDAs increased, sponsors and regulatory authorities started to realize that not only were paper submissions very costly to produce and a burden on the environment, but the process associated with reviewing, storing, archiving, and disseminating critical safety information buried among the paper was time-consuming and inefficient. Worse yet, if a sponsor wanted to submit the same application to other world regions, they had to rework many documents, compile different content to meet global requirements, and go through the entire paper compilation process again.

Welcome to the 21st Century

While the FDA was working on its internal initiatives, they were also a founding member of the International Conference on Harmonisation (ICH) in 1990. This multinational committee includes representatives from global regulatory agencies, experts, and sponsors, with a goal of defining what information should be included in marketing applications and how those applications should be submitted. In 2000, a new global focus on harmonized content and information sharing through technology was promoted via the ICH Guidelines on the Common Technical Document (CTD).

The CTD structure includes basically the same content that was recommended in the 1988 FDA Guidance, but it compiles the information in a way that facilitates submissions to other regulatory agencies. Sponsors could still submit a CTD in paper, but the goal was to eventually have all submissions submitted electronically.

However, submitting an electronic CTD (eCTD) means more than just delivering a dossier as electronic files. eCTD specifications include the use of XML (extensible markup language) to create a searchable “backbone,” which is essentially a table of contents (TOC) that includes qualifying information (also known as “metadata”) about each item in the TOC. For example, XML tags associated with one clinical study report might include searchable data about that study report, such as the drug name, indication, study phase, etc. So changing to the eCTD format not only has the potential to remove the paper burden entirely, it also enables both sponsors and regulatory agencies to search through dossiers more thoroughly than ever before, within and between submissions, nationally and internationally.

On a global basis, paper CTDs are still widely accepted in regions unable to manage the advanced technology needed to review an eCTD. In the United States, however, the FDA retired its original electronic submission guidance in 2008 and mandated that any dossier submitted electronically had to be delivered as an eCTD. Now the FDA also accepts electronic signatures, and sponsors can upload an entire dossier electronically through the FDA’s electronic gateway.

According to a presentation at the 2011 Annual Conference of the Drug Information Association (DIA), delivered by a team leader in the Division of Regulatory Review Support at FDA’s Center for Drug Evaluation and Research (CDER), approximately 38% of all NDAs in 2007 were submitted electronically, and almost a fourth of those electronic submissions were eCTDs. In 2010, 69% of all NDAs were submitted electronically, and 90% of those were eCTDs. The FDA has managed to meet its legislated goals.
so these questions remain: why did it take a decade for the private sector to respond, and why isn't every company filing eCTD submissions, when many FDA reviewers have reported (at various conferences) their preference for receiving electronic submissions vs tons of paper?

Why the Trees Are Still Being Cut
Here are just a few of the reasons that sponsors have given for continuing to submit paper over the past 10 years:
1. Sponsor A says as long as they are still allowed to submit paper, they'll not change to the eCTD until it is required by law.
2. Sponsor B won't be able to convert all of the "legacy" documents to an eCTD in time for the submission date that upper management has mandated.
3. Sponsor C is an "IND shop"; ie, their products are developed to proof-of-concept and then sold to another sponsor. Investigational new drugs (INDs) are very small in comparison to NDAs, so sponsor C believes it is easier and cheaper to continue submitting on paper.
4. Sponsor D is a small startup company with an equally small pipeline, with the likelihood of having only one NDA in the next couple of years. Funding is scarce so (as with Sponsor C), Sponsor D believes paper submissions cost less and are just as good.

How to Save a Forest
Think about the list of reasons cited.
1. Sponsor A's rationale is a "just-in-time" philosophy that makes sense on the surface, but these companies will find themselves woefully unprepared with a lot of catching up to do when the time comes that they have no choice but to submit electronically.
2. The staff at Sponsor B has a legitimate problem. Some of the staff recognize that they should have an eCTD as their submission goal, but upper management is pressuring them to meet a deadline that may be related more to the market effect of announcing a submission than to generating a high-quality, approvable submission. Of course, the stockholders matter, but sometimes speed has a downside. Some electronic components are expected (such as compliance with CDISC standards and certain data specifications), and failure to meet expectations can result in a Refusal to File (RTF) simply because the FDA will determine the dossier to be unreviewable in the submitted format. Other components, such as the labeling, are required as an electronic XML file. Meeting the data compliance standards is one of the most difficult tasks the team faces. Converting legacy Word files to accommodate the eCTD is simple by comparison. The staff at Sponsor B need to be proactive in determining and presenting to upper management the pros and cons of making the change now and the consequences of waiting to do so.
3. Sponsor C's rationale is one of the most common. IND submission data presented at DIA make it clear that this is an area of continued resistance. According to the presentation, the number of electronic INDs submitted increased from approximately 8% in 2007 to 40% in 2010, which means that 60% of the 2010 INDs were still submitted on paper. On a positive note, 98% of the electronic INDs submitted in 2010 were eCTDs. The rationale for continuing to submit INDs on paper seems to be a little bit of Sponsor A's reasoning and a lot of simply misunderstanding the benefits of making the change. Sponsor C does not seem to be considering the future buyer or partner--that major pharmaceutical company who will buy the compound and take over the development. The larger companies have been producing eCTDs for several years now. If a competitor with another promising product started with an IND in eCTD format, Sponsor C's paper submissions could be viewed as a drawback and could mean the loss of a lucrative contract.

We also need to debunk the myth that paper INDs cost less than eCTD INDs. Sponsor C needs to contact preferred submission vendors and get comparative quotes. It is totally possible to outsource both initial and maintenance IND eCTD submissions for less than it costs to submit on paper.
4. Countering Sponsor D's argument is simple. Every startup company with limited staff has to start from scratch to choose necessary technology and to develop processes. Good CTD templates can be purchased for <$20,000, and with only one product in the pipeline Sponsor D could get by for a good while with a relatively inexpensive means of managing its documents, such as eRoom or SharePoint, as long as the staff develop and follow a good version control and archiving process. It makes little sense to start with a paper paradigm and worry about transitioning later. If Sponsor D starts with the intention of being compliant with current standards immediately, the future will be much easier, especially if it has yet to submit its first IND.

Conclusions
Electronic submissions are deeply rooted in regulatory guidance and common sense, and sponsors who refuse to move to this process run an ever-increasing risk of noncompliance. Medical writers have been using the software required to produce documents suitable for electronic submissions for years. Those who are experienced in regulatory writing know how to maintain compliant formatting and how to facilitate navigation within the documents they create. From a technical perspective, medical writers have the easiest part of dossier creation. For those writers who are also required to fully "publish" their own documents (ie, render the document to PDF and apply compliant hyperlinks and bookmarks), it is very important that the writers stay
current on submission specifications. Failure to do so could result in an RTF in the future. Consider the extra publishing skill to be a plus on your résumé, but encourage your employer to hire publishing assistants, so you can focus on the content instead of the formatting. And, by all means, support your company’s electronic initiatives. Then, take a walk in the woods. Enjoy the sounds, textures, colors, and shade of the trees you helped to save, and take a deep breath of the fresh air they generate for all of us.

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The landscape of continuing medical education (CME) is shifting and with it, opportunities for medical writers are growing. With this regular feature, I hope to keep you up-to-date on trends in medical education methods and formats, changes in regulations governing accreditation of CME, and the evolving needs of the clients and clinical audiences CME writers serve.

Outlook Promising for CME Medical Writers in 2012
Since 1998, the Accreditation Council for Continuing Medical Education (ACCME), the organization that puts its stamp of approval on CME providers, has released annual reports on the state of the CME enterprise in the United States. These reports contain statistical information and an overview on CME income, revenue from funding sources, numbers of participants, and types of activities culled from annual surveys administered to accredited CME providers. The 2010 ACCME Annual Report, released in August 2011, contained welcome news for medical writers specializing in CME.1 Specifically, the data revealed three changes that will have a direct impact on the availability of work for both experienced and newly trained CME writers.

1. Overall CME Income Is Up
The report announces that overall income for the CME enterprise rose for the first time since 2008. From 1998 to 2007, CME providers enjoyed a steady increase in commercial support, primarily in the form of grants for educational activities from pharmaceutical companies. By 2007, commercial support had topped $1.2 billion, a 40% increase in funding from 1998. Then, in 2008, funding from pharma began to decline. By 2010, commercial support contributed 54% less funding than in 2008. The decline is attributed to a number of drivers, including new pharma marketing laws, unfavorable media about physician-pharma relationships, and dwindling pharma budgets.

The 2010 ACCME report shows overall CME income is up for the first time in 3 years, rising 3% from 2009. The turnabout is due to an increase in income from sources other than pharmaceutical companies, including revenue from registration fees, advertising, and exhibit fees. According to Alicia Sutton, CCMEP, Executive Vice President of Omnia Education/Prova Education and Chair of the Alliance for CME Member Section for Medical Education and Communication Companies, the shift in funding sources has led to a more creative effort to develop partnerships with other stakeholders who share an interest in furthering the practice of medicine. “The industry is in a ‘disruptive’ state—which means it’s actually well-positioned to try different funding models,” she says. Sutton is referring to collaborations between CME providers and previously rarely tapped sources of support, like health care provider groups, insurance companies, government interests, and health technology companies. “The cost to produce education hasn’t changed, but the partners have and each brings the ability to provide some level of funding,” Sutton says.

What This Means for CME Medical Writers: Sutton maintains the effect of this funding shift on CME medical writers is significant. “I think it opens opportunities for medical writers to engage with new stakeholders in health care education. And when bringing in new collaborators, learner audiences might expand based on the missions of each collaborator.”

Generally speaking, CME is defined as education that helps clinicians provide better patient care. One effect of involvement by new stakeholders is to broaden the focus of CME from clinical content centered strictly on the physician-patient relationship, to programming that takes into account the impact that aspects of the wider health care system have on health outcomes. Some examples of CME programs that have been created in collaboration with this new breed of partners include the following.

• Malpractice insurance company—patient informed consent
• Company that contracts physicians to hospitals—interprofessional communication
• Health care provider group—decreasing clinician burnout

2. Participation in CME Is Up
In addition to an increase in revenue, learner audiences are growing. According to the report, physician participation in accredited CME rose to 11.5 million (up 6% from 2009). However, physicians were not the only clinicians earning CME credit in 2010. Nonphysician clinicians continued an upward trend in CME participation. Pharmacists, nurses,
and physician assistants are among the health professionals who must also earn continuing medical education credit to maintain licensure. In 2010, 7.8 million nonphysicians participated in CME activities (up 16% from 2009), bringing the total number of participants to over 19 million (Figure 1).

![Figure 1](image.png)

**Figure 1.** The number of clinicians participating in continuing medical education activities has increased since 2000, with a greater increase in the number of nonphysician participants. *Source: Accreditation Council for Continuing Medical Education. 2010 Annual Report.*

The increasing engagement of nonphysicians in CME activities is especially meaningful in light of President Obama’s Affordable Care Act. In May 2011, Mary Wakefield, PhD, RN, Administrator of the Federal Health Resources and Services Administration (HRSA), stressed the importance of interprofessional education in a joint press conference at the National Press Club. The conference was held shortly after the release of two new reports by leading health associations and foundations recommending core competencies for interprofessional collaborative care. “Rather than creating education for health professions in silos,” Wakefield said at the press conference, “[health professionals] need to be educated in ways that model and promote effective care coordination, team-based care and care coordination strategies that comprise some of the important underpinnings of the Affordable Care Act delivery system reforms.” Education on how to function within a team is essential to this effort. CME providers have stepped up to this challenge and are creating programs that accommodate a variety of health professions, including therapists, nurses, physician assistants, and pharmacists.

What This Means for CME Medical Writers: The area of interdisciplinary CME is wide open. CME providers need writers who can create content addressing the needs of multiple professional audiences. Content is becoming multidimensional, not only expanding to include other clinicians but to teaching organizational process and team communication skills.

3. CME Formats Are Becoming Interactive and Dynamic

Aside from the need for interdisciplinary CME, another reason for the continued rise in participation and the associated revenue generated from registration fees may be a radical change in the way CME is being designed and implemented. “What might be a contributing factor now is the quality of education,” says Sutton. “What physicians are willing to pay for is education that is more interactive, like hands-on style workshops and learning environments with small-group peer interactions, and curricula that cause multiple opportunities to learn.”

Before 2008, CME formats were predominantly passive. The role of the learner was that of observer. Information was presented, and participants were expected to absorb what they could in a single learning exposure. Sessions at live events involved didactic lectures from bulleted slides, given by “talking heads.” Question-and-answer time at the end of sessions tended to be brief and comprised single exchanges between the speaker and one learner at a time. In CME parlance, these activities are referred to as L3s: lecture, lunch, and leave. Internet activities, considered progressive because they were online, were no better. They typically took the form of online articles to be read along with a post-test, which measured the learner’s ability to answer questions about the content directly after reading the article.

The quality of CME is now measured by the degree to which it leads to improved clinical performance that results in positive treatment outcomes and patient care. For this to happen, several things must occur. Among them, participants must

- Learn what they are being taught
- Retain what they have been taught
- Practice what they have been taught in the clinical setting

In an effort to improve the effectiveness of CME, providers have turned to the adult learning literature. Professionals in the field of adult learning have long known that interactive education that addresses real-world challenges learners face is the most effective way to ensure that learning is translated into actual behavior change. CME providers have taken this to heart and produced some of the most creative and effective programming to date.

One type of activity that is gaining in popularity is case-based CME. Using new Internet technologies, providers create online learning environments that present learners with virtual patients and use a guided inquiry method to teach diagnostic and treatment skills and enhance clinical reasoning (see sidebar on next page). Like other interactive activities, such as role-play and simulations, case-based CME engages learners as true participants. They learn how things happen, why they happen, when they happen, and whether decisions they make at particular junctures during simulated events produce beneficial or damaging outcomes.
outcomes. Research on the overall efficacy of CME has shown that when the creation of educational program design takes these factors into account, and when activities are executed using interactive approaches, learning translates into improvements in clinicians’ competency. The potential of interactive CME to yield multidimensional experiences that are more authentic and mimic real-world clinical episodes is why case-based CME has proven to be one of the most effective ways to improve clinician performance.

What This Means for CME Medical Writers: This development spurs the need for interesting, creative CME that is a far cry from bulleted slides or from writing articles for the Internet or print. Providers need writers who can research the barriers their target audiences face in everyday practice and who can create interactive content that helps clinicians problem-solve to find workable solutions.

The Bottom Line
Things are looking promising for CME writers. Overall, income for the industry is up, with significant contributions being made from new stakeholders. New stakeholders are shedding light on the need for CME that covers a wider range of topics. Revenue from registration fees continues to rise from expanding audiences of physician and non-physician participants, showing growing commitment by clinicians to fund their own continuing education. Mixed audiences are in need of effective interdisciplinary programming. Passive CME is becoming a thing of the past, opening the door for CME writers to create interesting, interactive content.

The New CME Writer
With these opportunities, the profile of the CME writer is changing. It is no longer enough to know how to research a topic or to have a basic knowledge of disease processes. Today’s CME writers are open to the interests of a broader range of clients who deal with organizational and system challenges that affect clinician practice and patient outcomes. They are creating education for a wider range of health professionals that not only includes what each type of professional needs to know but also provides strategies on how to work in a multidisciplinary framework to improve patient care. They are studying adult learning theory in general and figuring out how a variety of clinicians learn in particular. They are thinking outside the didactic box and creating content that simulates daily clinical experiences and challenges participants to problem-solve to overcome barriers to best practice.

It’s an exciting time for CME writers, and more changes are on the horizon. In my next column, I will dial down and discuss the steps that take CME from an idea to a fully implemented program.

I’ll see you next time.

Author disclosure: The author notes that she is a principal in InQuill Medical Communications, LLC, which creates continuing medical education content for a diverse clinical audience.

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References

Online continuing medical education (CME) activities are growing in popularity among clinicians. Data released in the 2010 ACCME Annual Report indicate that online CME constituted 40% of all CME taken by clinicians in 2010. CMEList.com, maintained by Bernard Sclar, MD, aims to describe every Web site that offers approved online CME. Currently, the site lists more than 325 sites, offering over 13,500 separate activities and more than 26,000 hours of credit.

One reason for the increase in popularity of these sites is technology that allows more interactive learning for clinicians, such as virtual patient cases, simulations, and games. These formats have been demonstrated to be an effective means for improving clinician practice behavior and patient outcomes. In addition to eliminating the need for travel and lodging required of participants who attend live activities, online CME is evergreen (archived), so it is available to the learner when it is convenient to study, making it truly an affordable and accessible form of medical education.
**Q** - What ever happened to the paperless office and how do I cope with mountains of slivered trees (paper)?

**A** - I have had numerous computer crashes, and even though a backup is there…recovery still takes hours, so paper is still my best friend especially for phone numbers and calendar items to keep me going while the computer is being fixed. This is the low-tech, but practical, way I manage paper and other things in my office. It may work for you, it may not. I learned a long time ago to not combine functions in equipment (those seven-in-one gadgets); if one part breaks, you are out of luck. So I have a separate fax, scanner (which has replaced my photocopy machine), three computers, a blackberry, a color printer, a laser printer, and various backup drives. When doing multimedia work, I often have audio playing on the first computer, my writing on the second, and research on the third computer. Fast and efficient. Still, I find I print out tons of paper because I need to highlight every reference and I tend to lose track of my writing thoughts toggling back and forth on screen. I do fact-check and highlight electronically for most clients. My calendar is also paper. Because I am a visual person I can schedule project due dates and all the other myriad deadlines all in one block and swivel around to see project states at a glance, without disturbing my writing set-up. Archaic, but it works just like it did before the e-world.

My number-one tip is to throw out all standard paperclips in favor of black spring clips. Paperclips tend to “pick up” other paper, causing much angst over a lost slip of paper you just had in front of you. After trying numerous paper-work filing systems, I have settled on the 5” accordion-fold, brown self-standing folder with an end tab that I can shove on a 15” bookshelf (12” is too narrow). Files don't work because stuff falls out the edges. Also, my resources come in all sizes and shapes (curse those agencies who print stuff larger than 8 ½” x 11”) and I need to corral a lot of stuff while I wait for potential revisions. My best friend is my label maker—indispensable. Because most material is electronic or I can scan it, I can dump paper a lot sooner than I used to, ’Tis best to follow the rule, touch it once; so either read it now, file it now, or toss it now. Hmmm, maybe I’d better go clean out my e-mail inbox.

— Barbara Rinehart

**A** - Paperless office? I wish for that, but I’ve come to accept some paper as necessary. I do try to limit the amount of paper I use, and I rely on electronic files as often as I can (and am really fond of that zoom function to enlarge text for my aging eyes!). Also, I’m a fanatic about recycling! I recycle just about everything and am lucky enough to live in a very eco-friendly city where recycling is easy. I have a very forgiving printer, and I print on the backs of printed documents all the time. I’ve discovered that it’s better to print tables (eg, computer-generated data) on paper that has text on the other side and vice versa. When I have to dispose of sensitive documents, I take advantage of “shred days” sponsored by local credit unions. If a client requires proof of shredding (which hasn’t occurred in a long while), I use a company that gives me a certificate of shredding. Of course, this is more expensive than the free shred days, but if a client requires shredding, this should be a cost they are willing to reimburse.

— Sherri Bowen

**A** - My paperless office is buried under a pile of paper.

Perhaps it’s generational. I admit it, I love getting my hands covered in ink when I read the newspaper. I love dog-earring and underlining when I read a good book.

When I’m writing, I can’t be bothered with flipping back and forth from my Word screen to screens of all the PDF references I might be using at any given moment. I need to print all those references out before I start working. Then I read them, underscore them, highlight the sections I find helpful, and spread them out across my desk, the floor, and every flat open surface I can find until the project is finished. I’ve lost the dog on more than one occasion.

I develop a physical bond with those papers; a physical memory of where things are that enables me to find them again when I need them. Don’t get me wrong, I love the search function in PDFs, and I use it often—but as soon as I find what I’m looking for, I bring it back to the printed world.

I know it’s wrong to kill trees, and I have been indirectly responsible for the slaughter of an untold number of trees over the course of my career. I’ve tried to make up for it by planting trees, but I suspect I haven’t planted nearly as many as I’ve run through my black-and-white high-speed printer. I shred the papers marked “Confidential” and I recycle everything.

I suspect that the next generation of medical writers will be less addicted to paper than me, and no doubt the following generation will be even less addicted than them. I love paper. The only thing I won’t miss is the paper cuts.

— Brian Bass
A – My office is a “less paper” office rather than a paperless office, and I don’t expect that to change. Although I have a back-up system for my computer and use flash drives as a second level back-up for key documents, and work on a Mac (which is much less vulnerable to crashes than a PC), I’m still more comfortable having print-outs of projects I’ve spent a lot of time on.

To minimize the piles of paper and save some trees, my biggest trick is to clear out my files two or three times a year and recycle any piece of paper that’s not crinkled or bent. I then print on the other side of the paper. The last time I did this, I had enough paper to last for more than a month.

I also conserve paper by being selective about what I print out. For example, if I’ve arranged a telephone inter-

view and printed out the e-mail with the details, and then the person sends an e-mail with a different phone number to call, I just copy the number onto the e-mail I’ve already printed out. Instead of printing out entire source documents, I save them on my hard drive and work electronically as much as possible. I might print out a page(s) or section(s) that I’m using extensively. I’ve had to train myself to do this, because I still like working from paper.

With my “less paper” office, the piles of paper are smaller than they used to be and I’m saving some trees. At the same time, I can work efficiently and without worrying about losing key documents.

— Lori De Milto

Q – What is the best way to prepare for tax time?

A – Although tax time comes just once a year (March 15 for S-Corps and C-Corps, and April 15 for LLCs and personal tax returns), I find it’s easier to prepare for tax time every day instead of waiting until after the year is over (or worse, waiting until the last minute before the filing deadline). I prepare for tax time every day by having good systems in place to track my income and expenses, by maintaining accurate financial records, and by working closely with my accountant throughout the year.

I meet with my accountant at the end of every quarter (and more often when the need arises). This is a great investment because as an S-Corp, profit from my company flows through to my personal tax return, which means I need to keep a close eye on all my potential professional and personal tax liabilities. By reviewing my corporate and personal financial picture every 3 months, I can be confident that nothing will get out of hand that I don’t have time to correct for in the coming quarter.

I pay federal 941 (payroll) tax twice a month, on the 15th and on the last day of the month. This is paid electronically through the Electronic Federal Tax Payment System (EFTPS) Web portal (www.eftps.gov/eftps). It used to be possible to pay 941 tax at the bank, but the system is now completely electronic. You need to register to pay online at the EFTPS Web site. Once registered, you get a personal identification number (PIN) that you use to log in along with your company’s Federal Identification Number (FIN) or your personal Social Security Number. The portal can then be used to pay any federal taxes. After I log in, I select to make a 941 tax payment. Then I enter the amount I am paying toward Medicare, Social Security, and Federal Wage Tax. I get these amounts from my accountant. When I click to make the payment, the amount is drawn directly from my business checking account. It takes 1 business day for the payment to process, so you can’t wait until the last day to make the payment online.

Every state has its own methods for collecting state taxes. In New Jersey, I file NJ927, NJ-500, and CBT (Corporate Business Tax) payments. Some of these payments are made by check, and others are made electronically through the NJ Division of Taxation Web site (www.state.nj.us/treasury/taxation). Most, if not all, states have a similar portal for paying state income taxes. I make my state tax payments quarterly on the advice and guidance of my accountant.

I manage my business finances with QuickBooks, which I find to be a very simple and powerful business tool. Because I maintain all my records there on a daily basis, it takes me just minutes to prepare for my quarterly meeting with my accountant. I also use QuickBooks to track my time (although I don’t charge by the hour), and I can easily run reports to analyze my billing, income, and expenses; to track accounts receivable; and to evaluate profitability.

As freelance medical writers and editors, we encourage our clients to hire us because we are professionals at what we do. From a business standpoint, I recommend that all freelances hire an accountant for the same reason. My accountant frees me from having to know about the intricacies of the tax law and the implications of those laws to my personal and professional life.

— Brian Bass

A – I have had a professional bookkeeper and accountant since I started my freelance business. I’ve gone through 2 bookkeepers and about 5 accountants, but my present consultants have been with me for about 15 years. I do not prepare my own tax returns, nor do I wish to. As a business owner, I am “responsible” for the accounting work, but not necessarily for “doing” it myself. So I hire professionals, as we want our clients to do; ie, hire us as the experienced professionals.

I do prepare my own invoices, write and deposit my
own checks, and keep good records/receipts for expenses. I send all of these items to the bookkeeper on a regular basis, who uses QuickBooks for the ledger and financial summary. When possible, I avoid spending cash on business expenses so that my credit card statements and checkbook automatically reflect most expenditures.

Together, my bookkeeper and I visit the accountant twice a year: once in October or November to evaluate the year and determine whether something important needs to be done before December 31; and then again in February or March to take care of the final paperwork and determine the tax owed. If I’m owed money by the IRS (rarely), we file immediately (electronically); otherwise, we file the return on April 15. I’ve had to request an extension perhaps twice in 20 years.

— Cathryn Evans

A—My answer to this question falls into two categories: clients within the United States and clients in other countries. Most of the work I do is editing of journal articles, grant proposals, book chapters and full-length books prepared by scientists on staff at large, academic institutions and hospitals. Generally speaking, clients within the United States have institutional offices that prepare and send 1099 forms showing a total payment for each calendar year. At tax time, I collect all those forms, which are then listed and totaled, and send them with my business receipts, expenses, and deductions to the accountant who prepares my tax forms (IRS Form 1040, Schedule C). A few in-country authors remit from personal funds, and those are simply itemized, listed, and similarly submitted.

Clients in other countries either pay by institutional check, which I receive by postal mail, or use an electronic transfer directly into my bank account (which appears as a deposit in my online bank statement). As with in-country clients, I list these payments and submit the list with my overall income total. In just one instance, a client wanted to pay by credit card. My bank contact advised me that opening a credit card account was too complex and expensive for just one client and told me to contact PayPal. Opening a PayPal account requires only that you contact PayPal online and obtain a login and password. The client paid directly into that account and included the payment charge (1.9–2.9% of the total +$0.30). PayPal accounts pay no interest but are handy for ordering products online, because some sellers accept payments only through PayPal. Deposited funds can be withdrawn from PayPal, but only $500 a month. Deposit and withdrawal information appears on the PayPal Web site. At no time is it necessary to give PayPal your bank account number or related information unless you wish to connect those accounts. No bank information goes on tax forms, but you must keep that information for verification in case of a tax audit.

— Phyllis Minick

AMWA is seeking an experienced editor to manage its quarterly journal on a part-time, contract basis. The scope of work includes the following duties: performing all tasks necessary to produce four issues of the AMWA Journal each year, including soliciting and editing manuscripts and other materials for inclusion in each issue; meeting all the responsibilities of a scientific journal editor toward authors, volunteer Journal staff, readers, the publisher (AMWA), and the general public; developing and communicating Journal guidelines and policies; maintaining consistency in Journal staff’s skills through training when necessary; supervising the graphic designer(s); setting and maintaining a production schedule; collaborating with AMWA headquarters to ensure the appropriate placement of advertisements; using technology to promote the Journal; representing the Journal at the AMWA annual conference and other appropriate venues; and providing reports on the Journal’s activities to the AMWA Executive Committee. Required qualifications: 5 years of experience in journal or magazine publication, including copyediting; extensive knowledge of emerging technology in journal publishing; and an understanding of the issues of most relevance to medical communicators. Preferred qualifications: experience working with a professional organization and use of Internet technology and social media relevant to publishing.

Please send a detailed résumé, with cover letter, by February 15, 2012, to Susan Krug, Executive Director, AMWA, at skrug@amwa.org.
The title of this article is actually a double entendre that should not be lost on you if you are considering working from home. The first and more appealing meaning is that those who do not work from home do not know how great it is. The second, however, is that those who work from home miss a lot of what goes on in the office. You may have thought that working out of your home was a luxury only freelances enjoyed. But a growing number of full-time medical writers and others are turning toward telecommuting as a way to balance home life with a steady paycheck (Figure 1).

I have been a medical writer for close to 15 years, with 7 of those years spent as an “employee telecommuter” working for medical education/communication companies that allowed me to work from home. I am currently a full-time consultant writer for a major pharmaceutical company that also permits me to telecommute on a regular basis. Over the years of working from home, I’ve developed a system that works for me that allows for a good work-life balance. Below are some insights I’ve picked up along the way.

First, the Benefits of Working from Home
As I sit and type away at my laptop, my dog is at my feet and my cat is purring in my lap. Sound appealing? It is. I love my pets and want to spend as much time with them as possible. I know that at least my dog appreciates my being home because then she doesn’t have to cross her legs waiting for me to come back after a long day at the office. Lunch time is a perfect excuse for a midday walk, which leads me to another reason to work from home: setting your own hours.

As a telecommuter, your responsibilities to your employer include getting assigned work done on deadline, being available for meetings when needed, and traveling if required. For the most part, aside from scheduled conference calls, when I decide to work is mainly in my hands. It allows me to capitalize on the fact that I am a morning person. I am generally sitting at my computer before 6 am, and I get most of my productive work done before noon. For other people, sleeping late but working until midnight may be more appealing. Either way, it is important to not abuse the privilege. If everyone else in the office is at their desk by 9 am, it is unfair to your colleagues to refuse to answer your phone before 11 am. In addition, it is important to follow the protocols of your employer regarding the number of hours worked. If 8 or more hours are standard for those in the office, then you cannot get away with working only 6 hours, even if you get all of your assignments in on time. A company is a team, and stepping up to the plate by volunteering to help a colleague who is overwhelmed is important both to the company (and your continued employment) and to you in terms of your boss’ perception of you–more about that later.

A further benefit of working unorthodox hours is that if a client needs a document “first thing tomorrow” you can work into the evening without neglecting your family. There is no worrying that your husband and kids are starving, because you can take a break to cook dinner before returning to your computer. There’s no having to stay late at the office in anticipation of an important e-mail, which is made even less appealing knowing you have a long drive home. Your end-of-day is much different than for those who need a break but cannot go home because work is miles away.
However, it can be difficult to separate work time from family time if your computer is just upstairs. Checking e-mail and voice mail every 5 minutes is tempting.

Fitting in doctor appointments, grocery shopping, and other errands is much easier when you are not required to sit in a cubicle under the eyes of others. Going to the supermarket on a Thursday afternoon, when there is less traffic and fewer shoppers, saves significant time that can then be applied to taking care of work or family matters, which can then be applied back to work. For this reason, most employers accommodate unconventional work schedules, which may involve frequent breaks that would otherwise not be looked on favorably. Again, don't exploit the opportunity by leaving your computer and phone behind every 2 hours to practice your golf swing. However, an occasional Tuesday afternoon shopping spree does not necessitate taking a half-day off if you make up the time during the morning or later in the day.

Furthermore, not having a commute is a huge time saver. Every 20 minutes of traffic you avoid provides you with an extra 20 minutes to create slides or review a meeting report. Moreover, because the distraction of your colleagues is absent, you can often get more work done. There's no inadvertently overhearing the meeting planner's argument with a vendor or being interrupted by noisy people in the kitchen making toast. Creating an environment in your home where you can concentrate is important but may actually be easier than finding peace in a busy office.

Avoiding the commute also saves money by reducing the amount of fuel consumed, as well as avoiding tolls and the wear and tear to your car that comes with driving any distance. Moreover, not having to drive may help the environment by reducing emissions and conserving fuel. According to a 2005 ABC News/Time Magazine/Washington Post poll (http://abcnews.go.com/Technology/Traffic/story?id=485098&page=1) the average American drives 16 miles to work each way, which uses 1.45 gallons per round-trip (the average car gets 22.1 mpg). The typical car emits 19.4 pounds CO₂ per gallon of fuel (http://www.epa.gov/OMS/climate/420f05004.htm), which equates to 28.13 pounds per day or 6,611 pounds per year, assuming a 235-day work year (3 weeks vacation plus 10 federal holidays). Going green never seemed easier.

Now for the Negatives
For those who thrive on personal interactions, working from home can feel like a prison. There is no walking across the hall to ask the opinion of your editor about a run-on sentence. And there is definitely no chatting around the water cooler about the horrible movie you saw over the weekend. In fact, establishing personal connections with your colleagues takes extra effort. Maintaining a relationship through the phone and e-mail, without becoming annoying, is an art that takes practice. Failure to build rapport with your colleagues can negatively affect how your work is perceived, opening the door for you to become a scapegoat for anything that goes wrong.

Your written work and performance at meetings are not the only criteria you are judged on by your boss, whether you work in the office or from home. Still, it can be more difficult to prove your worth to the organization when you are not onsite. A willingness attitude can go a long way to showing your commitment to your employer. Be open to additional work, changes in procedures, and assisting other employees. For example, you may want to volunteer to train new staff on the company's internal style guide.

Although it may feel that your time is your own, it's not. You are beholden to your employer to be available for impromptu conference calls and emergency client requests. I find that having a smartphone is enough to keep me in touch with what is going on, even if I'm getting my car serviced. However, there have been multiple occasions where I've had to leave the post office before picking up my mail to address something that came up unexpectedly.

Conspicuously absent from my depiction of the ideal home office is children. Do not think you can work at home and evade finding childcare. A hungry baby waits for no clinical study report, but you are getting compensated for doing a job, not chasing after little ones. If you are constantly being interrupted, you cannot do your best work. Also, no one likes to hear a lot of background noise when on a conference call, and that includes happily playing children. It is possible to manage your workload with older children, who can respect your space and entertain themselves upon coming home from school, but be prepared to set rules regarding intrusions. It helps to have an office door you can close, but it is up to you to keep it closed.

Remember that any benefits on the environment from the absence of your car on the road can be significantly diminished if you blast your home's heat in the winter and air conditioning in the summer, or if you leave all of the lights on. You will also be using your own electricity to power your computer, printer, and other peripherals, which can become expensive if you don't turn off equipment when not in use.

Another thing to think about is that you may also not be as readily able to move up the corporate ladder working from home. If you aspire to be head of the department, telecommuting may not be the best option. It is difficult to manage staff when you are not in front of them. Even if your current responsibilities are only writing, your future managerial potential is not as obvious as it is when you are around others.

The In-between
The option of working from home does not have to be an all-or-nothing proposition. The work week is 5 days long, of which you could request to work at home 2 days, for
example. Another option may be working at home in the afternoons only, or working from home every other week. By splitting your time between home and office, you can establish relationships with your colleagues and bosses that can be sustained even if you are not visible.

**The Bottom Line**
Telecommuting is definitely not for everyone. It takes a certain personality to be able to work alone without feeling isolated. Moreover, not everyone has the discipline to write manuscripts instead of doing the never-ending list of housework. On the flip side, not everyone can compartmentalize their lives so that their work, which is significantly more accessible, does not overwhelm a healthy work-life balance.

Companies are beginning to recognize the myriad benefits of having employees telecommute. Not only may employees be more productive at home, but significant savings in terms of office space, energy usage, and insurance, among others, may be realized. Often, all the company needs to supply is a computer, but they may offer to compensate you for high-speed Internet and a long-distance phone line. Because it can be financially beneficial, more and more employers are open to having their staff work from home. Thus, convincing your boss to let you telecommute may not be the daunting task you envision.

Just remember that regardless of where you work, you should always strive to be a conscientious employee. Working hard, collaborating well with colleagues, and doing the best work you can will always help you achieve success. But it may be that the “corner office” you strive for is across from your bedroom instead of the boardroom.

**Author disclosure:** The author notes that she has no commercial associations that may pose a conflict of interest in relation to this article.

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Electronic, Portable, and Green: Imperatives for Creating Today's e-Portfolio

By Cheryl Lathrop

Freelance Medical Writer, Walpole, MA

Just as an artist needs an art portfolio, and a model needs a modeling portfolio, a medical writer needs a medical writing portfolio—a collection of written samples that demonstrates to potential clients that you have the skills and experience to do the job.

In the past, job applicants carried their hardcopy samples to an in-person interview in a portfolio case, or they sent copies by mail or FedEx as part of the interview process. No longer. The digital revolution is here, and your portfolio now needs to be electronic. You need an e-portfolio because paper simply isn't fast enough, portable enough, or green enough.

What Are the Benefits of an e-Portfolio?

Our instant society operates at the speed of the Internet. Clients want everything ASAP—as soon as possible. Storing and sending your writing samples electronically lets you better compete in today's tight job market. Someone is going to respond to that online job advertisement from the AMWA Freelance Opportunities listserv with a résumé and writing sample within 2 minutes, and you want that someone to be you.

Offices without boundaries are the model for today's business environment. Both you and your potential client can be anywhere—in the office, at home, on the train commuting, or halfway around the world—and either of you may be using a desktop, laptop, tablet, or smartphone. Sending your writing samples electronically is convenient, and necessary, for both of you. Additionally, it shows your potential client that you are tech-savvy and haven't missed the digital revolution.

The paperless office is here. Neither you nor your potential client wants to deal with the clutter and storage of paper. Having a paperless e-portfolio and keeping your information digitally has the added benefit of being green. Consider the trees that you alone can save: each case (10 reams) of 100% virgin copier paper uses about half a tree.¹

Your e-portfolio allows you to respond rapidly to clients, reach clients anywhere, and be green.

How Do You Create a Writing Sample?

If you own the copyright to your work, you can freely use it as a sample. If the client owns the copyright, you can either ask them for permission or obtain permission to use and share the content through the Copyright Clearance Center.² Some writers use a truncated/abbreviated version or remove the drug or device name to make the sample generic. Others take screenshots of each page and display them reduced and overlapping to show the breadth and depth, but not the actual words. Some display just the table of contents and/or the abstract. And some writers choose to write their own unpaid and unsolicited samples to avoid any copyright issues; this also gives the beginning writer samples they wouldn't otherwise have. Whatever you choose to do, be sure you are familiar with the AMWA Code of Ethics, Principle 1,³ and US Copyright law that protects the work of authors⁴ (including Creative Commons, Fair Use, and the TEACH Act) so you can decide what's right for each sample.

What Format Should I Choose for My e-Portfolio Items?

Many writers use portable document format (PDF), the file format developed by Adobe (www.adobe.com) to distribute compact, platform-independent documents. Each PDF is self-contained and packs text, graphics, and fonts into a single file. In fact, in its Guidance for Industry, the FDA recommends using PDF format for reports and forms for regulatory submissions.⁵ A PDF can travel safely over the Internet without fear of corruption and everyone on any electronic device anywhere can view it with Adobe's free and downloadable PDF Viewer.

Both Microsoft Office and OpenOffice documents can easily be saved in PDF format with the systems' built-in save features. If you have a sample published on the Web, don't rely on it for your sample, as it could be deleted by the Webmaster in the next update of the site. Instead, convert the Web page to a PDF using Adobe Acrobat or one of the many free programs that you can install as part of your printer interface. You can then print to a new PDF file instead of a piece of paper. If you have a paper sample, scan it, save it in PDF format, and then toss the paper in the recycle bin.

Real estate agents have long known the value of curb appeal for enticing the client to linger. Encourage your client to look closely at your sample by enhancing your PDF. Give it style and flair with eye-catching colors and borders. Add additional information detailing your responsibilities in the project (add a textbox in which you note whether you were the researcher, writer, editor, proofreader, etc; clients will
appreciate your forthrightness). Highlight your byline with color or a box to be sure it is noticed. Point out the journal name with arrows or underlining. Be creative and use this opportunity to sell yourself and your skills.

Where Should I Store my e-Portfolio Items?
Some writers store samples locally on their computer and send them by e-mail when requested. As e-mail servers sometimes impose size limitations on attachments, several samples can be put in a folder and zipped/compressed; both PCs and Macs have built-in functions for this. Another option is to use a public file transfer protocol (ftp) site. Free sites have size limitations, but usually allow for a paid upgrade to process larger files. A sophisticated client may have its own ftp site and give you username/password access so you can simply drag-and-drop your files there.

Other writers store samples remotely on their Web site. Many options are available for Web site hosting: elaborate paid Web sites, free Web space from your Internet provider, or free space in your LinkedIn account. Free storage is also readily available on the Internet. Then send only the URL (link), rather than the actual document. Note that storing your samples online also provides a convenient backup copy of your files.

How Should I Organize My e-Portfolio Samples?
Should I store my sample under disease state, drug name, or both? Or under media type? Or all of the above? If you’re a new writer with only a few samples, organization is easy. But, if you’re an experienced writer with many samples, organization is more difficult.

There is no one correct way to organize your e-portfolio. Just remember the files need to be found quickly and easily. Consider that you could be on the phone interviewing with a potential client, and they request a sample—yes, they are still on the phone talking to you and waiting for it to arrive in their e-mail in the next few minutes! This is the reality of today’s online world.

If you store the files on your computer, consider including the drug or disease name as part of the file name, and grouping like samples in folders together in logical categories (eg, by therapeutic categories, by disease state). If you store the files on your Web site, choose an organizational hierarchy that allows you to find them immediately. And if you send clients to your Web site to browse on their own, make sure the navigation system is clear so they don’t give up and go to the next writer’s Web site.

Should I Still Take Samples to an In-person Interview?
Yes, your e-portfolio works even better than paper. Take your laptop, connect to the client’s Internet, access your remote Web site, and show your portfolio samples. Or, copy your entire Web site (all the files, not just the samples) to portable media, such as a CD, DVD, or USB flash drive. Take your laptop, insert the portable media, and show your portfolio samples and your tech savvy by running your Web site locally.

This also avoids the problem of the prospective client asking you to leave possibly proprietary paper samples behind.

In Summary
Your medical writing e-portfolio lets you respond quickly to online job advertisements and lets you reach your clients anywhere at any time. It doesn’t burden you or them with unwanted paper. Going green is imperative. Kermit said, “It’s not easy being green.” But, let’s agree to do it anyway. Clients appreciate it. The planet demands it.

Author disclosure: The author notes that she has no commercial associations that may pose a conflict of interest in relation to this article.

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References

HOW TO…

Create screenshots
Use the Windows “Print Screen” key or a program such as Snagit (www.techsmith.com).

Save word processing documents as PDFs
Use the built-in save feature in Microsoft Office (www.microsoft.com) or OpenOffice (www.openoffice.org).

Convert a Web page into a PDF
Use Adobe Acrobat (www.adobe.com) or a free program such as PDF995 (www.pdf995.com).

Enhance your PDF with color and graphics
Use Adobe Acrobat or a free Adobe imitator available on the Internet, such as Foxit Reader (www.foxitsoftware.com).

Send a large file
Use a free ftp site, such as YouSendIt (www.yousendit.com).

Store samples online
Use a paid Web site hosting company, free Web space from your Internet provider, free space in your LinkedIn account (with the Box.net application), or free space on the Internet (such as http://docs.google.com).
I am an in-house hiring manager, and I have only worked in-house. I do not know what it feels like to sit on the freelance side of the fence, but my guess is that there is a good bit of uncertainty involved. Some freelances may be trying to find new clients. Some may have gotten a first job from a client but never heard from that client again and have been left to wonder what went wrong. Well, here is your chance to to get a glimpse into the mind of a hiring manager. Although some of what follows may seem like common sense, you might be amazed at how frequently the common-sense information gets left behind.

Getting Noticed
A number of venues exist for freelances to get noticed by hiring managers, and several of those opportunities are hosted by AMWA:

• **AMWA Listserver**—Well-written, professional posts to this venue are sure to get a freelance noticed. I have hired several writers who I first noticed on an AMWA listserve and who have subsequently received countless additional assignments from my company. Be careful: Just as a professional e-mail might be noticed by someone like me, an unprofessional one is even more apt to be noticed and could land the freelance on a hiring manager’s “do not call” list.

• **AMWA Freelance Directory**—When I am searching for a new writer, this is typically the first place I go. Nicely formatted entries with a clear focus are essential. I am more drawn to listings that show a clear specialization than those that cast a wide net. And please do not leave me wanting more! For example, entries that include Web site URLs give me an opportunity to learn more about a freelance before I contact him or her.

• **AMWA Annual Conference**—Network, network, network. I have hired medical writers whom I have met while attending the AMWA conference.

In addition to the AMWA venues, freelances can also get noticed by having a good Web site and a solid online professional/social networking presence (eg, LinkedIn, Twitter, blogs). Freelances can also research target companies and send a CV with an engaging cover letter that expresses an interest in freelance work. I do not like to receive cold calls; the few I receive always seem to come when I am 10 minutes from a pressing deadline with 20 minutes of work left to complete.

Getting Hired
My beautiful truth about hiring a freelance is that once I have identified the person I want to try out, I rarely spot a red flag that makes me reconsider. I usually send an e-mail to the freelance to express my interest and ask for samples, and then I set up a phone call to find out more about the freelance and discuss the particulars of a project. By this point, the freelance has already made a positive professional impression on me, so the key during our conversation is that the freelance be confident and reinforce my existing impression.

What could mess up the freelance’s chance at this point? Here are a few things that have made me reconsider hiring a writer. It is probably not surprising that most have to do with money.

• **Quoted an hourly rate that is significantly below fair market value for his or her skills.** Some writers think a lower bid always wins new business—this is not true! A low hourly fee sends me the message that the freelance is inexperienced, which has scared me off in the past.

• **Asked for a percentage of the project fee up front.** I know some freelances have been burned by bad clients; I have been similarly burned by subpar writers who oversold their skills. As a practice, my company generally does not pay a percentage of the project fee up front and would not consider this arrangement with a new writer.

• **Sent signals that the proposed project fee is too low but still wanted to take the project.** This type of situation puts a cloud of negativity over the project and makes me worry about the quality of the draft we might get. I would rather work with someone who thinks our project fees are fair.

• **Been unable to provide samples.** I live in the world of continuing medical education, and samples are usually freely available, so if a freelance does not have recent samples to share, this raises concerns.
Getting Rehired
Although I have had to “fire” freelance writers (ie, invoke the dreaded “kill fee”), these cases are extraordinarily rare. What is more likely to happen is that a freelance submits the project and finishes the project amicably enough but is not called back for another assignment. I tend to rehire about 25% of the writers that I give a first assignment to, and about one-half of those writers become “regulars” for me. What goes wrong for the majority who do not become “regulars”? Here are some practices that have kept me from calling a writer about another project.

• Submitted a manuscript late. Life happens, and there are times where a freelance is going to be late with a manuscript, but if it happens on the first project, if the freelance calls the day before the project is due (rather than well in advance), or if it happens on successive projects, then I have no choice but to find another writer who can deliver projects on time.

• Failed to submit the draft to the agreed-upon specs. For example, if the contract states that the freelance will submit 6,000 words and the freelance submits 3,000, it is unlikely that the freelance will receive another assignment from me unless there was a miscommunication on my part.

• Addressed confusion negatively. Despite everyone’s best efforts to outline all the particulars of a project, confusion might arise, particularly as new clients and freelances get to know each other. If this happens, a “combative” (defensive/offensive) response from the freelance makes me cringe, whereas a proactive, problem-solving approach will make a great impression.

• Communicated negatively (eg, “snarky” or passive-aggressive phone conversations or e-mails). It is rare, but I have been on the receiving end of this sort of negative communication during periods of confusion. This is the fastest way to wind up on my “never again” list, and there is no way to recover from it. If frustration levels are high, wait a few hours to call or send an e-mail to allow that frustration to dissipate as much as possible.

• “Pinged” me too much throughout a project. I am completely open to answering questions throughout the course of a project (particularly with a first-time freelance). However, freelances who call and/or send e-mails too frequently convey the message that they lack confidence in their own decisions. So how frequently is too frequently? It completely depends on the hiring manager! I have been spoiled by highly skilled writers, so I admit that my own threshold for questions is relatively low—more than one or two questions/requests a week is too much. Other hiring managers, however, may want you to ask away. So a good strategy would be to ask a new client how often their best writers contact them over the course of a project and what kind of questions usually come up—this will provide insight into a client’s preferred style.

Now that I have described some behaviors that could prevent you from being rehired, let me offer some information on traits and behaviors that will get you rehired. I work with some truly phenomenal writers who seem to do everything right and make the work seem effortless. These writers share a number of similar qualities:

• Put forth a professional, dependable, and collaborative persona
• Always submit drafts on time—sometimes early
• Submit well-written, polished, carefully referenced drafts (translation: they save me time during the editing and fact-checking phases of the project)
• Send all the ancillary materials with their drafts (learning objectives, post-test questions, source articles, etc)
• Limit and/or batch questions to avoid contacting me too often

For me, finding a freelance writer who is a great fit with my company is eerily similar to dating, and most dates fall into one of three categories.

• The scary date. It is “off” from the beginning, and you want to high-tail it out of the restaurant as fast as you can. Maybe you at least try to make it through dinner to be polite, but you know from the start you will not be calling again.

• The friend zone. These are perfectly nice people, but something is missing. Maybe the person is great except for one particular thing that drives you nuts, or maybe the person does not do anything wrong, but also does not wow you. It is just not quite what you are looking for.

• The match made in heaven. There is a mutual connection from the very start. You have the same interests, you are finishing each other’s sentences, you “get” them and they “get” you. These are the people you have amazing chemistry with, and you stay with them for a very long time.

My guess is that finding a great client is the same for those of you who freelance. My hope is that some of this information will help you turn more potential clients into “matches made in heaven.” Happy dating!
Become an Award Winner

Submit your work to one of AMWA’s annual award competitions that recognize excellence in a range of medical communications.

The Eric W. Martin Award honors excellence in medical writing for published articles in two categories: lay public and professional (medical) audiences.
➲ The deadline for submission is February 3, 2012.

The AMWA Medical Book Awards are given for books published in three categories defined by the book’s audience: physicians, nonphysician health care professionals, and lay public.
➲ The deadline for submission is February 27, 2012.

The AMWA Award for Best Published Research on Medical Communication is given for published research documenting the value added by medical writers and editors. This award, graciously underwritten by several AMWA members, seeks to foster such research and show the value of our profession as a whole.
➲ The deadline for submission is March 31, 2012

Details on submission and entry forms are available on the AMWA Web site (www.amwa.org): AMWA Programs>AMWA Awards>Competitive Awards.

CALL FOR ABSTRACTS for
AMWA’s 2012 Annual Conference Poster Session
Deadline: February 27, 2012

Don’t miss your opportunity to develop a poster for display at the 2012 AMWA Annual Conference. Poster Presentations are designed to allow medical communicators to share their recent innovations, advances, and discoveries related to their profession. Posters may address any area of medical communication such as editing/writing, education, freelancing, public relations, medical marketing, and the pharmaceutical industry. AMWA is particularly interested in posters that report study designs and results of empirical research in medical communication. Abstracts to be presented as posters are selected by the members of the Annual Conference Poster Session Committee.

Find abstract submission guidelines on the AMWA Web site (www.amwa.org).
RPS, the Next Generation CRO, provides comprehensive global Phase I-IV clinical development solutions to the Pharmaceutical, Biotechnology, Medical Device and Diagnostic industries. By combining our highly experienced clinical research operations infrastructure with the industry’s largest resourcing engines, RPS is uniquely positioned to offer our Customers a broad spectrum of outsourcing solutions. These solutions range from globally Embedded functional and cross-functional programs to enhanced global full-service solutions, and are powered by highly experienced project teams providing innovative, seamless, cost-effective and high quality services. With more than 3,000 employees, RPS operates in 45 countries across the globe.
EDITORIAL

Creating a more productive, clutter-free, paperless office: a primer on scanning, storage and searching of PDF documents on personal computers

Clinicians and researchers typically amass large quantities of documents over time. These journal articles and other written educational resources must be filed in some manner, allowing easy retrieval. All too often this consumes many linear feet of shelf space or several file cabinets. Invariably, important journal articles or other educational resources are misplaced, leading the individual to either mourn their loss or proceed to replace them, wasting valuable time. At times the burden is shifted to the librarian who has to re-request an obscure work from another library.

In today’s ‘information age’, journals now almost universally publish materials on-line, often prior to print publication, and in almost all cases prior to when the printed journal arrives in one’s physical mailbox. All too often, these on-line documents are downloaded in the ubiquitous Portable Document Format (PDF), printed, and the physical paper filed away (or placed in large piles on one’s desk).

The advent of inexpensive imaging devices and the maturation of synchronisation and search software, together with dual screen computer systems make it possible to replace file cabinets and shelves with easy-to-retrieve electronic representations of their contents. This article will guide the practitioner in how to set up such a system and be able to literally throw away the paper. Described below is a relatively inexpensive system for document imaging, storage, backup, retrieval and viewing. The inspiration came from the gift of a retired Professor’s lifetime journal article collection that was stored in a large bank of file cabinets (Figure 1). My mission was to convert the approximately 6000 articles and book chapters (some very difficult to replace if ever lost) onto one recordable DVD disc, and then dispose of the paper copies. Such an endeavour requires the adoption of a new philosophy. This paradigm shift can be summarised by the 10 virtual commandments (Table 1).

Scanning and downloading

For most journals, PDF versions of published articles are available only for the past decade or so. There are notable exceptions, such as the resources made available by the American Psychiatric Association (APA): the American Psychiatric Publishing, Inc.’s Psychiatry Legacy Collection. All issues of The American Journal of Psychiatry from volume 1 (published in 1844 as The American Journal of Insanity) to present are available on-line free of charge to APA members at the journal’s website (http://ajp.psychiatryonline.org/). Using an on-line search website such as PubMed (http://pubmed.gov) or HighWire (http://highwire.org/), it is easy to locate the journal article entry and a link to the publisher’s site (1). Many journal articles are available for free download for everyone. Clinicians with hospital or university affiliations can get broader access to even more journal titles. Physicians in New York State in the USA have free access, upon registration, to the New York State Library and its full text electronic journal holdings (http://www.nysl.nysed.gov/).
For articles whose PDF versions are available on-line, the quality is generally better than scanning it oneself (there are exceptions), and the downloaded documents are generally searchable and do not require further manipulation (unlike scanning as will be discussed below). When the PDF is not available on-line, the paper must be scanned. In the past few years, inexpensive sheet-fed scanners manufactured by companies, such as Fujitsu (http://www.fujitsu.com/us/services/usingsetup/peripherals/scanners/) and Xerox (http://www.xeroxscanners.com/default.asp?pageid=100) have become available that can take a multi-page document and scan it at 15 or more sheets a minute, with both sides of the sheet scanned simultaneously, usually creating a PDF document on your computer. For example, the Fujitsu ScanSnap S510 is one such machine whose price is under $500 (http://www.fujitsu.com/downloads/COMP/ fcpa/scanners/s510_datasheet.pdf). This particular sheet-fed document scanner is quite compact, taking up little space on a desk. It is bundled with an assortment of software, including a full version of Adobe Acrobat that allows you to convert the scanned images into searchable text and also annotate the article if you desire to do so. By default, the PDF file created is named using the date and time it was produced. You will want to change the name to a more descriptive one. One possible naming convention is to name the file by title, first author, journal and year. For example, this article could be named 'CreatingPaperlessOffice CITROME IJCP2008'. An alternative would be to use 'key words' instead of the title, such as 'PDFScanning-SearchingComputersSoftware CITROME IJCP2008'. It would be placed in a file folder possibly named 'Computers and Psychiatry'. Whatever naming scheme you use, it is important to be consistent and take care to spell correctly to allow accurate retrieval later. Adding spaces between words and using upper or lower case is optional, but may make it easier when reviewing lists of PDF file names.

### Storage and backup

Downloaded ‘native’ PDF files can be quite compact and do not take much storage space. Scanned PDF documents on the other hand can be several megabytes in size, and collectively can consume a relatively large amount of disc space. This can be managed by scanning in black and white (a side benefit is that the text actually becomes darker and crisper and the documents load much more quickly when viewing them). Colour scanning can be reserved for when colour or grey-scale illustrations are not well reproduced in monochrome. A hard drive size larger than 40 gigabytes is generally needed if you are going to start storing scanned documents. Small compact ‘2.5-inch form factor’ external hard drives whose capacities are 80 gigabytes (and greater) are available for < $100. These hard drives generally do not need their own power supply – when you attach the ‘USB’ data cable between the drive and your computer, the drive is powered by the computer.

Backing up the information on a hard drive can be a tedious and lengthy chore, but software exists today that make incremental back-ups quick and easy. The key concept here is ‘synchronising’ the contents of your file folders across different computers and/or external hard drives. This means each computer or external hard drive contains the same file folders and identical files that contain your digital library. This is accomplished by using a synchronisation program, such as ‘SyncToy’, available free for users of the Microsoft Windows operating system (http://www.microsoft.com/windowsxp/using/digital-photography/prophoto/synctoy.mspx). Similar programs are available for Apple brand computers. The first thing to do is make sure your external hard drive has all the file folders you want by doing a straightforward copy of the file folders to it. When you have scanned or downloaded additional documents to one of your computers, you would periodically synchronise your computer files with the external hard drive, a process that takes only a few

<table>
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<th>Table 1 The ten virtual commandments</th>
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<tr>
<td>I Thou shalt not keep paper copies of any downloaded documents.</td>
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<td>II Thou shalt endeavour to start converting all paper documents to PDF format.</td>
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<td>III Thou shalt adopt a standard approach to naming PDF files.</td>
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<td>IV Thou shalt store PDF files in an organised fashion in suitably named file folders on one’s personal computer.</td>
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<td>V Thou shalt back up file folders on a regular basis by synchronisation with a portable hard drive, and subsequently on any and all computers at work or at home that one uses.</td>
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<td>VI Thou shalt index one’s hard drive using an indexing program that permits searching within PDF files.</td>
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<td>VII Thou shalt seldomly print the PDF file.</td>
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<td>VIII Thou shalt view PDF files on large monitors or on multi-monitor systems.</td>
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<tr>
<td>IX Thou shalt use e-mail to send PDF documents to others instead of using paper faxing or the postal service.</td>
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<tr>
<td>X Thou shalt encourage others to be virtually paperless at work and at home.</td>
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seconds or minutes. To update other computers, such as your laptop, you would synchronise again, this time attaching the external hard drive to the laptop. Your laptop would then contain the same updated file folders as your other computer and the external hard drive. Synchronisation has enabled persons to have all their files at work, at home, on their laptop, and backed up onto an external hard drive. If one machine fails, nothing is lost.

Retrieval

Unfortunately, even the best naming scheme for your PDF files and file folders will be less than adequate once you have stored a few hundred files. The built-in file search program in the Microsoft Windows operating system will also not be sufficient. Fortunately there are free programs available such as 'Google Desktop' (http://desktop.google.com/) and 'Copernic Desktop Search' (http://www.copernic.com) that can index the entire contents of your hard drive. The latter program can search within PDF files (as well as inside Word documents, PowerPoint presentations, Excel spreadsheets, and importantly, e-mails and their attachments), so that if you don't remember all the details of the file you are seeking, you can still find it by entering into the search program some of the words, dates or names that you think the file may contain. The search program then provides a list of possible files, sorted anyway you specify, such as by date, name or type of file format. A 'preview' is also shown so that you don’t have to open the file directly when you are searching.

Viewing

Although it is possible to view PDF documents on your monitor and do other tasks as well, it is far more efficient to use a dual-monitor setup (http://www.microsoft.com/windowsxp/using/setup/learnmore/northrup_multimon.mspx). Prices of 19-inch LCD flat-screen computer monitors are now economical ($300) and the monitors are compact. Most computer operating systems sold today support dual monitors. To hook up a second monitor you will need a dual output videocard, an additional videocard, or an external USB video adapter. An alternate arrangement is to use a somewhat more expensive but larger monitor whose maximum resolution is supported by your computer’s video card.

Other technical considerations

Problems arise when the paper you want to scan is too big for the scanner. Unfortunately, large format sheet-fed scanners are too expensive for the single user. One workaround is to reduce the size on a photocopy machine and then scan. Another is to cut to size and scan the pieces. A guillotine-style paper cutter is very useful to keep edges straight and can be purchased at an office-supply store but a pair of scissors can suffice.

For researchers, cataloguing references can also be more efficiently accomplished by using software programs such as 'Reference Manager' (http://www.refman.com) or 'Endnote' (http://www.endnote.com). These programs allow for the relatively painless reformatting of bibliographies and can provide direct 'links' to the PDF files that one has accumulated.

Care must be taken to not run afoul of copyright laws and regulations. In the USA, 'fair use' permits users of copyrighted works to make reproductions for purposes such as criticism, comment, news reporting, teaching (including multiple copies for classroom use), scholarship or research (http://www.copyright.gov/title17/92chap1.html#107), provided that such use is not commercial nor for making a profit. Fair use tools and guidelines are also available (http://www.lib.uchicago.edu/copyright/fairUse_Tools.html).

In the UK, scanning is allowed under 'fair dealing', but only for private study or non-commercial research (http://www.ukoln.ac.uk/services/elib/papers/pa/fair/intro.html). Further dissemination is prohibited.

Summary

Document management can be now essentially paperless, creating clutter-free environments by freeing up physical shelf and cabinet space while permitting fast and easy retrieval, and allowing viewing of documents at multiple locations. The cost of scanning equipment and hard drives has fallen substantially, making an inexpensive system a reality. A journal file library can be the first step towards a paperless office. Many journal articles are available on-line for downloading, and older papers can be quickly digitised using compact sheet-fed scanners.

Disclosures

Dr. Citrome owns a small number of shares of common stock in several technology companies, including Cisco, Dell, Intel, and Microsoft.

L. Citrome, Department of Psychiatry, New York University School of Medicine and The Nathan S. Kline Institute for Psychiatric Research, Orangeburg, NY, USA. Email: citrome@nki.rfmh.org

Reference

Do Your Nouns Have Anything to Do with Your Verbs?

By Laurie Thomas, MA, ELS
Madison, NJ

Early in my career as an editor, I met a young woman who mentioned that she was teaching English at a fancy private school. Hopeful that I might have found a kindred spirit, I asked her whether she taught her students how to diagram sentences.

"Certainly not!" she sneered, peering down her nose at me. "We teach them to write good sentences."

"I hope you reconsider," I said, somewhat taken aback, "because I've been seeing a lot of manuscripts from people who have advanced degrees but still don't know how to write sentences that are clear enough to express complicated scientific ideas." I went on to describe some common error in syntax, but then I noticed that her facial expression had changed from contempt to fear. I suddenly realized that despite her expensive liberal arts education, she had no idea what I was talking about, even though it was something I had learned in public school in seventh grade. Yikes!

If you are a writer who wants to write good sentences, or an editor who wants to turn bad sentences into better sentences, I strongly recommend that you review seventh-grade English, including the parts of speech and the basic principles of Standard English syntax. The most important concept in Standard English, and probably in all human language, is the noun-verb transaction. Sentence diagramming is a valuable tool for helping you understand such transactions. You can gain a better understanding of this concept with AMWA's workshop, "Sentence Diagramming for Clarity and Practicality." You can also find help online: http://grammar.ccc.commnet.edu/grammar/diagrams/diagrams.htm.

Subjects, Verbs, and Objects

In my experience, the very worst writers are those who don't think clearly about how their nouns relate to their verbs. I don't just mean that their nouns don't agree with the verbs in number; I mean that their nouns have nothing whatsoever to do with their verbs, or that the verbs are incorrectly used in a transitive sense.

Transitive simply means that there's a direct object, and intransitive means that there isn't. Some verbs, such as eat, are ambitransitive, which means that they can be used either intransitively or transitively:

- I eat. (There's no direct object. Eat is intransitive in this sentence.)
- I eat pie. (Pie is the direct object. Eat is transitive in this sentence.)

In contrast, some verbs are never transitive; and when people try to use them as transitive verbs, the result is ugly:

- The subjects were fasted for 10 hours.
- The subjects fasted for 10 hours.

Fast means to abstain from food, or from food and liquid. It's an intransitive verb, so there's never a direct object. Nothing and nobody were ever "fasted." If you are talking about an animal or a baby, say that food and water were withheld for 10 hours. You can also say, "After a 10-hour fast...."

I strongly recommend that people make a habit of looking up even common verbs in Merriam-Webster (www.m-w.com) to see whether the verb can be used in a transitive or intransitive sense and how that verb relates to various nouns. For example, in medicine, remit is an intransitive verb meaning to abate in force or intensity. Thus, a disease can remit, but patients cannot, unless you mean that they paid their bills, which is a completely different, transitive sense of remit.

- Several of the depressed patients remitted.
- Several patients' depression remitted.

There are several special kinds of transitive verbs: ditransitive, factitive, and causative verbs. Ditransitive verbs involve a direct and an indirect object. A direct object answers the question What? or Whom? In contrast, the indirect object answers such questions as To or for what? or To or for whom?

- She gave Fred $5.

To whom did she give $5? To Fred. Therefore, Fred is the indirect object. What did she give Fred? $5. Therefore, $5 is the direct object. Gave is a ditransitive verb in this sentence.
Some grammarians even argue that there are a few tritransitive verbs, which take two objects and a that-clause or prepositional phrase:

- I'll bet you $10 that he can't diagram this sentence!

Factive verbs seem to involve two direct objects, or rather a direct object and an objective complement:

- They elected Kathy president. (Kathy is the direct object, and president is the objective complement.)

Causative verbs are followed by an infinitive phrase that serves as a direct object. Notice that the subject of the infinitive is in the objective case (ie, him, not he):

- The emetic caused him vomit.

There are three causative verbs (have, make, and let) that are followed by a noun/pronoun and the base form of the verb (the infinitive minus to):

- The emetic made him vomit.

**Subjects and Complements**

Linking verbs, which are also called copulas or copulative verbs, are a special form of intransitive verb. They link the subject to a subjective complement, which can be another noun (predicate nominative) or an adjective (predicate adjective).

Theoretically, a linking verb connects two nouns that are in the same case, so it should be “I am I” instead of “I am me.” You should write “It is she” instead of “It is her.”

A linking verb can link a noun to an adjective but not to an adverb! Someone once asked me whether one should say I feel bad or I feel badly. I told him that it should be bad, because to feel is a copulative verb. He laughed, and he probably remembered the rule from that point forward.

**Unraveling Clauses and Sentences**

By definition, every clause and every simple sentence contains some sort of noun-verb transaction. When you are reviewing your own writing, or editing someone else’s writing, it helps to go through the piece sentence by sentence backward, so you can analyze each sentence individually, looking for the nouns and verbs. How do the nouns and verbs relate to each other? What noun is doing what verb? What direct and indirect objects is each verb taking? Do the noun-verb transactions make literal sense? Are the verbs being used in a way that corresponds to a definition in Merriam-Webster’s? This kind of analysis is time-consuming at first, but it quickly becomes second nature; this discipline will help you become a better editor and a better writer.

**For Further Reading**

For a discussion of how failure to grasp the importance of the noun-verb transaction affects reading comprehension and writing ability, see David Mulroy’s fascinating book The War Against Grammar. You can read the first chapter here: [http://www.snappletheatrecenter.info/intro/chapter1.pdf](http://www.snappletheatrecenter.info/intro/chapter1.pdf).

**Author contact:** Lthomas521@verizon.net.

In my experience, the very worst writers are those who don’t think clearly about how their nouns relate to their verbs.

If United States offices reduced virgin fiber copy paper use by 10% from 2009 levels, it would save 22.8 million trees, reduce greenhouse gas emissions equivalent to taking 481,000 cars off the road, and keep over 60,000 trucks full of solid waste out of landfills and incinerators.

“How to Prepare and Present a [Medical] Poster,” a 1-hour video of a live presentation, is free at http://digbig.com/5betqd. The instructor is Tracy Volz, PhD, a senior lecturer in professional communications at Rice University in Houston, TX.

Communicating Risks and Benefits: An Evidence-Based User’s Guide, a book recently published by the FDA, is free online (http://digbig.com/5betqj). Introductory chapters consider the goals of risk communications, methods for evaluating them, standards for assessing their adequacy, and the language used. Some other interesting topics are how people interpret quantitative information and how emotions—and age—affect risk perceptions. Each chapter is self-contained, referenced, and annotated. (Tip of the nib: Philip Ross, Barb Woldin)

Informed consent—The FDA has issued draft guidance about how to use “exculpatory language” (which essentially means “waivers”) in informed consent forms. See http://digbig.com/5betqc.

Twitter: are you intrigued but still wary? In a short tutorial designed for academics (http://digbig.com/5betqk), neuro-psychologist Dorothy Bishop gives simple directions for starting as a “passive” user of the information sharing site. “Within the first few days, I’d been directed to two new papers in my field that were very relevant to my work and that I hadn’t known about.” For those who decide to stick around, she includes advice about sending messages, attracting followers, and avoiding spam.

The new iTunes Room for Healthcare collects the apps that Apple considers most valuable for clinicians, plus some for the public. Many are reference and educational apps of interest to medical communicators. The links, operable in the United States and Canada only, are itunes.com/healthcareprofessionalsiphoneapps (for iTunes) and itunes.com/healthcareprofessionalsipadapps (for iPad).

PubMed Mobile—PubMed has created a mobile-friendly interface, www.ncbi.nlm.nih.gov/m/pubmed. The site, still in its beta version, allows users to conduct basic searches and limit searches to free articles. You can’t yet impose additional limits or use other advanced search features.

JANE (Journal/Author Name Estimator) (www.biosemantics.org/jane) is, among other things, a publication planner’s free tool for selecting the target journal for a manuscript. Paste in the proposed title or abstract (there is an option to automatically scramble the words, for confidentiality), and JANE searches virtually all journals in MEDLINE. The list of results shows the “eigenfactor” (a type of impact factor) for each potentially relevant journal and indicates whether the journal is open access and/or archived in PubMed Central. Using the same method, or a keyword search, you can find relevant articles you might wish to cite, and you can identify the top experts on the subject (for example, if you work for a journal that needs to choose reviewers). After experimenting with JANE, I’d say that while careful follow-up research will be needed, pasting inside the search box is good for thinking outside the box about possible journals. (Tip of the nib: Tom Gegeny)

Commercial support for accredited continuing medical education (CME) is now by far the exception, not the rule, according to the Accreditation Council for CME. In 2010, only 20% of the 81,500 activities offered had commercial support, and those activities attracted only about 20% of all physician participants. Almost half of CME providers reported $100,000 or less in commercial support.

The Digital Health Coalition (www.digitalhealthcoalition.org) was launched in June as “a national public forum for the discussion of the current and future issues relevant to digital and electronic marketing of health care products and services,” including advertisers’ use of social media to interact with patients. The FDA held 2 days of talks on those issues in 2009, promising to release guidelines, but last March it said more studies are needed. Tired of waiting, heavy hitters in the industry—major pharmaceutical companies, advertising agencies, health information companies, even Google—decided to convene roundtables and Webinars and publish white papers. They invite input from a wide range of stakeholders.

Items in “Briefly Noted” appear earlier on selected AMWA listserves. To subscribe to a listserv, go to www.amwa.org and click on Membership>AMWA Listserves.
You remember Spelling.

Spelling was that onerous subject that started in third grade, when you had to memorize the spelling of 10 new words (e.g., so, six, stop) every week and then be subjected at the end of the week to a written test of your memory. Horrors! But if you think about it now, you are grateful because when you write words you learned, you do not have to stop for a second to worry about the correctness of your spelling.

Now, we are writers and don’t have to worry about spelling any more. Wrong. The writer who never has to go to a dictionary (that’s the big book with all the words in it) is probably in trouble. A variety of word problems exist and every once in a while, every one of us needs that little help. Take a look at this list as a sampling:

Barbiturate
Hemorrage
Ophthalmology
Abscess
Quadraceps
Innoculate
Diphtheria
Tendonitis

Now see if you can spot the ones with correct spelling. Here, I’ll help you.

Barbiturate. Correct. Many people (even doctors and nurses) misspell this. This spelling is right, it contains the second “r.”

Hemorrage. Incorrect. Some will double the “m,” which is wrong, and many will leave out the second “h.” So, it is hemorrhage.

Ophthalmology. Correct. Always remember the “h” after the “p.”

Abscess. Correct. At times, people forget the first “s.”

Quadraceps. Incorrect. The problem is the middle vowel. Some will spell it as it is here, but the correct spelling is quadriceps—an “i” instead of an “a.” We are often deceived by our pronunciation.

Innoculate. Incorrect. Because this word starts like familiar words such as “innocent” and “innovate,” it is often misspelled, as here. It takes just one “n”: inoculate.

Diphtheria. Correct. Frequently, the first “h” is omitted and incorrectly spelled “diptheria” because that’s the way many people pronounce it.

Tendonitis. Correct. Even though the most widely accepted spelling is tendinitis, both are acceptable, either “i” or “o.”

So, how did you do?

For the inspiration (and a few word samples) for this column, I am indebted to Anne Stillman, an experienced writer and editor. Her book *Grammatically Correct* is an old (1997) one (depending on your age, “old” is strictly relative). Most important, it covers areas not usually included in books on writing, and the author gives a multitude of examples, with explanations. Occasionally pedantic, it is an eminently readable book. I sat down and read it almost like a novel—and thoroughly enjoyed it. I think it was mainly because she did not present a series of dogmatic rules. She gives multiple examples (including nuances) of correct and incorrect (and some subtle) usages—many taken from the literature. Her approach is unusual and interesting. She divides her book into five major sections (in order): Spelling, Problem Words, Punctuation, Grammar, and Style—a different configuration. In Spelling, for example, she lists 13 types of misspellings (I didn’t know that there was even more than one, but she is totally logical.)

All of us own and read grammar books, anywhere from the extensive technical tomes to the friendly and more casual ones, the just-as-helpful freely written and interesting guides. While I have, in my writings, referred from time to time to the following volumes, I would call my readers’ attention not to every source I own, but to the most interesting references. These are all fun to read:

- *Words Fail Me: What Everyone Who Writes Should Know About Writing* – Patricia T. O’Conner
- *Woe is I: The Grammarphobe's Guide to Better English in Plain English* – Patricia T. O’Conner
- *Sleeping Dogs Don’t Lay (and that’s no lie): Practical Advice for the Grammatically Challenged* – Richard Lederer and Richard Davis
- *If You Can Talk, You Can Write: A Proven Program to Get You Writing & Keep You Writing* – Joel Saltzman

(If you notice, I also like “cute” titles, but all of them are also great reading.)

So, that’s our spelling lesson for today. Class dismissed. And, oh, yes, there will be another exam at the end of the week.

PS: I went to the dictionary seven times in preparing this column.
Editor's Note: For more than three decades, Edie has answered our usage questions with profound wisdom and a dash of wit—the arbiter of all things editorial. The time has come for Edie to retire, however. She was a contributor to AMWA that could never possibly be replaced. She remains, however, as cheerful and opinionated as ever, glaring at the errors in the closed-captioning of her television, and frequently and affectionately inquiring about AMWA and the friends she has come to know and love within the organization. As a tribute to Edie, this last column includes notes collected from just some of her admirers at the 2011 Annual Conference in Jacksonville. Other personal letters written at the conference were delivered to her utter delight (“Oh! Look at that! Oh! Look at that!”). If you would like to contribute to this joy, you can send a card or letter to Edie at the following address:

Edie Schwager (resident)
Wesley Enhanced Living at Stapeley
6300 Greene Street
Philadelphia, PA 19144

Just make sure your spelling is correct and your grammar is top-notch!

Dear Edie,
From the moment I met you at the Toronto conference, I’ve appreciated your insight into language, your wisdom as a medical writer setting the course for AMWA, and your balance of profession and family.
Many blessings,
Mary Kemper
Cincinnati, OH

Dear Edie,
I have enjoyed your columns. Thank you so much for all your hard work over the years.
Best Wishes,
Claire Standen
Sutton, MA

Dear Edie,
One of the joys of attending the annual conference over the past 20+ years has been knowing that I would get to see you “holding court” in the hospitality suite. You are missed. You are loved.
Hugs,
Donna Miceli
Ft. Myers, FL

Dear Edie,
I feel so fortunate to have gotten to take your class (years ago) and to have met you in person. “Schwager—rhymes with ‘jogger.’” Thank you for sharing your knowledge and your wit with us for so many years.
Fondly,
June Baldwin
Rockville, MD

Dearest Edie,
I remember the year we met at Asilomar. That was the beginning of decades of lunches at the annual conference and a treasured friendship.
With much love,
Barbara Snyder (and Yvon)
Mason, OH

Dear Edie,
Remember the days when you were a senior member of AMWA and I was a newbie? Now I’m one of the oldsters. Hard to believe how fast time goes. I have loved reading your column all these years and seeing you at all the conferences. I think of you often. Be good.
Barbara Good
Pittsburgh, PA

Dear Edie,
You were an inspiration and valuable resource to me both professionally and personally during my years in DVC and later at AMWA national.
Love,
Elizabeth Smith
Lyndhurst, VA

Dear Edie,
I’ve always enjoyed you, your demeanor, your sense of humor, and your knowledge. Thank you so much for your wisdom over the years. Also, you always seemed to recognize me (even though you probably didn’t) because my name is Karen. Probably the best “service” you ever rendered to me, though, was to call the dents in my face (that I was always self-conscious about) dimples!
Best wishes to you always,
Karen Phillips
Houston, TX

Dear Edie,
You always remembered me even though we had just exchanged a few words after your fabulous workshop. I love your column in the AMWA Journal. Thank you for sharing your warmth and wisdom over the years.
Best wishes,
Meher Dustoor
Carlsbad, CA
Dear Edie,
Thank you so much for being you; for carrying the torch for precise English usage for so many years; for your unique, wonderful sense of humor; and for your wonderful memory of those of us who passed through your classes over the years.
Warm wishes,
Eleanor Mayfield
Pittsburgh, PA

Dear Edie,
Thank you for your constant, loving presence in my life.
Love,
Kelly Flaherty
Philadelphia, PA

Dear Edie,
We all miss you so much. I always looked forward to our discussions in the hospitality rooms—we benefitted so much from your courses, entertaining anecdotes, and humor. I will be thinking of you, sending you all my best vibes for improving health and enjoyment of each day.
Love,
Catherine Elverston
Kitty Hawk, NC

Dear Edie,
When I first came onboard at the Journal, I was afraid of doing something wrong in your eyes. But our quarterly phone conversations about your column soon became something I looked forward to. Our talks always wandered beyond your column, and I enjoyed listening to your stories, always filled with such an enthusiasm not only for words but for life itself. I learned so much from you over the years—first in your workshop, then informally at each conference, and then through my work on the Journal. I cannot tell you how much it meant to me to have your support always. I miss you.
Love,
Lori Alexander
Orange Park, FL

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**Calendar of Meetings**

**JANUARY**
Alliance for Continuing Medical Education
January 21-24, 2012
Orlando, FL
E-mail: acme@acme-assn.org
Web site: www.acme-assn.org

**FEBRUARY**
American Academy for the Advancement of Science
February 16-20, 2012
Vancouver, Canada
E-mail: aaasmeeting@aaas.org
Web site: www.aaas.org

**MARCH**
DIA Medical Communications Workshop
March 5-7, 2012
Orlando, FL
Web site: www.diahome.org

American Pharmacists Association
March 9-12, 2012
New Orleans, LA
E-mail: sberkowitz@aphanet.org (Stacy Berkowitz)
Web site: www.aphanet.org

**APRIL**
American Society for Indexing
April 19-21, 2012
San Diego, CA
E-mail: info@asindexing.org
Web site: www.asindexing.org

**MAY**
International Association of Scientific, Technical & Medical Publishers
May 1-3, 2012
Washington, DC
Web site: www.stm-assoc.org

Health Academy, Public Relations Society of America
May 16-18, 2012
Philadelphia, PA
E-mail: don.bill@prsa.org (Don Bill)
Web site: www.healthacademy.prsa.org

Society for Technical Communication
May 20-23, 2012
Chicago, IL
E-mail: stc@stc.org
Web site: www.stc.org

Council of Science Editors
May 18-21, 2012
Seattle, WA
E-mail: cse@councilscienceeditors.org
Web site: www.councilscienceeditors.org

Society for Scholarly Publishing
May 30-June 1, 2012
Arlington, VA
Web site: www.sspnet.org

**JUNE**
European Association of Science Editors
June 8-10, 2012
Tallinn, Estonia
Web site: www.ease.org.uk

Health and Science Communications Association
June 20-23, 2012
Providence, RI
Web site: www.hesca.org

Drug Information Association
June 24-28, 2012
Philadelphia, PA
Web site: www.diahome.org

**OCTOBER**
Public Relations Society of America
October 13-16, 2012
San Francisco, CA
Phone: (212) 995-2230
Web site: www.prsa.org

American College of Clinical Pharmacy
October 21-24, 2012
Hollywood, FL
E-mail: accp@accp.com
Web site: www.accp.com
Editors of the New Oxford American Dictionary named “podcast”—“a digital recording of a radio broadcast or similar program, made available on the Internet for downloading to a personal audio player”—as the word of the year in 2005. Anyone with access to the Internet can easily transfer a podcast to an inexpensive portable audio player the size of a coin. Why should AMWA’s chapter leaders care?

To find out, Indiana chapter leaders podcasted three interactive programs during 2011 (available at http://hoosieramwa.org/resources.php). We learned that chapter members unable to attend the programs enjoyed listening to the podcasts. Attendees as well liked the availability of a podcast, as it allowed them the freedom of participating fully in the presentation without having to worry about taking notes. Presenters also benefitted; they appreciated having the bigger audience a podcast provides. The international firm of one presenter put the podcast of his presentation on its Web site to market both him and AMWA to its clients. One podcast, “Trademarks, Copyrights, and Contracts,” became an AMWA Pocket Training.

Table 1. Benefits of Podcasting

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<th>Benefit</th>
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<td>Build and socialize the AMWA community</td>
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<td>Build trust and interest in AMWA and its members</td>
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<td>Gain a loyal audience that has not yet joined AMWA</td>
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<td>Build a network of professional relationships</td>
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<td>Archive chapter programs</td>
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<td>Bring human perspective to medical writing</td>
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Benefits of Podcasts

There are many benefits to creating podcasts of chapter programs (Table 1). Podcasting can help chapter leaders build and socialize the AMWA community. By making life easier for medical writers and for those who work with or hire them, podcasts can attract new members, help form and strengthen relationships among medical writers and their colleagues, and persuade employers that AMWA sets the standard for excellence in medical communication. By personalizing medical writing, podcasts can make a medical writing career attractive to students and others.

Chapter programs build trust and interest in AMWA and its members by providing the audience with useful expertise in, and information about, medical writing. But time and place limit who can present or attend these programs. Podcasting removes those limits and adds value to the programs by distributing them efficiently. With one mouse click, someone in Maine can move a program held in Vermont or California to a portable audio player and listen to it at will.

(How energy efficient is that!) Likewise, a busy expert in Florida can record a presentation for the Northwest chapter whenever circumstances permit. This flexibility lets leaders build chapter loyalty by providing members with programs that truly reflect their personal interests.

Efficient distribution can also help leaders gain a loyal audience that has not yet joined AMWA. Podcasts act as appetizers to stimulate a listener’s interest in AMWA and its members. Persuade someone only once that chapter podcasts are useful and one mouse click will start a subscription that automatically delivers each podcast to that person as soon as it becomes available. Leaders can sustain that loyalty by building a library of podcasts that could be centrally distributed through the AMWA Web site. Free worldwide advertising and public relations that a popular podcast series provides might make a variety of professionals eager to present chapter programs. If each of 19 chapters created only three podcasts per year, the library would soon become large and its variety and depth would show listeners that AMWA and its members are worth knowing. Leaders can encourage listeners to join AMWA by mentioning in the podcasts chapter contact information and perks of AMWA membership (such as scholarships, discounts, and subscription to the AMWA Journal).

Podcasting can help leaders build a network of professional relationships for their chapters. Ask professors and career counselors for advice on what to include in a podcast for students about careers in medical writing. The conversational human voice of podcasts conveys personality, emotion, and nuance that show students they might enjoy those careers. Direct potential clients to a presenter by mentioning that person’s background and contact information in the podcast. Increase the visibility of a chapter Web site by inviting a presenter’s company to link its Web site to the chapter podcast. Help the public get to know a chapter by mentioning its podcasts in press releases.

Podcasting is easy and inexpensive. Hardware you might not already own—a microphone and digital audio recorder—costs less than $100. The software for creating, editing, and distributing podcasts is intuitive to use and free. Easy-to-follow stepwise instructions for creating a podcast are now available as a Pocket Training on the AMWA Web site (www.amwa.org). So why not give podcasting a try?

Author disclosure: The author reports no commercial relationships that present a conflict of interest with this article.

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Reference

Medical professionals constantly face the challenge of communicating complex ideas in nonthreatening and understandable ways. For this “green” issue of the AMWA Journal, it is apropos to review a book with “evergreen” advice. In Communication Skills for Medical Professionals, author Mark Jerome Walters, DVM, provides “a concise guide to simple, clear and effective communication.”

Communication plays a vital role in the healing process. Walters shows that communication between practitioners and patients directly influences “satisfaction, trust, rapport, comprehension, compliance, adherence, and long-term health effects.” Good communication skills also seem to stave off lawsuits. Walters notes that “Sued doctors had shorter visits, interacted less with their patients to ensure understanding and ask patient’s opinions, showed less interest in what patients had to say, engaged in less humor and laughter with patients, and were less likely to tell patients what to expect from a visit.”

The chapter on rapport discusses ways to create connections with patients. Suggestions include sharing “talking rights,” avoiding verbal interruptions, using less complicated words (of Germanic rather than Latin origin), avoiding the air of superiority, and respecting patients’ emotions. Using jargon may shed light on subjects between colleagues and at conferences, but it can leave patients in the dark about health issues. For example, Walters advises that instead of “multiple fractures, lacerations and contusions,” the doctor should say, “broken bones, cuts and bruises.” He also provides a formidable chart of Greek and Latin roots and prefixes and their meanings to help doctors take the mystery out of medical terms by explaining the terms’ derivations.

In “The Art of the Explanation,” the author explains how to break medical terminology down into stages for better comprehension, and in “All About Risks,” he shows how to give the patient a clearer perspective by spotlighting both the risks and benefits of medical procedures. The chapter “Virtues of Silence” demonstrates how pauses and listening can have as large an impact as words.

This guide is a quick read and provides useful examples and insights. Besides physicians, it will also benefit medical writers whose work is targeted toward consumer audiences. The tips are derived from the author’s personal experience, viewing of thousands of hours of videos of medical professionals, and scholarly literature. Walters teaches a valuable lesson for medical professionals—“People don’t judge you just by what you know. They judge you by words that show you care.”

—Mali Schantz-Feld, MA

Mali is a freelance medical writer in Seminole, FL.

**Go green**

**Green Web Sites**

For tips on how to reduce your paper use, visit Cutting Paper at http://eetd.lbl.gov/paper.

For tools on how to measure, manage, and reduce printing, visit GreenPrint at www.printgreener.com.

For information on green magazines, visit Green America’s Better Paper Project at www.betterpaper.org.

**Award-Winning Books**

Eight books were recognized in the 2011 AMWA Medical Book Awards competition. Visit the Annual Awards section of the Journal online to read a list of the winners, as well as reviews of the first-place winner in each category.
I’ve written numerous articles for the Journal about using social media to promote ourselves and our businesses. I’m an advocate for making online connections and developing relationships with these connections. In addition, using social networks to interact with colleagues and potential employers and clients makes sense as a “green strategy” to reduce vehicle use and decrease fuel consumption.

But don’t just take my word for it. This month I’d like to share social media success stories from two colleagues that depict the power of social networking and the value one can derive from being part of the online conversation.

The first success story comes from Meredith Rogers, a medical/veterinary writer and owner of MedEdge Plus Communications, with a LinkedIn profile at http://www.linkedin.com/pub/meredith-l-rogers/4/7b6/14:

I had been laid off from my long-term permanent position. I reached out to everyone I knew via email but there was one long-term contact I hadn’t spoken to in about 2 years. We had worked together and been friends outside of work but then we lost touch. I knew she had started her own freelance company, but I was apprehensive about reaching out to her because of all the time that had passed. I didn’t have her email [address] but I was her “friend” on Facebook. Reading that networking with everyone you know is the best way to find a new position, I took a chance and sent her a message via Facebook. As chance would have it, she was online and immediately wrote me back. Not only did she have work for me, but we have rekindled our friendship. Only later did she tell me she is hardly ever on Facebook and out because of her ongoing engagement in the online conversation about technical writing and editing; [and] I share links to publishing-industry and biomedical news. Throughout May and June 2009, I tweeted a series of marketing tips for freelancers, now archived at http://editor-mom.blogspot.com/2009/07/marketing-tips-for-freelancers.html. That series attracted a lot of attention both from other freelancers and from publishers, not just because the tweets were helpful but also because they illustrated how I treat my clients.

Mark Long, publisher, Texas State Technical College Publishing (http://publishing.tstc.edu), saw that series. This is how he describes how we connected on Twitter:

In 2009, we were in a real jam, as we were between editors but had several high-profile projects that had to be completed on schedule. Waco, Texas, is not exactly a book publishing (or book editing) mecca, so we knew that none of the local freelancers we had used before were available. In something of a panic, I decided to take a chance on contacting several freelance editors we followed on Twitter. Katharina O’Moore-Klopf stood out because of her ongoing engagement in the online conversation about technical writing and editing; [and] her Copyeditors’ Knowledge Base (http://www.kokedit.com/library.shtml), devoted to helping freelance editors at all levels.

As these stories illustrate, social media success is often a combination of luck and being in the right place at the right time. That’s really no different from anything else that we do to promote ourselves and our skills, whether online or off. Social media engagement enables us to easily and “greenly” connect with people whom we might otherwise never meet and allows them to learn more about what we bring to the table in terms of skills and experience.

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AMWA's LinkedIn group continues as a vibrant forum for medical writers to seek advice or share knowledge. The LinkedIn experience allows our multifaceted members to explore even beyond our genre. In keeping with this issue's "green" focus, a search of the term "green business" resulted in 790 LinkedIn groups, and just the word "green" produced a formidable 5,852 groups, all of which are interested in environmentally-conscious businesses, energy choices, or just a more sustainable planet. For those who want to add some color to their LinkedIn connections, the following are some examples of LinkedIn's green-focused groups:

**Green** aspires to share ideas on environment, climate change, renewable energy, clean tech, sustainability, corporate social responsibility (CSR), and green issues.

**Green Jobs & Career Network** is a resource for those who work in jobs pertaining to social or environmental responsibility such as climate change, cleantech, CSR, green business, renewable energy, sustainability, and for those who are seeking employment or information on careers in these areas.

**The-Green-Group.com** is a portal for green professionals involved with companies and/or organizations that promote recycling, healthy living, renewable energy, energy conservation, industrial hemp, organic products, and other green initiatives.

**Green Professionals** is open to all members of LinkedIn who are interested or working in careers that have a positive effect on the environment, climate change, and growing the green professional network.

**GreenBiz.com—Green Business Professionals** is for green and sustainability professionals interested in aligning environmental responsibility with business success. The group includes discussions, news, and resources on the environment, clean tech, renewable energy, CSR, and green issues.

**THiNK GREEN** shows support for the environment and a sustainable future leading to informed decisions that can effect change.

**LOHAS (Lifestyles of Health and Sustainability)** is concerned about human rights, fair trade, organic foods, environment, health, sustainability, alternative energy, green buildings, sustainable investments, and spiritual and personal development.

**Green Bloggers That Aren't Fluffy** is a small group of people (three members) who write green blogs or run green sites that provide new and useful content. The group's goal is to coordinate content and ideas so that their posts and other efforts complement each other.

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Twitter is great for keeping up with industry news—in both the medical industry and the medical-communication industry—and getting diverse points of view. The following are some Twitter tweeps whose tweets will help you do just that. Who are Twitter tweeps? They're your peeps on Twitter—the people and organizations you follow and interact with.

- **@BioMedCentral:** BioMed Central, publisher of 220 open-access, peer-reviewed journals ([www.biomedcentral.com](http://www.biomedcentral.com)).
- **@cebmblog:** Carl Heneghan, director of the Centre for Evidence-Based Medicine ([www.cebm.net](http://www.cebm.net)), in Oxford, UK, which aims to "develop, teach and promote evidence-based health care and provide support and resources to doctors and health care profession-
als to help maintain the highest standards of medicine.” Heneghan blogs at Trust the Evidence ([http://blogs.trustthevidence.net/carl-heneghan](http://blogs.trustthevidence.net/carl-heneghan)).
- **@cochrancollab:** the Cochrane Collaboration, whose motto is “Working together to provide the best evidence for health care” ([www.cochrane.org](http://www.cochrane.org)).
- **@david_colquhoun:** David Colquhoun, a professor of pharmacology at University College London and blogger ([www.dscscience.net](http://www.dscscience.net)) who describes himself this way: "Likes stochastic processes, dislikes managerialism and quacks."
- **@LanguageLog:** the Twitter presence of Language Log, a group blog on language and linguistics ([http://languageblog.ldc.upenn.edu/nll](http://languageblog.ldc.upenn.edu/nll)).
- **@NIHforHealth:** the National Institutes of Health
(www.nih.gov), the US medical research agency.
- @NSF: the National Science Foundation (www.nsf.gov), the US agency whose mission is in part “to promote the progress of science [and] to advance the national health, prosperity, and welfare.”
- @Richard56: Richard Smith, former editor of the BMJ who blogs at the BMJ Group Blogs (http://blogs.bmj.com/bmj/category/richard-smith) and says that he “makes words, soup, marmalade and trouble.”
- @science: science news of all sorts from the Science News Blog (www.sciencenewsblog.com).
- @TheIHI: the Institute for Healthcare Improvement (www.ihi.org), which describes itself as an independent, not-for-profit organization that “focuses on motivating and building the will for change; identifying and testing new models of care in partnership with both patients and health care professionals; and ensuring the broadest possible adoption of best practices and effective innovations.”
- @TomReller: head of corporate relations and spokesperson for Elsevier (www.elsevier.com) who tweets his “insights and observations on publishing, health, and media.”

Katharine tweets under @KOKEdit for her editing business, www.kokedit.com; under @BELS_editors for the Board of Editors in the Life Sciences, www.bels.org; and under @CScienceEditors for the Council of Science Editors, www.councilscienceeditors.org.

Have questions about Twitter? Contact me on Twitter, @KOKEdit, or by e-mail, editor@kokedit.com. If you’ll write to me about your favorite Twitter tweeps, I may share information about them in a future column.

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**Blog Log**

**By Debra Gordon, MS, Independent Medical Writer, Williamsburg, VA**

**Green Blogging**

As you might have guessed from the contents of this issue of the AMWA Journal, the focus is “green.” To that end, I’ve done my part by highlighting the following bloggers who focus on “green” issues; not always medically related, but green nonetheless.

**Best overview.** For a great compilation of green blogs, head over to www.bestgreenblogs.com. The beauty of this site is that it aggregates blogs from around the world, so it doesn’t have that US-centric feel. I found nearly all of the blogs listed here by following links on this site.

**Green Fertility: http://greenfertility.blogspot.com**

Given that my husband spends his days either getting women pregnant or preventing them from getting pregnant (the focuses on infertility and contraception for a large pharma company), I just had to click through to this one. The blog, its author writes, “is about saying NO to the pharma-medico-industrial-baby complex and discovering the possibilities afforded by focusing on wellness of self and earth.” Ah well, so much for hubby’s job.

The site won the Richard Margolis Award for Social Justice Reporting. Recent posts include links to press releases from the American Thoracic Society meeting in May on the genetic changes smoking may trigger during pregnancy that, in turn, increase the child’s risk of asthma; a gluten-free chocolate pumpkin muffin recipe; and how high fructose corn syrup can affect fertility. I’m not sure about the scientific validity of this site, but it might be worth visiting when writer’s block hits.

**My GreenDoctor.org: http://www.flmedical.org/my-green-doctor.aspx**

This Web site comes from the Florida Medical Association. Its goal is to “show you how any doctor (sic) office can use wise environmental practices to make your office healthier and save you money.” Includes success stories from offices that have registered at the site.

Finally, I typed the words “Green Medicine” into Google just to see what popped up. Little did I know that it’s an official “movement.” Depending on what article you read, it’s either integrative medicine, “natural” medicine (think lots of herbs), or, as an article by holistic medicine practitioner Larry Malerba, DO, in Huffington Post explained: “Green medicine seeks to stretch the boundary beyond its environmental connotation to include that which is beyond physical medicine. Thus, the physical, mental, emotional, environmental, energetic, psychic and spiritual aspects of human experience become equally important when it comes to health and healing.”

A couple of sites to learn more include:

**Green Medicine: http://www.nps.gov/plants/medicinal/index.htm**

This is part of the National Park Service! The site is maintained by the Medicinal Plant Working Group, whose role is to “forge partnerships with industry, government, academia, tribes and environmental organizations to facilitate sustainable use and conservation of medicinal plants.”

**Green Medicine Science and Nature: www.greenmedicine.net**

The goal of this site is to “investigate and support research efforts on medicinal substances and medicinal foods from Peru. Includes such topics as evolutionary biology in tropical rain forests; healing methods and medicines of traditional tribal peoples; and basic research in the therapeutic value of natural compounds from plants and other biological substances.”

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I stand before you today as proud and as humble as I’ve ever been. Those of you who have heard me speak before know that I have long considered AMWA to be my professional family. Within this organization, I’ve found mentors and colleagues and have developed friendships that have already spanned decades and promise to continue the rest of my life.

Over the years, I’ve watched AMWA grow, our membership double, and our conferences attract terrific speakers and ever-more registrants. We’ve developed new workshops, added opportunities for our members to network, completely overhauled our certificate program, and introduced new ways for people to access our exceptional education program.

We are about to enter the next exciting phase as we explore the first-ever formal certification for medical writers. You will hear much more in the coming months from the Certification Commission. My 1st goal for this year is to work with the Commission, the Executive Committee (EC), the Board of Directors, and AMWA staff at headquarters to advance this initiative.

At this conference, AMWA welcomes only the third Executive Director in our history. After the Search Committee reviewed applications from more than 120 candidates, we were delighted when Susan Krug agreed to join us. Susan has nearly 10 years of experience as an Associate Executive Director or Executive Director, so is no stranger to the rigors of the office, but we all know that moving into a new job is always challenging. My 2nd goal is to support Susan and the staff not only to make the transition as seamless as possible but also to take full advantage of the new ideas and experience that Susan brings to this position.

While we’re talking about new people in important positions, you may know that, after 10 years as the Editor of the AMWA Journal, Lori Alexander will be stepping down at the end of 2012. So, my 3rd goal for this year is to find a new editor to take the helm of our flagship publication. I’m grateful to Donna Miceli, former Administrator of Publications, for agreeing to head the search committee.

AMWA has given me opportunities to learn from the best. I still remember the very first workshop I took: it was 1981, the annual conference in Toronto, and Guy Whitehead taught me more about tables and graphs than I thought possible. I went on to take a lot more workshops and attend open sessions, networking breakfasts, and awards luncheons much like the ones here this week. Over the years, my appreciation has grown for the efforts of all the volunteers but especially the workshop leaders who give so freely of their time and talents.

Education is the heart of AMWA’s mission and these volunteers are its soul. It’s hard to express the extent of the debt we owe these individuals. That’s why my 4th goal for this year is to explore new ways to recruit and better support and reward those volunteers—I hope with something more tangible than our undying gratitude.

My last goal for 2011-12 is to work with the EC, the Board of Directors and AMWA headquarters to support our chapter volunteers. AMWAs chapters face many common challenges, not the least of which is identifying and recruiting chapter leaders. I’m happy to announce that we’ve taken the first step toward this goal by scheduling a half-day leadership development session at the Board of Directors meeting next spring.

I’d like to close by extending my thanks to all of you, for your continued commitment to AMWA and for your confidence in me. This coming year promises to be full of challenges, opportunities, accomplishments, and probably more than a few surprises. I am grateful to have the chance to serve you as your president and will do my utmost to truly earn that trust.

I’m pleased to introduce your 2011-2012 EC.

2011-2012 Executive Committee

President-elect: Douglas Haneline, PhD, a teacher of literature and writing for more than 30 years, has been at Ferris State University in Michigan since 1984. He teaches research writing, advanced composition, medical writing, science fiction, American and British Literature, and Introductory Latin. Doug is a doctoral graduate of Ohio State University.
with prior degrees from Middlebury College and the University of Delaware. Doug has been an AMWA member since 1986 and Fellow since 1992. His previous AMWA service includes national Secretary; Administrator of Awards, Education, and the Annual Conference; chair and member of numerous committees and task forces; and President of the Michigan Chapter. Outside of AMWA, Doug served on the Michigan Humanities Council, the state affiliate of the National Endowment for the Humanities. He is an AQIP and PEAQ Peer Reviewer for the Higher Learning Commission.

Secretary: Karen Klein, MA, ELS, an AMWA member since 1989 and Fellow since 2006, is the Associate Director, Grant & Manuscript Development at Wake Forest University Health Sciences in Winston-Salem, NC. Karen has previously served on the EC as Administrator of Special Projects/Communications, Annual Conference Workshops, Publications, Annual Conference, and Public Relations. She has led workshops, roundtables, open sessions, and Coffee Klatches at AMWA annual conferences. She has served as chair and member of numerous committees and task forces and has been published in the AMWA Journal. She earned the Editor in Life Sciences designation from BELS in 1991 and designation of Certified Grant Professional in 2008.

Treasurer: Judi M. Pepin, PhD, is starting her 5th term as AMWA Treasurer! She holds a PhD and an MS in pharmacology and toxicology from the University of Connecticut School of Pharmacy, Storrs, CT, and a BA in biochemistry from Smith College in Northampton, MA. She completed her postdoctoral training in the department of vascular cell biology and atherosclerosis at Cleveland Clinic. A member since 1997 and Fellow since 2010, Judi’s previous experience made her the ideal candidate for treasurer: she was a member of the Budget & Finance Committee for 4 years and was treasurer of the Ohio Valley Chapter for 6 years and served as the Chapter Delegate to the Board of Directors. She has also been the Administrator of Development. Judi is currently a medical writer at Procter & Gamble Pharmaceuticals in Mason, OH, where she has been employed since 1990. Judi is an avid quilter and enjoys bringing joy to residents of hospitals and nursing homes with her pet therapy pug, Bella.

Immediate Past President: Melanie Ross, MSJ, ELS, has a master’s in journalism from Northwestern University’s Medill School of Journalism. She currently is the Chief Communications Officer at UF&Shands, the University of Florida Academic Health Center, where she oversees the integrated strategic marketing communications, public relations, and public affairs efforts for UF&Shands across 2 academic health center campuses, 6 health-related colleges, various UF research centers and institutes, Shands at UF, Shands Jacksonville, and UF faculty practices. Melanie is on the adjunct faculty at UF’s College of Journalism and Communications, where she teaches news reporting. She is also the executive producer of the award-winning

The 2011-2012 Executive Committee. Back row (from left): Sharon Nancekivell, Doug Haneline, Tami Ball, Jennifer Grodberg, Barbara Snyder, Anne Marie Weber-Main, Kristina Wasson-Blader, and Kathy Spiegel. Front row (from left): Karen Klein; Susan Krug, AMWA Executive Director; Melanie Fridl Ross; Brian Bass; and Stephen Palmer. See text for more information on these leaders and their AMWA positions.
national radio program "Health in a Heartbeat," which airs on public radio affiliates in 18 states and Washington, DC. Melanie been an AMWA member since 1996 and was made an AMWA Fellow in 2008. A former president of the Florida Chapter, Melanie has served on the national level as President; President-elect; and Administrator of Public Relations, Publications, Annual Conference, and Chapters & Membership. She chaired the History Task Force and served on the Science Curriculum task force. She has taught workshops at the annual conference for 7 years, led roundtables, and been a Conference Coach. She has authored nine articles published in the AMWA Journal. Melanie enjoys spending time with her husband, son, and two daughters; helping with her daughters’ performing ballet company; and playing the piano.

Administrator of Special Projects: Tami Ball, MD, is a graduate of the University of Michigan (Go Blue!) and of the Johns Hopkins University School of Medicine. A perpetual student of fiction, she discovered medical writing after a 13-year career as an emergency department physician. She has enjoyed writing publications for i3 Data Services for nearly 5 years, where she is currently a Principal Medical Writer. Tami has been an AMWA member since 2004. Currently a member of the Carolinas Chapter, Tami previously served several roles on the Michigan Chapter, including President and Chapter Delegate. On the national level, she has served as the Administrator of Awards and Chapters & Membership and has chaired and served on several committees and task forces. For the annual conference, Tami has led workshops, roundtables, and Coffee Klatches, been a Conference Coach, chaired the Medical Book Awards (physician) committee, and been an open session speaker and moderator. Tami has also authored four articles published in the AMWA Journal. In her spare time, Tami is most commonly found trying to create the things she sees in her head, singing with a community chorus in languages she doesn’t know (Swahili, Georgian, Chechin), and throwing objects for her border collie, Luca.

Administrator of the Annual Conference: Brian Bass is an award-winning medical writer with more than 30 years of professional writing experience. He has specialized in medical communications for 26 years and has been a full-time freelance medical writer for 22 years. Brian’s company, Bass Advertising & Marketing, Inc., is a medical communications content development company providing medical writing and editing services to medical communications and education companies and medical advertising agencies. The company will soon be changing its name to Bass Global, Inc. Medical Writing Solutions to better reflect the breadth and depth of the company’s services within the evolving global medical communications environment. A member of AMWA since 1994 and a Fellow since 2001, Brian is a past President of the Delaware Valley Chapter and has served as the Chair of the Princeton Conference for the past 15 years. Brian has previously served on the EC as the Administrator of Special Projects, has been a workshop leader, and has chaired and been a member of numerous committees. Coauthor of The Accidental Medical Writer, Brian spends much of his free time giving presentations and writing books, a monthly newsletter, and other resources for people who want to launch and build their own successful freelance businesses. He loves to read, attend any type of live music concert, and occasionally sleep.

Annual Conference Workshop Coordinator: Jennifer Grodberg, PhD, RAC (US), has nearly 18 years of experience in the pharmaceutical industry. Currently, she serves as Senior Director of Regulatory Affairs at Trius Therapeutics, a small pharmaceutical company developing antibacterial drugs for the treatment of infections caused by drug-resistant bacteria. Before joining Trius, she worked at TargeGen Inc., in the Department of Regulatory Affairs and Drug Development. Prior to that, she spent 10 years in anti-infectives drug discovery and technology/assay development, coordinating research programs from the identification of early drug leads through advancement to the Investigational New Drug (IND) enabling phase. Before entering the pharmaceutical industry, Jenny held a faculty appointment at Harvard Medical School in the department of medicine. Jenny has a PhD in Microbiology and completed post-doctoral work at both the Weizmann Institute of Science in Rehovot, Israel, and Harvard Medical School. Jenny received Regulatory Affairs Certification in 2007. An AMWA member since 1996, Jenny is a Past President of the Pacific Southwest Chapter. She joined the EC last year as the Annual Conference Workshop Coordinator, the role she continues this year. Jenny’s current activities outside of AMWA and her job are strength training, hiking, far too many happy hours, and cajoling her aquatic frog to eat more. Not to be outdone by Steve Palmer’s knife-throwing (see bio on the next page), Jenny’s kendo (Japanese martial art of sword-fighting) sensei referred to her as the Dragon Lady!

Administrator of Education: Sharon Nancekivell, MA, is currently a freelance medical editor, writer, educator, and plain language consultant. She is the former director of Editorial Services at The Hospital for Sick Children in Toronto and assistant professor (retired), Biomedical Communications, Faculty of Medicine at the University of Toronto. Sharon has a BA and MA in English language and literature from the University of Guelph, and a BEd in English and Mathematics from the University of Toronto. Sharon has more than 20 years of experience editing medical and scientific manuscripts for publication, and translating health information materials into plain language. For more than 30 years, she has designed and taught courses in
writing skills to high school, undergraduate, and graduate students; and workshops and seminars in medical writing, patient education, and plain language to health care professionals, researchers, and professional medical editors and writers throughout Canada and the United States. A member of the Canadian Chapter since 1995, Sharon joined the EC last year as the Administrator of Education. Sharon is a Golden Apple Award winner who has led workshops at the annual conference for 15 years and roundtables for 7 years. In her spare time, Sharon volunteers at her local literacy center where she has been helping write the memoirs of her learner (the woman she tutors).

**Administrator of Awards: Stephen (Steve) Palmer, PhD, ELS** is an author’s editor in the Section of Scientific Publications at the Texas Heart Institute in Houston, TX. After earning his doctorate in Social and Health Psychology at SUNY Stony Brook in 1999, Steve moved to Houston to conduct pain research as a postdoctoral fellow at the MD Anderson Cancer Center. He joined AMWA in 2002 and became a full-time medical writer at the Texas Heart Institute in 2003. Steve has served the Southwest Chapter in several capacities, including President and Chapter Delegate. On the EC, Steve has been Administrator of Chapters, Chapters & Membership, and Annual Conference and served on the Membership and Constitution & Bylaws committees. He has been a judge for the Medical Book Awards and coordinator for poster presentations at the annual conference. He has also authored three articles published in the *AMWA Journal*. In his spare time, Steve embraces new hobbies, which currently include cycling, tai chi, knife throwing, and cheese making.

**Administrator of Chapters & Membership: Katharyn (Kathy) Spiegel, PhD** is the President of Spiegel Consulting, Inc, a medical writing and clinical trial consulting agency. Before forming Spiegel Consulting, Kathy spent 18 years at Parke-Davis/Pfizer, first performing basic science research into the causes of Alzheimer’s disease, then medical writing, and finally as the clinical lead for a global epilepsy program. Kathy has a BS in Chemistry from Duke University (Go Blue Devils!) and a PhD in pharmacology from Cornell University Medical College in Manhattan and completed a postdoctoral fellowship and instructorship at Albert Einstein College of Medicine in the Bronx. Kathy has been an AMWA member since 2006 and joins the EC for this first time this year, after serving as President and Chapter Delegate for the Michigan Chapter. Kathy is an avid, albeit amateur, equestrian and spends much of her free time riding her appendix quarter-horse gelding, Chip.

**Administrator of Web & Internet Technology: Kristina (Tina) Wasson-Blader, PhD, ELS, CMP** also joins the EC this year. Tina has more than 10 years of experience in writing and editing for science and medicine. In 2003, she moved to Oklahoma and started KWB Health Communications, Inc., a full-service writing and editing company that specializes in scientific and medical communications. Before that, she worked as a technical writer in a medical device company and as a marketing writer in a biotechnology company. Kristina has a PhD in Biology and completed an NIH-supported postdoctoral fellowship at Stanford University. She completed the AMWA Core Curriculum Certificate in 2007 and the Advanced Certificate in 2011. An AMWA member since 2002, Tina is a Past President of the Southwest Chapter. On the national level, Tina has been on the Publications Committee, has been a coordinator and editor for the AMWA Annual Conference open sessions reports for 5 years, and has been the section editor for the professional development section of the *AMWA Journal* for 4 years. When not chauffeuring her children to their activities, Tina enjoys reading, creating homemade cards, scrapbooking, and baking cakes.

**Administrator of Publications: Anne-Marie Weber-Main, PhD**, is Assistant Professor of Medicine and Research Medical Editor at the University of Minnesota-Twin Cities. For the past 8 years, her primary role has been to increase the scholarly productivity of faculty members in the health sciences via individual/group mentoring, faculty development activities, and teaching, all focused on scientific writing and other research career competencies. She has closely mentored more than 90 fellows and faculty members engaged in producing over 300 written research products (grant proposals, articles). Anne Marie herself has co-written numerous proposals to fund research training programs and infrastructure for clinical research. She is also an author of several peer-reviewed journal articles and two scholarly books. In addition to her PhD in Analytical Chemistry, she completed a Mass Media Science and Engineering Fellowship from the American Association for the Advancement of Science, during which she produced science feature stories for CNN. Anne-Marie joined AMWA in 1998 and has served the North Central Chapter as President, Program Chair (7 years), and Chapter Delegate. She has been on several committees on the national level, has served in several capacities for the annual conference, and has been a manuscript reviewer for the *AMWA Journal* for 7 years. A Jersey Girl at heart, Anne Marie enjoys vacationing anywhere warmer than Minnesota (preferably near an ocean). Her greatest love is her family, which includes a gregarious 15-year-old daughter and an uber talented high-school-teaching husband.
Out of more than 5,400 AMWA members, there are only 58 licensed veterinarians. Susan Aiello is one of that select group.

Soon after she began practicing veterinary medicine, Aiello found it almost impossible to tell clients all they needed to know during an office or emergency home visit. Instead, she wrote handouts on basic issues like puppy nutrition and vaccinations. Finding that she enjoyed writing, she relocated from Pennsylvania to her native Michigan to complete coursework in journalism at Oakland University in Rochester.

While keeping her “day job,” Aiello submitted health articles to pet magazines such as Dog Fancy. She also scanned popular veterinary journals and submitted applications for writing jobs. Her efforts paid off when Modern Veterinary Practice, based in Goleta, California, hired her for the part-time position of associate editor. Although the editor, Dr. Paul Pratt, became her mentor by long-distance telephone, the two never met face-to-face.

“I started applying for anything that was called technical writing or technical editor,” Aiello explains. “Searching the directory of the American Veterinary Medical Association (AVMA), I identified and wrote to the nine veterinarians in the field of technical writing. The editor of the Merck Veterinary Manual replied, ‘If you're interested in technical writing, that’s not what we do here.’ I realized that I didn’t have my terminology straight, but they were doing exactly what I wanted. I wrote him every 6 months, and after 2 years he wrote me that there were some openings. I was hired in 1988 and stayed with the company until 2001.”

Searching the public library for a relevant professional association to join, Susan found AMWA. Learning that the AMWA annual conference was being held that year in Philadelphia, not far from Merck’s headquarters in Rahway, New Jersey, she registered for the conference and has been an active member ever since.

In order to catch up on her formal writing training, Aiello took courses at every annual conference. She earned core curriculum certificates in Writing/Editing and in Pharmaceutical Writing and an advanced certificate. She became active in the Delaware Valley Chapter, forming lasting friendships with such fellow members as Mary Royer and Edie Schwager.

Exploring ways to “give back” to AMWA, she took the workshop “How to be a Workshop Leader” twice. After her second time, she received a call from AMWA, asking if she would lead a workshop on proofreading.

“I was doing a tremendous amount of proofreading at the time, so I accepted,” she says. That workshop is now one of nearly a dozen in her repertoire, including “Sentence Structure and Patterns,” one of the first workshops she took, then under the auspices of Guy Whitehead. In 2005, she received AMWA’s Golden Apple Award for excellence in education. She joined the Executive Committee in 2002 as Awards Administrator and has held numerous leadership positions. This year, she is a member of the Fellowship, Education, and Book Awards Review committees. She typically teaches four workshops at each annual conference, as well as workshops at AMWA chapter events around the country.

“Susan Aiello’s workshops and everything else she does for AMWA reflect her knowledge of medicine and communication skills,” says Cindy W. Hamilton, PharmD, ELS, 2008-2009 AMWA President. “Susan enriches workshops and meetings with her delightful sense of humor and dramatic representations. It’s not surprising that she is one of AMWA’s most beloved volunteers.”

“Susan is an amazing collaborator,” says Immediate Past President Tom Gegeny, MS, ELS. “I never cease to be impressed by her energy, creativity, enthusiasm, and perseverance. One example was the lead role she took in expanding AMWA’s educational certificate program from two programs to nine. Susan has the gift of not only being a true visionary but one who actually makes things happen as well.”
In 1990, Susan married fellow veterinarian John A. Bukowski, DVM, MPH, PhD, and moved with him to Prince Edward Island, Canada, and then to Cincinnati. She continued to edit the Merck Veterinary Manual, mostly long-distance, with visits to New Jersey. When Bukowski was offered a position at Exxon Mobil, the couple returned to New Jersey.

Aiello continued to edit the manual, even after Merck entered into a joint venture with its animal health business, forming Merial Ltd. In 2001, when Merial moved to Georgia, she left the company to form a freelance enterprise. She amassed a sizable client list and was able to concentrate on books, which she prefers to journal articles. Her husband joined the business and the two moved back to the Midwest, settling in Dayton, Ohio. In addition to her extensive service to AMWA, Susan has been actively involved in the Board of Editors in the Life Sciences (BELS) for several years and is currently serving as BELS president.

“Over the years, I have talked to many people who have been considering making a career change,” Susan Aiello says. “I’ve told them all that the number one thing they can do is join AMWA. Many of those who joined came back to me and said, ‘I have never been involved in a professional association before that was this welcoming and friendly.’ AMWA was a great help to me in my career transition, and I like to keep spreading the word.”

**IN MEMORIAM • Bruce Dan, MD, 1946–2011**

Bruce Dan, MD, passed away on September 6, 2011, at the age of 64. Dr Dan died of complications from a bone marrow transplant he received as part of treatment for acute myelocytic leukemia.

Dr Dan joined AMWA in 1986 and was honored with the John P. McGovern Award for outstanding contributions to medical communication in 1991. Over the past few years, he was an active participant on the AMWA listserves, generously sharing his perspective and advice. In April 2010, he began a blog (http://brucedan.wordpress.com) to chronicle his journey through treatment for leukemia. His blog demonstrates his characteristic style of presenting medical information in an easy-to-understand manner, complete with warmth and humor.

An author of more than 70 major scientific papers, as well as textbook chapters, Dr Dan devoted most of his life to communicating medical topics to the lay public. His experience included Executive Director and Managing Editor of NBC/GE Healthcare’s The Patient Channel; Medical Editor for ABC News, Chicago; Resident Physician for HealthWeek on PBS; and host of Medical Minutes on National Public Radio. He also served as Senior Editor of the *Journal of the American Medical Association* and as Director of the American Medical Association’s (AMA’s) Department of Scientific Affairs.

Dr Dan’s talent in medical communication earned him many honors, including the AMA’s Morris Fishbein Fellowship in Medical Journalism; the University of Chicago’s William Benton Fellowship in Broadcast Journalism (being the first physician ever to receive that honor), and the National Association of Medical Communicators’ Lifetime Achievement Award. His work in commercial television was recognized with two Emmy awards.

Dr Dan played a central role on the Centers for Disease Control and Prevention’s (CDC’s) Toxic Shock Syndrome Task Force, which was created to investigate the virulent outbreak of the disease in 1980. The Task Force found that tampons were a highly significant risk factor for the disease, and their findings led to the withdrawal of one brand of tampons from the market, as well as a major shift in the way tampons are produced. For his work on the Task Force, he received the CDC’s Alexander D. Langmuir Prize, the highest award for epidemic investigation.

A 1968 graduate of Massachusetts Institute of Technology with a degree in aeronautics, Dr Dan went on to earn a master’s degree in biomedical engineering at Purdue. While there, he decided to become a doctor, and he graduated from Vanderbilt School of Medicine in 1974.

Dr Dan is survived by his wife, Lisa Stark, an ABC correspondent; a daughter, Rachel; a son, Ethan; his parents; two brothers, Terry and Henry; and a sister, Wendy.

—Compiled from several sources
D
r Bruce Squires, a medical editor and educator who was renowned for his mentorship, passed away on the morning of May 11, 2011, a day after celebrating his 77th birthday.

Dr Squires was made an Honorary Fellow of AMWA in 1997, shortly after his retirement as editor-in-chief of CMAJ (the Canadian Medical Association Journal), a position he held from 1989 to 1996. AMWA grants Honorary Fellowships to nonmembers who have made “distinguished contributions in any area of communication in the medical or allied professions and sciences.” In granting this fellowship, AMWA recognized “his work as an educator, with firm foundations in theory and instructional design as well as in practice.” The fellowship also recognizes his writing on many topics, including educational theory and practice, anatomy and physiology, and specific therapeutic areas such as asthma, emotional disorders, hypertension, emergency medicine, and communicative disorders.

Dr Squires was born May 10, 1934, in Toronto, Ontario, and earned his bachelor of arts at the University of Western Ontario in London, Ontario. He subsequently obtained a medical degree (1958) and a doctorate in medical research (1962) from the same institution. Following a postdoctoral fellowship in endocrinology at Duke University Hospital in Durham, North Carolina, Dr Squires returned to Western in 1965 as an assistant professor of physiology, rising to full professor status by 1982. During this time, six editions of his instructor’s manual and study guide, Physiology of the Human Body (Saunders; first edition 1979), were published. He returned to academia in later life, serving as an adjunct professor of epidemiology and community medicine at the University of Ottawa, in Ottawa, Ontario, from 2003 to 2006.

As the editor of CMAJ, Dr Squires was a member of the International Committee of Medical Journal Editors, an organization that provides leadership in many aspects of journal publishing. Also on the international front, Dr Squires participated in the founding meeting of the Forum of African Medical Editors in 2003 and helped found the World Association of Medical Editors (WAME) in 1995. He later described WAME as having been “put together to help the smaller or poorer journals, most of which have part-time, volunteer editors with fixed terms and very little experience.” His work with WAME continued well into his “retirement.” During his years on the association’s board, Dr Squires was a mentor to editors in 77 countries, and he ran WAME’s Listserv for many years.

Over the course of his career, his laurels multiplied. In addition to the AMWA Honorary Fellowship, the University of Western Ontario honored Dr Squires with the Douglas Bocking Award for excellence in medical education, and CMAJ created the Squires Award, given annually to the authors of the journal’s best research article. He was also an honorary member of the Eastern Mediterranean Association of Medical Editors.

Despite his illustrious career and the many accolades that came his way, Squires was always down to earth and approachable. The twinkle in his eye and his distinctive chuckle (not to mention his love of a good single-malt Scotch) were broad clues to his penchant for enjoying life.

Dr Squires is survived by his wife of 47 years, Patricia (McBane), daughter Patti, son Bruce, daughter-in-law Joanne Kennedy, and three grandchildren, Grady, Ella, and Audrey. He is remembered with affection and admiration by his many editorial colleagues and former students in Canada and around the world.

—Barbara Sibbald and Peggy Robinson, ELS
I thought about not going to the wedding. It was 800 miles away from home on a Thursday evening. A "quick" trip would mean going up to Maine on Wednesday and back to North Carolina on Friday and missing the better part of a workweek. You couldn't exactly call missing Wednesday through Friday a long week-end.

But the bride was my best friend from childhood. We met in second grade and have known each other 32 years. In elementary school, we played with Strawberry Shortcake dolls, signed up for recreation soccer, and spent summer nights sleeping in her family's pop-up camper parked in their backyard. In high school, we danced to Billy Idol and Prince and talked for hours about our classmates, especially the boys.

We remained close in college, even though I was in Winston-Salem, North Carolina, and she was in Baltimore, Maryland. She helped me get the first summer job that I actually enjoyed—being a research assistant in a lab at Johns Hopkins Medical School. After college, she went to Beijing, China, to work for a news organization. I went to graduate school and married my college sweetheart. She dated guys from every continent, it seemed. During the 15 years she was in China, the physical distance between us was accompanied by our different lifestyles and dwindling shared interests. Communication became infrequent, and sometimes a year would pass without a word to each other.

But then someone would send an e-mail. Or we'd happen to both be visiting Maine for vacation, and we'd catch each other up before going our separate ways again.

Last summer, my friend announced she was leaving Beijing to move to London—for love. I hoped this new love was substantial enough to replace her old love, China. Over the winter, an engagement announcement came. I knew the wedding would be in Maine in the summer, where we vacation every year. I hoped the timing would be convenient. It wasn't. My husband, son, and I planned to be in Maine for 2 weeks in late July, and the wedding was in August. Work can pile high in 2 weeks, and I would just get back into a groove only to be pulled away. But when your best friend from childhood gets married, you go—even if time and distance have changed your relationship.

Without my husband and son, I flew into Portland on a cold and wet Wednesday and hoped the weather was not indicative of the trip's mood. But the sun came out on Thursday and was sparkling off the water as the bride and groom exchanged vows next to the rocky coastline in Kennebunkport, ME. The minister spoke of the sacrifices we make when joining our life with another's. He was talking about married couples, but there was a lesson there for old friends, too.

Throughout the reception, the bride's parents called me by my childhood nickname, Jenny. Her mom requested a Billy Idol song, and my friend and I danced like we did back in the 80s. The bride pointedly introduced me to the best man, who had been the groom's best friend since second grade. The groom was a nice guy from London who happened to have degrees from Oxford and Harvard. Now he heads a nonprofit agency that helps empower local media in remote regions of the globe. From the constant smile on my friend's face, it was apparent that this guy, unlike so many before him, made her happy.

She and I will probably never be as close as we once were, but those times we shared shaped us and our families. Being at her wedding gave me a window back in time—a glance back at the wonder of youth, the pain of adolescence, and the dreams we had for our lives as adults.

Making the trip up to Maine wasn't about missing work or arranging child care for my son. It was about all the time my friend and I spent together as kids and all that I hope for her future—no matter how many miles separate us or how often we keep in touch.

Jennifer King, PhD, ELS, is president of August Editorial, Inc. Her e-mail address is jking@augusteditorial.com.
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Manuscripts are accepted for consideration with the understanding that they have not been published elsewhere and are not under review elsewhere. Submit the manuscript as a Word document attached to an e-mail to the Editor. Include the following information in the e-mail:

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By Kim Tran-Kerr, MD

This year’s Walter C. Alvarez award recognized Perri Klass, MD, a pediatrician and author of fiction and nonfiction who is known for her extensive body of written work as well as her efforts to promote both public health and literacy.

Dr Klass chronicled her experiences as a Harvard medical student in the 1980s and later as a pediatrics resident in a series of columns for The New York Times, which was later published in two collections: A Not Entirely Benign Procedure: Four Years as a Medical Student and Baby Doctor: A Pediatrician’s Training.

Coming from a family of writers, Dr Klass recalled putting a pen to paper from an early age and found that writing served as a good excuse to get out of walking the dog. As an author and physician, Dr Klass developed her lifelong passion for writing alongside her career in medicine, often blurring the lines between the two endeavors.

Dr Klass opened her talk with a quote from the poet-physician William Carlos Williams on writing and medicine: “It’s no strain. In fact, the one nourishes the other, even if at times I’ve groaned to the contrary.”

Citing several historical examples of other writer-physicians, Dr Klass drew comparisons between journalism and medicine. Both professions involve possessing a keen curiosity to ask the questions that are not normally asked and a desire to tell the untold stories.

Writing first from the perspective of a medical student and later as a physician, Dr Klass commented on the changing sense of identification that is imbued in her work. Dr Klass remarked on writing from the physician’s unique vantage point of access, privilege, and ethical obligations.

Nonetheless, having this insider’s view of medicine as a physician afforded Dr Klass little protection from the wrath of colleagues who responded angrily to The New York Times piece she wrote on the feminization of medicine that was given the provocative (and unfortunate) headline “Are Women Better Doctors?”

Dr Klass also addressed the ethical considerations of confidentiality and trust when asked by the audience about telling patient stories and dealing with HIPAA and privacy issues. In obtaining consent to publish a story, Dr Klass stated that she always asks the patient for permission to publish the story and also changes details to protect the identity of the patient whenever possible.

Difficulties can and often do arise when details cannot be sufficiently altered to hide the patient’s identity, but Dr Klass noted that the simple act of asking for (and being granted) permission from the patient can resolve the issue. At other times, the situation may not be as straightforward, as Dr Klass described a moment of life imitating art in which she first created an original character with decidedly unflattering traits and later encountered the character’s doppelgänger in the form of an actual patient.

Revealing an offbeat, self-deprecating sense of humor, Dr Klass shared her impressive collection of medically themed pulp fiction novels with covers displaying amusing titles such as Girl Intern and Spanish Doctor, Pregnant Nurse.

Returning to the earlier quote from William Carlos Williams, Dr Klass emphasized the intersection between the art of writing and the practice of medicine as patients’ stories evolve into medical stories, which ultimately become human stories.

Kim Tran-Kerr is a freelance medical writer based in Portland, OR, where she also serves as the medical programs manager for the National Psoriasis Foundation.
By Hilary N. Graham, MA

The John P. McGovern Award recipient Francine Ratner Kaufman, MD, defined diabesity (diabetes + obesity) as a global epidemic that has resulted from the collision of our ancient genes, designed to aid survival in an austere environment, with the modern environment in which one does not have to devote the majority of his or her time to procuring food. Consuming the most calories, while expending the least amount of energy, she stated, is no longer our goal; instead, we must ask “How do we consume the proper amount of calories and reincorporate physical activity back into our daily lives?”

THE DEVELOPING CRISIS

According to Dr Kaufman, diabesity is a major crisis that will impair how we live our lives in the future. Almost 10% of the American adult population is affected by diabetes. Twenty-four million American have diabetes and 79 million have pre-diabetes; even more alarming, 25% of those with diabetes or pre-diabetes are unaware of their condition. Properly controlling blood sugar levels, blood pressure, and cholesterol levels can stave off severe loss of function such as amputation, kidney failure, and blindness. Unfortunately, only 7% of the diabetic population is able control all three metabolic parameters. Dr Kaufman noted that up to nine medications may be required to properly control diabetes; thus, patient adherence is difficult to achieve.

Type I diabetes, which mainly occurs in children, accounts for the minority of diabetes cases. It is caused by genetic factors and is most prevalent in those from the white population. Type I diabetes is a result of the autoimmune destruction of pancreas that leads to insulin deficiency.

In contrast, type II diabetes accounts for approximately 95% of all diabetes cases, most often affects those from ethnic/racial minority populations, and is linked to excess adiposity.

In type II diabetes, the body is initially resistant to insulin, but as the disease progresses B cells in the pancreas can no longer produce insulin, which eventually leads to a deficiency. As the body accumulates fat, the likelihood of type II diabetes developing dramatically increases. Abdominal fat is most dangerous and Dr Kaufman recommended that if you are going to accumulate fat “that you put it in your buttocks and sit on it.”

Dr Kaufman stated that personal responsibility for preventing obesity and the onset of type II diabetes varies depending on variety of factors that include the following:

- Genetics
- Epigenetic modifications
- Socioeconomic background
- Age
- Culture
- Education
- Geographic location
- Environmental influences

Type II diabetes has traditionally been rare in children, accounting for less than 2% of cases, but today that number has risen to more than 25%, which is likely due to the growing obesity epidemic in children. Genes, epigenetic modifications, and environmental influences have led to a high body mass index in one-third of children. Of these overweight and obese children, approximately 15% and 25%, respectively, have pre-diabetes, said Dr Kaufman. These statistics are alarming, as diabetes-related complications often occur after a person has lived with diabetes for approximately 20 years, which means that today’s overweight and obese teenagers will face diabetes-related complications by the age of 35. According to Dr Kaufman, this diabesity epidemic will impair the ability of today’s children to raise their own children, as well as reduce the productivity of the future American workforce. Also, the
next generation may be the first generation to live shorter lives than their parents’ generation.

CHANGING ATTITUDES
In past centuries and even decades, excess weight was a sign of health and wealth, but the energy balance after World War II changed immensely with the introduction of cars, TV, and prepared foods, as well as changes in portion concepts and reduced physical activity. Dr Kaufman believes that the solution to the diabesity epidemic is to understand ways to reinvigorate our lifestyle to mimic that of Paleolithic humans, meaning increased physical activity and reduced calorie intake, at least until our genes adapt to our current environment. She noted that even modest reductions in weight and increases in physical activity can significantly reduce risk of developing diabetes.

Dr Kaufman suggested that change should start with the personal responsibility to ingest less food and to do more exercise. She challenged the audience to change the culture of its immediate surroundings—to make obesity and diabetes the next anti-tobacco campaign. She noted encouragingly that the diabesity epidemic could be halted if healthy habits are translated to your local school, work, and home. Each person has the responsibility to create an environment that socially stigmatizes practices that lead to obesity, such as encouraging brownies at your next work meeting. Dr Kaufman closed by encouraging each person to reframe how human progress will be defined going forward, to consider what role each person will take to influence change, and to know that the tipping point has been reached where the goal of consuming the maximal number of calories while expending the least amount of energy is a thing of the past.

Hilary Graham is the Coordinator of Department Publications in the Department of Molecular Carcinogenesis at the University of Texas MD Anderson Cancer Center, Science Park, Smithville, TX.

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By Karamarie Fecho, PhD

AMWA's last Salary Survey was conducted in 2007, before the global economic downturn, and many AMWA members were eager to see the results of the 2011 survey presented at this open session.

The online survey was administered from March to April 2011, during which time two e-mail requests for participation were distributed to the 5,215 members of AMWA. The survey comprised questions focused on respondent demographics, professional qualities, and income, and certain questions were targeted specifically to employees or freelances.

**Demographics of AMWA Respondents**
The overall response rate was 23% (1,193 respondents). Of the respondents, 69% were employees and 31% were freelancers. Fewer men (16%) than women (84%) responded, which is consistent with the proportion of male and female respondents in the previous survey and with the overall gender composition of AMWA.¹ The average years of experience were 10.8 years for employees and 14.8 years for freelancers. A slightly greater proportion of respondents held doctoral-level degrees (38%) than master’s (34%) or bachelor’s (28%) degrees, and 44% of respondents held degrees in a scientific field. Importantly, nearly 80% of respondents reported that they were somewhat or very satisfied with their work, and almost 70% reported that they were somewhat or very satisfied with their income.

**AMWA Members Working as Employees**
The primary employers were pharmaceutical companies (21%), communications or advertising companies (9%), and medical education companies (9%). The primary regions of employment were in or near New Jersey/New York, California, Illinois, and North Carolina, together accounting for more than 60% of the reported regions of employment.

The average annual employee income increased from $82,000 in 2007 to $93,000 in 2011, and the rise in income outpaced that of inflation (12.9% versus 1.3%). These numbers came as a welcome surprise to both the survey administrators and those in attendance at the open session. As Bairnsfather noted, "What's really noticeable is that over the 4 years the economy has been in the tank, these numbers went up." Income was higher than average among employees at larger companies (more than 500 employees) and at biotechnology or pharmaceutical companies.

For 2011, income also was higher among employees hired as supervisors or administrators and among those with managerial experience. Although income was higher among employees who completed one of AMWA's certificate programs, as Bairnsfather pointed out, the relationship between completion of an AMWA certificate and income is unclear.

**AMWA Members who Freelance**
Of the 370 freelances who responded, 42% freelanced full-time. The average annual gross income was $116,000 for full-time freelancers and $56,000 for part-time (less than 32 hours/week) freelancers. Nearly 80% of freelancers billed by the hour; the average hourly rate for nonregulated writing was $105, an increase from the $97 reported in the 2007 survey. The average hourly rate for freelance regulatory writing was higher ($120). The average rate for editing was $79 per hour, which was essentially the same as the rate reported in 2007 ($80). The majority of freelancers reported that more than 90% of their time was billable.

Freelances generally included at least one revision in their hourly fee and a 20% to 50% increase in the fee for rush jobs. Approximately one-third of freelancers increased their fee last year, and the majority reported average or better profitability over the past 2 years.

**Study Limitations**
The survey had several limitations that should be considered when interpreting the results. One was the low response rate. As pointed out by one session participant, the low response rate might reflect a lack of participation by members who are unemployed or underemployed; however, the salary survey asked participants to report on their 2010 income. In addition, the analysis dataset contained missing data points, which reduced the sample size for several variables. Another limitation was that the stratified results for males may not have been accurate because few respondents were male. In addition, some employees were unable to complete the survey because their employer (primarily pharmaceutical companies) prohibited their participation. A final limitation was that government-reported inflation rates are notoriously low, so direct comparisons between the increase in employee income and the increase in inflation should be made cautiously.

**References**

Karamarie Fecho is a freelance medical and scientific writer at Copperline Professional Solutions, LLC in Chapel Hill, NC.
More than 50% of Americans struggle to understand health information, according to Helen Osborne. Healthy People 2010, the Institute of Medicine, the National Library of Medicine, and others have defined health literacy as "the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions." Osborne developed a more functional definition: "Health literacy is a shared responsibility between patients and providers. Each must communicate in ways the other can understand."

When Osborne started working in health literacy in 1995, there was one article and one book on the subject. Today, there are more than 1,000 health literacy studies. The Agency for Healthcare Research and Quality reviewed hundreds of health literacy studies and found that low health literacy was associated with more hospitalizations and emergency department visits; problems taking medications; and, among older individuals, poorer health and higher death rates.

Reasons for the growing emphasis on health literacy include
- Changes in the health care system (including shorter appointments and hospitalizations)
- Engaged patients (patients who play an active role in their health and health care)
- Abundance of health information

“We have cut so close to the health care bone, all that’s left is for people to take care of themselves. To do that, they need to understand,” said Osborne. “We need to help people sort out what health information is relevant for them.”

Using Plain Language to Educate Patients
Health literacy has been an increasing focus of patient education materials at Mayo Clinic since 2004. Before then, Jacqueline A. Stevermer-Bakken and her colleagues tended to write the terms and phrases health care professionals used. The result was patient education materials that patients did not always understand. One consequence was the need to reschedule tests that patients had not properly prepared for.

Now, Mayo Clinic uses plain language, "writing so that the reader—a patient or a family member—understands it the first time it is read," said Stevermer-Bakken. Patient education materials focus on what patients need to know, not what would be nice for them to know, according to Stevermer-Bakken. To determine what patients need to know, she stated that communications consultants interview the health care professionals in a way that gets them to explain things more plainly.

Stevermer-Bakken noted that Mayo Clinic’s patient education materials use the personal pronoun “you” and clearly explain “what’s in it for me?” (why it is important to read the information and follow any instructions) on the first page. They have a clear title and use medical terms, but clearly explain them (eg, "hypertension" is defined as "high blood pressure"). The writing is precise and concise and when lengthy, divided into sections. Where possible, plainer words (eg, “breathe in” for “inhale”), illustrations, and photos are used. Sometimes, patient stories are included. A larger type size is used for patient education materials geared toward patients with vision problems.

Stevermer-Bakken concluded with this advice for medical writers. “When writing for patients, think about somebody you love and whether he or she will understand what you’ve written.”

Helping Patients Understand Informed Consent
The informed consent documents (ICDs) for more than 4,000 open protocols at MD Anderson Cancer Center go through Kristofer S. Griffith’s office. With strict federal regulations about the elements of informed consent that must be included in ICDs, it is difficult to clearly communicate with patients, according to Griffith. He noted that the requirements of the Health Insurance Portability and Accountability Act have added many pages to consent forms.

To help patients understand the study and the ICD, Griffith and his team of nine editors developed a template for a one-page overview that can be used to describe the tests, treatments, side effects, and study visits. This overview can be given to the patient along with the ICD. They also describe side effects, one of the required elements of informed consent, as simply as possible, using an MD Anderson Cancer Center glossary of more than 3,000 side effects, developed with the help of a side effects committee composed of doctors, nurses, and lay people.

These ICDs use simple paragraphs and bulleted lists and tables. When sponsors require specific information to be included, Griffith and his team explain it as simply as possible. They also go to great lengths to ensure that the language used is just right. “I ask them a question like ‘should we say teaspoon or teaspoon full?’ The discussion will go on for 76 e-mails, but at the end, we’ve got an answer,” he said.
Osborne concluded the session by noting that medical writers are powerful and serve as a bridge to understanding health information between the lay public and health care professionals. “Go forward and make a difference,” she said.

Lori De Milto is a freelance writer in Sicklerville, NJ, who educates, informs, and motivates patients, consumers, healthcare professionals, and others.

Resources


Hidden Markets for Medical Writers

Moderator
Debra L. Gordon, MS
President, GordonSquared Inc,
Williamsburg, VA

Speakers
Cindy van Dijk, MA
Freelance, Oak Harbor, WA
Christine Welniak
Upside Communications, Brooklyn, NY

By Jennifer Garcia, DVM

The goal of this session was to educate freelance medical writers about markets that are not typically considered when looking for the next project. Writing for Wall Street, nonregulatory writing within contract research organizations (CROs), and other hidden markets were discussed.

Writing for Wall Street
Christine Welniak spoke of the need for medical writers on Wall Street. “The guiding principle on Wall Street is that investors need to be able to make informed investment decisions,” Welniak said. This background information allows them to make decisions on whether to buy or sell a stock. The medical writer’s role in this scenario is to educate an analyst by following developments in specific areas (sectors) so an analyst can, in turn, help investors make informed decisions.

Training for work in this field does not require an accounting background, Welniak noted. However, the writer does need to be familiar with Microsoft Excel and must be able to read a spreadsheet. Additional training that was emphasized is having a therapeutic area of expertise or “hook.” Welniak added that some analysts may want a writer with a PharmD, while having a MD, PhD, or master’s degree is not as helpful unless it relates to an analyst’s specific area of coverage.

Analysts need assistance with learning about new diseases and treatments and applying this information in their meetings with their management. An analyst may hire a medical writer to gather new and relevant information at medical meetings, to interpret clinical trial analyses or FDA panel reviews, or to conduct physician interviews. If a company discusses key clinical data during an earnings call, the writer may also be asked to listen on the call and help an analyst write a summary of the information for the investors. Additional ways a medical writer can assist analysts include writing stock reports, helping analysts understand medical guidelines, or comparing a company’s product with other treatments or approaches.

How can a medical writer break into this sector? Welniak suggested starting with a Google search on “equity research” to identify specific companies of interest. Look at “Bulge Bracket Firms” such as Bank of America or Goldman Sachs, for example, she said. These companies are the ones whose analysts have budgets to outsource writing work. Other options are research boutiques. These firms have fewer than 25 analysts who may see outsourcing as a cost-saving measure. Once a company is identified, Welniak recommended visiting its Web site, finding its research page, identifying a specific analyst who covers the target sector, and sending the analyst an introductory e-mail with a relevant writing sample.

Nonregulatory Writing in CROs
CROs typically insource their “core” activities but outsource many nonregulatory activities, said Cindy van Dijk, MA (Table 1 on next page).

What training does a medical writer need for these projects? Van Dijk again emphasized the importance of being familiar with the drug development process. A research background would be a plus but specialty in a specific therapeutic area is not necessary. Flexibility, willingness to learn, and sensitivity to the global environment are essential characteristics the medical writer
needs to have, she added. Writers need to also be aware that it is often easier for CROs to pay for work on a project-fee basis rather than according to an hourly rate. To become more familiar with what CROs do and what they are writing about, van Dijk recommended doing some research on Web sites such as DIA Daily, Fierce Markets, and Pharmalot.

How can a medical writer break into this work? Van Dijk recommended contacting the people in the CRO’s business development or corporate communications for internal marketing jobs, and looking for contacts in the investor relations or public relations sections of the company Web site. Van Dijk added searching sites such as Pharmalot or Pharmalive for “people on the move” and sending an introductory letter to one of them. She concluded by suggesting that medical writers attend CRO conferences—such as the Association of Clinical Research Organizations conference—and network!

**Additional Hot Markets for Medical Writers**

In discussing several additional markets for medical writers, Debra Gordon, MS, noted that one possible hot market is the world of white papers. “Companies need white papers to drive traffic to their Web sites,” said Gordon. The white papers are often used to generate leads for a company and can provide a great way for medical writers to use their depth of knowledge in a particular area and/or their expert research skills. She recommended taking a journalistic approach to writing white papers, including conducting interviews, both within and outside of the company, as well as online research.

Gordon went on to discuss competitive intelligence as a new area for medical writers. She said that for this type of work, a large pharmaceutical company—for example, one that has a drug in phase 1 or 2 of clinical development—sends the medical writer to a major medical conference where drugs similar to theirs may be discussed. The medical writer will provide an overview of not only the science that is presented but also of the differences or similarities the competitor’s drug may have to theirs. This information may then be used by the client to make more informed decisions, for example, on how to market their drug. The medical writer may also talk to presenters at the conference about what phase of the drug development process their company is in to help a client develop an algorithm about when the competitor’s drug may hit the market.

Gordon discussed teaching as another possible way for medical writers to use their skills. She suggested creating Webinars, lecturing at community colleges, or teaching employees at large corporations how to write in more than 140 characters as possible markets.

Writing books is another way to use medical writing skills, according to Gordon. She recommended contacting researchers or clinicians who may be working in areas that are easy to “consumerize” and added that agents and publishers are always looking for book ideas on such topics. For the most part, physicians need help writing and using a medical writer is considered legal and ethical, emphasized Gordon. To find agents, Gordon suggested visiting sites like Publishers Market or Writers Market and contacting agents to let them know you can help their author get the book written.

Nowadays, social networking is everywhere. Gordon claimed it is a largely untapped market for medical writers. She said that blogging for hospitals on behalf of their doctors after they approve the content is possible. The doctors love this approach because it makes their lives easier and the hospitals love it because it generates referrals. Private, large, multispecialty groups may also need these services.

Lastly, Gordon spoke of the Affordable Care Act (ACA) which, if left intact, will open up many opportunities for medical writers. The newly insured will require education, as they have been likely on the periphery of the health care system. Pharmaceutical companies, as well as state and federal health care organizations, will need medical writers to provide consumer education materials. She recommended visiting to the Kaiser Family Foundation Web site (www.KFF.org) to learn more about the ACA. This market is ideal for a medical writer who can communicate complex medical information in a way that is easy for patients to understand.

Jennifer Garcia is president of JGMedInk, a medical communication company based in Houston, TX.
**WORKING GLOBALLY, WORKING VIRTUALLY: A SURVIVAL GUIDE FOR MEDICAL WRITERS**

**Speaker**  
Rebecca Lew, PhD  
*ProScribe Medical Communications*  
Melbourne, Australia

**By Michelle Eby, PharmD, CCRP**

In her discussion of working virtually and working globally, Rebecca Lew, PhD, outlined the needs of international companies for medical writers to work across time zones, across the Internet, and across cultures. Project management from a medical writer perspective is invaluable in a virtual environment, especially on the “world stage.”

**Working Across Time Zones and with Technology**

The medical writer must not only possess a flexible schedule but also function within time zone boundaries that allow others to set their respective clocks as to availability. Dr Lew recommended [www.worldtimeserver.com](http://www.worldtimeserver.com), a Web site that keeps the current time throughout the world, tracks daylight savings between and within countries, and includes a meeting planner page for optimal hours to schedule a teleconference among multiple parties.

Because communication technology now offers myriad possibilities for working globally, it is best to decide what works well for the team at the onset of any collaborative endeavor. E-mail and teleconferencing are relatively easy, cheap, and crash-resistant, whereas Web-based conferencing, real-time, and interactive tools may require additional training to use effectively. Dr Lew advised having a viable back-up plan in the event a chosen system fails.

With teleconferencing in widespread use, Dr Lew provided tips on how to mitigate the loss of nonverbal communication, which she indicated was 50-80% of all communication. She advocated for a face-to-face kick-off meeting or a videoconference at the onset of a group project, and suggested that pertinent e-mails be clear, concise, and polite.

She noted that some parties will need to work outside of normal business hours. Dr Lew suggested that it is useful to rotate the time of teleconferences so that the same person is not always working in the early morning or late at night. She provided tips for leading successful teleconferences.

**Before the teleconference**

- Develop a straightforward agenda and clarify expectations and responsibilities.
- Send the attendees any materials for review before the meeting.
- Give those who cannot attend a chance to contribute.

**During the teleconference**

- Introduce all of the attendees, including their title and roles, and restate the goals of the meeting.
- Ask everyone to identify themselves when they speak.
- Prioritize important issues.
- Encourage participation.
- Summarize each discussion point or action item before moving to the next topic.
- Thank everyone for their input.

**After the teleconference**

- Send the minutes promptly.
- Include actions items with names and due dates.

**Understanding the Culture**

Dr Lew emphasized a need for enhanced cultural awareness, and she focused on Asian culture because the global market for medical writers is particularly dynamic in the Asia-Pacific Region. Over the past decade, the number of Asian publications and clinical trial sites have increased dramatically.

Dr Lew noted that Asian cultures tend to value collectivism over individualism, self-control over emotional displays, and respect based on status rather than achievements. She stressed formality and professionalism as a basis to develop trust. Her short list of tips to survive and thrive as a medical writer in the Asian market includes:

- Learn how to say “hello” in the local language.
- Use simple English phrases without jargon and slang.
- Use titles such as Professor when addressing your Asian colleague.
- Do not assume silence means agreement.
- Avoid pointing out mistakes in a public forum.
- Avoid language that might suggest fault or imply a lack of knowledge.
- Involve relevant people in all discussions.
- Make an effort to reach consensus among parties.

Dr Lew also noted that plagiarism is a serious concern and cannot be understated. She quoted Ouyang HuHua, a professor of English at Guangdong University of Foreign Studies: “The notion of plagiarism is alien in Chinese culture, where there is no individual claim, there is no ownership over intellectual property…”

When writing manuscripts, ensure that authors understand the ethics of plagiarism, conflicts of interest, and authorship criteria. Refer all parties to the international guidelines, such as Good Publication Practice (GPP2, available at [http://www.gpp-guidelines.org](http://www.gpp-guidelines.org)) and International Committee of Medical Journal Editors (ICMJE, available at [http://www.icmje.org/urm_main.html](http://www.icmje.org/urm_main.html)).

Michelle Eby is a Medical Writer IV at the Clinical Research Directorate/CMRP, SAIC-Frederick, Inc., NCI-Frederick in Frederick, MD.

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Your Paper Is Rejected, Now What?

Moderator and Speaker
Christine F. Wogan, MS, ELS
Program Manager, Division Publications,
MD Anderson Cancer Center, Houston, TX

Speakers
Karen Potvin Klein, MA, ELS
Associate Director, Office of Research,
Wake Forest University Health Sciences,
Winston-Salem, NC
Stephen N. Palmer, PhD, ELS
Senior Scientific Medical Writer, The
Texas Heart Institute at St. Luke’s
Episcopal Hospital, Houston, TX

By Kelly A. Keating, PhD

The research is done, the results are analyzed, the manuscript is carefully written, and finally, the manuscript is submitted to a journal. Then comes the rejection e-mail.

What to do? Christine Wogan began by suggesting that the writer take a deep breath and then put the manuscript and the reviewers’ comments away for a day or two. Wogan said the four most common reasons for manuscript rejection are

- Content is not suitable for the journal
- Study design is not appropriate
- Novelty or timeliness is lacking
- Conclusions are not justified by the results

What’s Behind the “No” and How to Get to “Yes”

According to Karen Klein, MA, ELS, rejection letters do not always mean there is no hope. Klein said that, in her experience, “A rejection letter from a top-tier journal can still tell you a lot. Their reviewers are usually top-tier, too.” It is a matter of interpreting the rejection letter and responding appropriately to improve the chances of the manuscript eventually being accepted with revisions. For example, Klein advised, if the reviewer wrote, “The paper can be shortened without loss of important information,” an appropriate response would be, “We have reduced the Introduction and Discussion, removed details from the Methods, and referred readers to our lab’s Web site.”

Klein emphasized that in your cover letter to the editor and in detailing your responses to the reviewers’ comments, always be polite and thankful for their time, and above all, be diplomatic. Compose the cover letter for the revised paper with tactful language. Klein suggested some diplomatic words to use when referring to reviewers’ comments.

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Where to Now? Choosing a New Target Journal

If the paper is rejected, how does one decide where to send it next? To answer this question, Stephen Palmer, PhD, ELS, recommended that when selecting a new journal for submission, several factors should be considered: the journal’s audience, impact, time from submission to publication, costs, and whether the journal is print and/or electronic. All of these details can be found on a journal’s Web site.

Journal’s Audience

The size of a journal’s audience can be determined from its circulation information, available either on the journal’s Web site or from databases such as Ulrich’s Periodicals Directory (ulrichsweb.serialsolutions.com) or PubsHub (www.pubshub.com). (Both databases are subscription services.) Also, Dr Palmer noted to consider whether the journal is freely accessible (bigger audience) or fee-based (smaller audience), and whether the journal is indexed in the most common databases, such as Medline.

Impact

What is a journal’s reputation? According to Dr Palmer, one measure is the impact factor, which is the average number of citations per article over 2 or more years (from Journal Citation Reports [JCR]). He noted other measures are the Eigenfactor (from JCR and eigenfactor.org), and the SCImago Journal Rank (from Scopus). Both are similar to the impact factor, but citations are weighted by the citing journal’s rank.

Time from Submission to Publication

If the results need dissemination quickly, Dr Palmer recommended finding out what the journal’s lead times are. Lead times include the time from submission to initial decision, and the time from acceptance to publication. A comprehensive source for this information is PubsHub. Another source is the journal itself; many list the dates of submission, acceptance, and publication at the beginning of each article so you can compute their average lead times.

Costs

Dr Palmer emphasized that one should not forget to find out what (if anything) a journal charges the author to publish and decide whether the cost is worth it. Some journals charge submission or publication fees, and many journals charge to publish color figures.

Print vs Electronic

Some journals may be electronic-only, while others may be both print and electronic. Dr Palmer stated the advantages of electronic-only publications include lower costs, shorter time from acceptance to publication, fewer restrictions on the length and number of figures and tables, and a higher chance of accommodating supplemental material such as videos. He noted that there are disadvantages, too; your paper will not be immediately accessible to readers of...
any print version, and what happens to your article if the journal folds? Dr Palmer answered this question by saying that at least for papers indexed in Medline, the journal is required to have an arrangement for preserving and allowing access to its content in the event of its demise.

Comparing Journals
What tools are available to compare journals? Dr Palmer suggested trying Journal Citation Reports, Sciverse Scopus, and PubsHub. Each allows side-by-side comparisons of journal statistics (eg, impact factor, Eigenfactor). These sites are generally subscription-based services. Dr Palmer noted that a free source is JANE (Journal/Author Name Estimator, [www.biosemantics.org/jane]), which searches for journals according to the content of the title or abstract. Dr Palmer’s final piece of advice: “Spending half an hour now to find the right journal can save you months later on.”

Kelly A. Keating is a Science Editor/Medical Writer at the Pharmaceutical Research Institute, Albany College of Pharmacy and Health Sciences, in Albany, NY.

Do You Have Something to Say?
Why Not Be a Speaker at AMWA’s 2012 Annual Conference?

The AMWA Annual Conference is fueled by volunteers who share their expertise with conference attendees. If you have experience that can help your colleagues enhance their skills and knowledge, submit a proposal to lead a Short Session or Breakfast Roundtable! As a Short Session speaker, you would give a 1-hour “How-To” presentation focused on a particular topic, usually practical in nature. As a Breakfast Roundtable leader, you would guide an interactive discussion of a specific subject in an intimate gathering of up to nine attendees—over breakfast!

If you are interested in participating in the conference as a Short Session or Breakfast Roundtable leader, visit the AMWA Web site (www.amwa.org) to find more details, including ideas for topics, in the calls for conference speakers. Act now—the deadline for proposals is February 27, 2012.
Elizabeth L. Smith is the 2011 recipient of the Harold Swanberg Distinguished Service Award. The award, named for AMWA’s founder, recognizes an active member who has made distinguished contributions to medical communications or to the medical profession.

Elizabeth joined the Delaware Valley Chapter in March 1980 and quickly demonstrated her zest for contributing to AMWA as a workshop leader in 1982, Chapter Treasurer in 1985, and Chapter President in 1988. Elizabeth was chosen as an AMWA Fellow in 1988. Following several years of service on the national Executive Committee, she was elected AMWA President for 1991–1992. At that time, the US Food and Drug Administration (FDA) proposed a policy that would have restricted the role of both freelance and staff medical writers in pharmaceutical company research, scientific publications, and continuing medical education (CME). Elizabeth recognized the threat to medical communication that this policy would have posed and assembled the Task Force on Scientific Writing to address it. Elizabeth and the Task Force drafted proposed guidelines explaining the work of medical writers in the pharmaceutical industry and in medical education, emphasizing the roles of medical writers as team members with specific, valuable skills and training. They noted that the FDA’s draft guidelines would threaten the livelihood of many AMWA members.

After submitting its draft guidelines, the Task Force met with the FDA to discuss the proposed policy and address the agency’s concerns. Many of the recommendations of the AMWA Task Force were adopted by the FDA, which today recognizes the role of medical communicators in the reporting of clinical research and in CME. As a result of its discussions with the FDA, the Task Force also revised the AMWA Code of Ethics in 1994 to include specific standards for accuracy, balance, and scientific rigor in the writing of all scientific materials. The work of Elizabeth and the Task Force on Scientific Writing was pivotal in establishing the role of medical writers in the pharmaceutical industry, paving the way for the thousands of writers who work in that industry today. Their work also strengthened the AMWA Code of Ethics and affirmed AMWA’s role as the voice of medical communicators. Elizabeth’s leadership was critical to these accomplishments.

In 1992, Elizabeth was invited join the American Medical Association (AMA)-sponsored Task Force of CME Industry-Provider Collaboration as an AMWA representative for 4 years and continued on her own with the Task Force until 2001. By that time, the CME Task Force had moved away from issues concerning medial writers, and she felt she had accomplished both her and AMWA’s goals.

Elizabeth is president of Smith Simon Company, an independent (freelance) medical writing business that she founded in 1979 with her husband Richard in Pennsylvania. They moved to Lyndhurst, VA, in 1990 and currently partner with several long-term pharmaceutical clients and medical education and medical communications companies. Still active in AMWA, she continues to contribute; in the past few years she’s been an AMWA Journal Freelance Forum panelist and peer reviewer, annual conference session chair and panelist, and member of the Web and Internet Technology (WIT) committee.

“I am humbled by this unexpected honor,” Elizabeth said in a letter to the Swanberg Committee after her nomination. “AMWA has helped me so very much in my 31 years. Your recognition of my years of service to AMWA makes all the years, the challenges, and the frustrations very worthwhile.”

The Swanberg Committee included Tinker Gray, MA, ELS; Larry Liberti, MS, RPh; Howard Smith, MA; and Nancy Taylor, PhD, ELS.
Three outstanding AMWA members were chosen as AMWA Fellows for 2011: MaryAlice Ditzler; Sharon Nancekivell, MA; and Stephen Palmer, PhD, ELS. The designation of fellowship is one of AMWA’s highest honors. As specified in the Bylaws, fellowships are awarded to AMWA members in recognition of their substantial contributions to the goals and activities of AMWA. Fellows may be recommended by other members; they are nominated by the Fellowship Committee and approved by the Board of Directors. (Find out more about how to become eligible for fellowship on page e23.)

MARYALICE DITZLER
An AMWA member since 1983, MaryAlice Ditzler is a member of the Florida Chapter. She led the Essentials of Copyediting workshop at the annual conference almost every year from 1988 through 2005 and has also led onsite workshops. She has been active in two chapters and was on the Board of the Mid-Atlantic Chapter from 1997 through 2003; she served as treasurer of that chapter from 2000 through 2003. She moved to Florida and has served there as Chapter Treasurer since 2006. Additionally, she has served on the AMWA Budget & Finance Committee from 2000 through 2001 and again from 2010 through 2011. She works as a freelance copyeditor for medical and scientific journals and books.

SHARON NANCEKIVELL, MA
An AMWA member since 1989, Sharon Nancekivell is a member of the Canada Chapter. She has served at annual conferences as Networking Luncheon leader, a roundtable leader at seven annual conferences, and a workshop leader almost every year from 1998 through 2010. She has also served as a chapter workshop leader almost every year from 1995 through 2006. Additionally, she served on the Constitution & Bylaws Committee from 2010 through 2011. She is currently serving a second consecutive term on the Executive Committee as Education Administrator. Sharon has a BA and MA in English Literature from the University of Guelph and a BEd (English and Mathematics) from the Faculty of Education University of Toronto, and has pursued doctoral studies in English Literature at McMaster University in Hamilton, Ontario, Canada. She was formerly the Director and Senior Editor of Editorial Services at The Hospital for Sick Children in Toronto and Assistant Professor in Biomedical Communications, Institute of Medical Science, Faculty of Medicine, University of Toronto. Sharon now works as a freelance medical editor, educator, and plain language consultant in Guelph, Ontario.

STEPHEN PALMER, PHD, ELS
An AMWA member since 2002, Stephen Palmer is a member of the Southwest Chapter. He has served at annual conferences as a roundtable leader every year since 2007, an open session speaker or panelist at three annual conferences, a...
klatch leader, and as Poster Sessions Coordinator in 2008. He served his chapter as Program Chair from 2005 through 2006, President and Delegate from 2006 through 2008, and Immediate Past President from 2008 through 2009. He also served on the AMWA Membership Committee from 2004 through 2005 and again from 2008 through 2009, the Task Force on New Member Initiatives in 2006, and the Medical Book Awards Committee from 2006 through 2008. Additionally, he served on the Constitution & Bylaws Committee from 2007 through 2008. He joined the Executive Committee in 2008, first as Administrator of Chapters and Membership and then as Administrator of the 2011 Annual Conference. Steve has a PhD in Social and Health Psychology from the State University of Stony Brook and earned his Editor in the Life Sciences certificate in 2004. He works as a medical writer and editor in the Section of Scientific Publications at the Texas Heart Institute in Houston.

Honorary fellowships are awarded to nonmember(s) of AMWA for contributions in any area of communication in the medical or allied professions and sciences. This year, an honorary fellowship was granted to Donna Deegan.

A local nightly news broadcaster in Jacksonville, Donna Deegan has made outstanding contributions to breast cancer education and research. Donna is a three-time survivor of breast cancer and has written two books on her experiences. She established both a foundation (The Donna Foundation; www.donnahickenfoundation.org) that provides financial support and education to women with breast cancer and a very well-known annual marathon that raises funds for breast cancer research at Mayo Clinic. The National Marathon to Fight Breast Cancer, also known as 26.2 with Donna, draws thousands of runners and walkers each year, with 100% of the funds going directly to breast cancer research and care. The importance of the marathon in the breast cancer community is evidenced by the fact that Mayo Clinic schedules its annual breast cancer symposium to coincide with the marathon, with several of the symposium presenters and participants running in the marathon.

The 2010-2011 Fellowship Committee included Susan Aiello, DVM, ELS; Lori Alexander, MTPW, ELS; Marianne Mallia, ELS; Mary Royer, MS, ELS; Donna Munari (ex officio); and Michele Vivirito.

GOLDEN APPLE AWARD: CINDY HAMILTON, PHARMD, ELS

By Sharon Nancekivell, MA
2010-2011 Administrator of Education

Cindy W. Hamilton, PharmD, ELS, is this year’s recipient of the highest honor an AMWA workshop leader can achieve — the Golden Apple Award. On hearing the news, Cindy said, “I am so honored. This is a labor of love.”

This prestigious award was established in 1986 to honor workshop leaders who have demonstrated consistent excellence in teaching in AMWA’s educational program. Each year, the Golden Apple winner is selected by the Education Committee after a thorough review of the credentials of all eligible workshop leaders. To be eligible, a workshop leader must have taught at least 12 workshops at AMWA’s annual or chapter conferences and maintained an overall score of 4.4 (out of a possible 5.0) on participants’ workshop evaluations for all workshops he or she has taught. Other criteria considered include the difficulty of the content and the diversity of workshops taught, the number of new workshops developed, and the number of years the leader has volunteered to teach these workshops.

Over the past decade, Cindy has taught 35 workshops at annual and chapter conferences throughout the country, including workshops as diverse as Business Aspects of a Freelance Career, Writing Abstracts, Tables and Graphs, Creating Effective Poster Presentations, Essential Ethics for Medical Communications, and Ethical Standards in Medical Publication. She has been instrumental in developing ethics workshops for AMWA’s new certificate program that launched in 2009 and is the author of two self-study modules, Essential Ethics for Medical Communicators, launched at AMWA’s Annual Conference in Jacksonville in 2011, and Tables and Graphs, slated for
Lori De Milto, MJ, is the 2011 recipient of the President’s Award. This honor is given to a member for distinctive contributions to the association at the chapter or national level. The recipient must have been an AMWA member for at least 10 years and cannot have served on the Executive Committee.

Lori’s commitment to AMWA and her enthusiasm for our profession have been exemplary, and her service over the years has been described as “anything but one-dimensional.” A member since 1997, she has been involved in numerous ways, from holding a number of key leader-
ship positions in the Delaware Valley Chapter (DVC), including Chapter President, Secretary, and Newsletter Editor and Chapter Delegate to AMWA’s Board of Directors to writing for the AMWA Journal. She received the Delaware Valley Chapter’s President’s Award in 2002.

Among her many other efforts for the DVC, Lori wrote the popular “Toolkit for New Medical Writers,” which provides an overview of medical writing and appears on the Delaware Valley chapter Web site, as well as many other chapter Web sites. She also established an annual freelance workshop for DVC in 2003, which continues to this day, and in 2005 launched a “Getting Started in Medical Writing” workshop. Lori, who has 29 years of experience in marketing communications, including 21 years in medical writing, has also shared her expertise at several annual conferences over the years, serving as the co-coordinator of two freelance open sessions, as a panelist for such open sessions as Scope of Medical Communications and How to Market Your Freelance Business, and as a roundtable leader on such topics as social networking and marketing.

She also has contributed to AMWA as a committee member, serving on the Constitution and Bylaws Committee, the AMWA Annual Conference Committee, and the Eric C. Martin Awards Committee. She also has served as an AMWA Journal Freelance Forum panelist and Editorial Board member.

Lori is the principal in her own business, Writer for Rent LLC. She graduated with a bachelor of arts degree in journalism from Temple University, where she also earned her master’s in journalism. From 1984 to 1997, she was the publications manager, editor, and assistant at Temple’s School of Business and Management. She worked part time as a freelance writer from 1990 to 1996, and became full-time in 1997.

Always willing to lend a hand in ways both big and small, Lori has devoted a significant amount of time and energy to AMWA, and our organization is the better for it. “I’ve very much enjoyed my participation in AMWA,” says Lori. “I’ve built leadership skills and developed a network of colleagues to share life as a medical writer with and to turn to for advice and support.”

AMY YOUNG AND LAURA PITZONKA

By Qing Zhou, PhD
Chair, 2010-2011 Student Scholarship Committee

Amy Young, a doctoral student at University of California, San Francisco, CA, and Laura Pitzonka, a doctoral student at University at Buffalo, the State University of New York, NY, are the recipients of the 2011 Annual Conference Student Scholarships sponsored by University of the Sciences in Philadelphia. The scholarships provided Amy and Laura funds to cover the costs of attending the annual conference and participating in three workshops. The two scholarship recipients were honored at the Sablack Awards Dinner at the conference.

Amy just finished her PhD study in the Biomedical Sciences Graduate Program at University of California, Los Angeles.

Laura Pitzonka and Amy Young (far right) accept their scholarship awards from Christine Wogan, MS, ELS, 2010-2011 Administrator of Awards (far left); Dan Benau, PhD, Director of the Biomedical Writing Program at the University of the Sciences in Philadelphia; and Qing Zhou, Chair of the Student Scholarship Committee.
San Francisco. Although she entered the graduate school with an enthusiasm for laboratory experimentation, she found that one of the most enjoyable and rewarding aspects of her graduate training was communicating her scientific findings to others. Toward the end of her graduate study, Amy started to look into careers in communications that would leverage her scientific training, and medical writing seemed a perfect fit. Amy found out about AMWA through the Internet and became a student member early this year. Shortly before her graduation, when she learned of the student scholarship in an e-mail announcement from AMWA, Amy was eager to apply. “The annual conference would provide a great opportunity to network, learn more about the profession, and develop writing and communication skills through the various workshops,” says Amy.

At the annual conference, Amy took three workshops: Statistics for Medical Writers and Editors, Sentence Structure and Patterns, and The Internet: How and Where to Find the Information You Seek. “The information from these workshops is immediately helpful for my current position as a bench scientist,” says Amy. More important, she adds, “what I learn from these workshops will help build a strong foundation in essential medical writing skills.” In addition to participating in the workshops, Amy also attended many open sessions, a breakfast roundtable (From Bench Scientist to Medical Writer: Thinking ‘Out of the Box’), the Chapter Greet and Go, and the McGovern and Alvarez Luncheons. Amy feels very fortunate to have received the student scholarship, and values the opportunity to attend the conference and workshops. “I really enjoyed meeting and speaking with AMWA members and was inspired to learn of how many others have transitioned out of bench science and into medical writing,” says Amy. Freshly graduated and still job-hunting, Amy is hoping to break into a career in either publication planning or regulatory affairs, where she can apply her scientific training.

Laura is currently a fourth-year PhD candidate in the Department of Pharmacology and Cancer Therapeutics at Roswell Park Cancer Institute, University at Buffalo. While enjoying scientific research, Laura has never had a strong interest in becoming a Principal Investigator. In an "SOS: Survival of Scientists" seminar series held at her department, Laura was intrigued by a talk in which a speaker discussed her experience as a medical writer at a pharmaceutical company. When asked by the speaker to define her strengths and what she enjoys the most about science, Laura had in mind writing and discussing scientific concepts. “Therefore, I decided I had to research the field of medical writing!” Laura discovered AMWA during a Google search, and stumbled on the scholarship announcement when browsing the AMWA Web site. “Once I found the scholarship opportunity, there was no question I was going to apply,” says Laura. “I knew attending AMWA’s annual conference would be the best way to explore my interest in medical writing.”

The workshops Laura took at the annual conference were Sentence Diagramming for Clarity and Practicality, Statistics for Medical Writers and Editors, and From Bench Science and Clinical Practice to Medical Writing. Laura enjoyed all three workshops and was impressed by the skills and enthusiasm of the workshop leaders: Flo Witte, Nancy Drew Taylor, Tom Lang, and Andrea Gwosdow. In addition, Laura also attended many open sessions, each exposing her to a new aspect of the field. She said that she found the sessions to be well organized and the question-and-answer periods to be insightful. “I can honestly say I learned something from each speaker,” says Laura. Two of her favorite sessions were Is Regulatory Writing the Only Writing in the Pharmaceutical Industry? and Becoming a Medical Writer: Training and Transitioning.

Laura has found AMWA to be a welcoming and kind organization. “I feel extremely honored and grateful to win the scholarship. This opportunity has confirmed my desire to work in the medical writing field and has jump-started my transition.” When asked about her career goal, Laura says that she wasn’t exactly sure what she wanted to do after graduation until she went to the AMWA conference. “My experience at AMWA has reassured me that I would like to work in the medical writing and editing field.” Specifically, Laura believes that she would enjoy a career working in publication writing and editing.

The Annual Conference Student Scholarship Committee included: Donna Angus, BEd, MSc; Lili Fox Velez, PhD; BethAnn Garnier-Wagner, PhD; Karen Klein, MA, ELS; Ann Tennier, ELS; and Mary Whitman, MS, PhD.
The Eric W. Martin Award honors excellence in medical writing; it is given in recognition of outstanding articles that were written and published by members of AMWA in the previous year. Usually, two articles are selected; one written for a professional (medical) audience and one intended for the public or health care consumer. This year, however, two articles were selected in the professional category, as well as one in the consumer category. The winners are:

- **Bart J. Harvey, MD, PhD, and Thomas A. Lang, MA**

- **Denny Smith**

- **Penny Allen**

I asked each winner to give us a little insight into who they are and what they do.

**BART J. HARVEY**

**Q:** Where do you live and work?

**A:** I’m currently an Associate Professor and Division Head at the Dalla Lana School of Public Health at the University of Toronto in Toronto, Canada. I am “multi-employed,” serving in several roles in the University of Toronto’s School of Public Health (e.g., head of its Interdisciplinary Division and Undergraduate Education Coordinator); I also have a part-time role assisting with the Public Health Agency of Canada’s Field Epidemiology Program; and for the past dozen years have served as an Investigating Coroner in the City of Toronto.

**Q:** How long have you been involved in medical writing?

**A:** I guess “officially” since 1984 when I coauthored a peer-reviewed paper on computer-assisted diagnosis in the *International Journal of Bio-Medical Computing*.

**Q:** What is it that inspired you to write in the area of statistics?

**A:** I’m not a statistician but had to learn statistics as part of my PhD in epidemiology. I joined AMWA in 1994 as I was writing my doctoral dissertation, and one of the AMWA workshops I took was the core statistics workshop that Tom Lang led in Montreal at one of our national medical meetings (I believe it was in 1998). In April of 1999, Tom kindly allowed me to co-teach that workshop when he offered it at the Michigan Chapter conference. Since then I have led that workshop at the AMWA annual conference or at chapter conferences a total of 15 times. A few years ago, I was invited to serve as the lead author of AMWA’s self-study course on statistics. I also built on my experience with AMWA’s core statistics workshop by developing, in 2004, the Sample Size and Study Power workshop for AMWA’s advanced curriculum and led its 19th offering at the annual conference in Jacksonville. I think because I had so much difficulty initially understand-
ing statistics that I have a particular passion in trying to make it understandable for others. Most recently, I’ve developed an Applied Statistics course for third-year undergraduate Arts and Science students at the University of Toronto. I’m currently in the midst of offering it for the third time and am having a great time interacting with the 125 students and five teaching assistants who are also learning with me in the course!

**Q: How do you approach the development of articles such as this?**

**A:** This article arose through a request from the section editor of the journal *Chest.* He wanted an article on sample size and study power for their “Medical Writing Tips” series. As I understand it, when the editor approached Tom to ask if he could and would write such an article, Tom told him that he could but that a colleague of his had recently developed a half-day workshop on the topic and that the editor should approach me. This article, being more of a “tutorial,” followed a different development process than a typical research article. In fact, the invitation to write this article gave me the opportunity to reflect on my advanced AMWA workshop on this topic and gave the article its direction and substance.

**Q: Are you involved with any other professional societies or groups?**

**A:** I currently serve as the Royal College of Physicians and Surgeons of Canada’s Chair of the Specialty Committee for Public Health and Preventive Medicine and on the Executive Committee of the Canadian National Specialty Society for Community Medicine. South of the border, I have served for over a decade on the American Board of Preventive Medicine’s Examination Committee for Public Health and General Preventive Medicine and am currently in the final year of a 6-year term as the International Regent on the Board of the American College of Preventive Medicine. I am also just wrapping up a 3-year project, serving as the lead editor of a “Research Guide” that has been developed for the Royal College of Physicians and Surgeons of Canada. The Guide is a multiauthored text that includes 32 chapters (of note: Tom Lang authored the chapter on Systematic Reviews).

**Q: Would you care to share anything about your personal life—your hobbies/avocations?**

**A:** I thrive on being physically active, and one of my “guarantees” is cycling the 45 minutes between home and campus on as many days as possible. I also swim and run but not nearly as often as I used to (and would like to). More recently, I have reacquainted myself with the game of golf and am currently working hard to reduce my current handicap of 18! I’ve been married for almost 20 years and we have three very different, interesting, and entertaining children who are 14, 10, and 8 years old.

**Q: Any additional thoughts that you would like to share?**

**A:** Not that I can think of other than to say that joining and becoming active in AMWA has been one of the best and most rewarding decisions of my life, particularly because of the many wonderful friendships that I have made, such as with Tom. I should also clarify that the original plan was for me to solo-author the article for *Chest,* however, when I sent a draft to Tom seeking his thoughts and suggestions, the feedback I got back from him was so substantive that I asked if he would be willing to be identified as a coauthor of the article.

**THOMAS A. LANG**

**Q: Where do you live/work?**

**A:** In my living room, in a galaxy far, far away… but not all that far from Seattle, WA.

**Q: How long have you been involved in medical writing?**

**A:** Hard to say; about 36 years.

**Q: Are you self-employed?**

**A:** I’m leery of anyone who would have me work for them, but I don’t remember hiring myself, either. Actually, I became a consultant of necessity when a planned move in 1999 didn’t happen. By that time, I had the skills in medical writing and editing, grant writing, and teaching; the visibility of having published a college text on personal health and a book on reporting statistics; and the credibility of having worked at the Cleveland Clinic and the New England Cochrane and Evidence-based Practice Centers. That, and bad jokes, was enough to let me do author’s editing and stand-up training.

**Q: What’s your educational background?**

**A:** Most of my education has remained in the background, where I can’t get to it. I do remember getting an undergraduate degree in the social sciences (California State University, Chico, emphasis on the science), and a graduate degree in communications management, from the Annenberg School of Communications at the University of Southern California, where I specialized in scientific communications. I also swim and run but not nearly as much as I used to (and would like to). More recently, I have reacquainted myself with the game of golf and am currently working hard to reduce my current handicap of 18! I’ve been married for almost 20 years and we have three very different, interesting, and entertaining children who are 14, 10, and 8 years old.

**Q: Any additional thoughts that you would like to share?**

**A:** Not at all! I thoroughly enjoyed our conversation. I hope it was informative and helpful. Please feel free to contact me with any questions or concerns you may have.

**Q: Where do you live/work?**

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**Q: Any additional thoughts that you would like to share?**

**A:** Not at all! I thoroughly enjoyed our conversation. I hope it was informative and helpful. Please feel free to contact me with any questions or concerns you may have.
Q: Are you involved with any other professional societies or groups?
A: I was elected President of the Council of Science Editors (to my continuing surprise) and became the Treasurer of the World Association of Medical Editors as a favor to a friend. Former friend.

Q: Would you care to share anything about your personal life—your hobbies/avocations?
A: I practice attacking mostly imaginary opponents with sticks of different lengths. I follow our two golden retrievers, Sandy and Rusty, around the neighborhood several miles each day, and a few times a week lift heavy objects and then put them back where I found them.

Q: Any additional thoughts that you would like to share?
A: No. Wait. To be on the safe side, “I didn’t do it,” “It wasn’t my fault,” and “I won’t do it again.”

DENNY SMITH
Q: Where do you live/work?
A: I have lived and worked in the San Francisco Bay Area for 37 years.

Q: How long have you been involved in medical writing?

Q: Are you self-employed?
A: I am a freelance medical writer with special interests in evolutionary biology, infectious disease, international medicine, conflict-zone emergency care, neurology, ophthalmology, pediatrics, public health, refugee care, and urban trauma care.

Q: What’s your educational background?
A: I studied music theory, worked for 10 years as a nursing assistant in both acute and convalescent care, worked for 9 years as a study coordinator and patient advocate in ambulatory care, and learned medical writing under the editorship of John S. James from 1986 through 1995 at the groundbreaking AIDS Treatment News.

Q: How do you approach the development of articles such as this?
A: Through reading journals and having conversations with physician colleagues, and then interviewing physicians or researchers who are experts in their field, as well as patients who are willing to share their experiences, and finally compiling all those perspectives into one narrative, accompanied by images of clinical interest.

I work in explanatory reportage, so I offer all interviewees a review of the pre-publication manuscript so they can offer corrections, deletions, and additions in the service of accuracy, relevance, and intentionality.

Q: Are you involved in other professional societies or groups?
A: I am a member of Amnesty International and the American Civil Liberties Union, as well as a member of LinkedIn interest groups for the National Lesbian and Gay Journalists Association, the Iraqi and American Reconciliation Project, and Physicians for a National Health Program.

Q: Would you care to share anything about your personal life—your hobbies/avocations?
A: I love new art and architecture, serious music, life science research, and international political news. Two years ago I joined a team of physicians traveling to Baghdad and Amman to meet Arab physicians for the purpose of updating standards of care and exchanging new surgical techniques. I am now seeking to join a similar team to visit Libya, Egypt, Tunisia, Lebanon, or Syria. My wonderful kids, Lucy, 10, and Cal, 8, are currently in pre-, pre-, pre-med studies, although we aren’t quite calling it that.

Q: Any additional thoughts that you would like to share?
A: I am grateful to AMWA for maintaining a forum for the efficient and eloquent transmission of authoritative news for physicians, nurses, researchers, health policy makers, and ancillary health workers. Without medical writers, progress in medicine would sit, motionless, bound in research papers filed in remote laboratories. We work with editors and clinicians to translate the most useful information into real care of people in emergency rooms, operating rooms, nurseries, clinics, and pharmacies around the world.

PENNY ALLEN
Q: Where do you live/work?
A: I live in Cleveland Heights, Ohio, where I grew up. I lived and worked in the Washington, DC, area, but I was drawn back home to be with aging parents. I’m lucky to be able to work from my home office for the Interstitial Cystitis Association (ICA), a patient advocacy organization. I had been freelancing, mainly specializing in urology, when I began contributing articles to the ICA’s publications in 2003. Eventually, that turned into a full-time job for this largely virtual association (although I still freelance). Most of us work from our home offices.

Q: How long have you been involved in medical writing?
A: I had long been working in scientific and medical publishing, mainly in editing and production of journals and technical publications, before a layoff in the early 1990s. That’s when...
I jumped into unfamiliar waters by taking a job at a trade publishing company that had a group of medical newsmagazines. “I can do this,” I realized, and I began doing medical news coverage then and eventually became the Editor in Chief of Urology Times. After a layoff from another company in a time of pharmaceutical company downturns and mergers—a decade ago now—I began freelance writing. But I love magazines and their whole process, so I was able to bring all that experience of editing, production, and writing to the table for the ICA and turned their two-color newsletter into a four-color magazine with features that help patients learn how to live better with a painful, chronic disease and even get them ahead of the clinical and research curves. Often, patients are using the ICA Update to educate their doctors about the latest treatments.

Q: What’s your educational background?
A: I have a BA in biology, but I loved language and literature. My mother was a doctor and my father a publisher. Go figure.

Q: Why an article about talking to your doctor? What is it that inspired you to write on this?
A: When it comes to getting the care they need, patients with interstitial cystitis (IC) face not only some of the toughest medical challenges but also some of the toughest sociologic ones. IC is a chronic pain condition that affects mainly women. No cause is understood, and no cure is in sight. Chronic pain is a huge medical challenge that’s not being met well, as a recent Institute of Medicine report underscored. And because the patients are mainly women, often seeking care from urologists, who are nearly all men who are trained to treat men, there’s a gender gap most patients have to cross. Moreover, urologists are surgeons, so chronic medical care doesn’t fit their typical practice model. All these things conspire to make it really tough for patients to get the treatment, especially the pain treatment, they need. There was a time when patients were regularly dismissed as hysterical women with a psychosomatic condition. Although that’s changed a great deal, the dynamic is still difficult. Women—and men—with IC have to work smarter to get the results they need when they seek care from doctors who have limited time, who fear “drug seekers,” who aren’t trained in pain care, and who sometimes don’t even believe them. That’s as big a challenge for patients as finding the right medical therapies.

Q: How do you approach the development of articles such as this?
A: I try to find and talk to the best, brightest, most knowledgeable, most creative, most passionate people who have something to say about the topic I’m working on. That’s not always the “usual suspects.” The more I interview, the clearer the issues become. And that can make the article just fall into place, as it did with this one.

Q: Would you care to share anything about your personal life—your hobbies/avocations?
A: Bird watching is the connection I keep with my interest in biology and the natural world. I go to German language school to shift mental gears, to learn to speak with my relatives, and, okay, to drink German beer in the pub at the school. I indulge my love of early music and world music in Cleveland’s lively arts scene. And I exercise my values through peace activism.

Q: Any additional thoughts that you would like to share?
A: It was a big surprise and a big thrill for me to be included among the amazingly skilled and talented people who have won this award. I’m so grateful to be in their company.

The Eric W. Martin Award for Excellence in Medical Writing Committee also included Norman Grossblatt, ELS(D), chair; Leslie Neistadt, ELS; and Katherine O’Moore-Klopf, ELS.
A significant gap in pharmacy leadership is expected in the next 5-10 years. It is anticipated that 70%-80% of current pharmacy leaders will retire within the next decade, and the shortage of these pharmacy leaders may be fourfold greater than that of pharmacists.

Pharmacy Management, Leadership, Marketing, and Finance takes a proactive stance to address the current issues and challenges affecting practitioners in formal and informal leadership roles.

This comprehensive textbook is well written and easy to read. The 27 chapters, written by 50 authors from numerous colleges of pharmacy, is organized into nine sections: Leading and Managing, Change and Innovation, Law and Ethics, Pharmacy Operations, Planning, Marketing, Human Resources, Communication, and Personal Development. The authors recognize that everyone has the power to promote change, create a vision, and inspire and influence others “despite your title, role, or position on an organizational chart.”

The text moves forward to address the wide range of issues pharmacy professionals encounter in their daily work environment. As a new pharmacy manager, I found the Pharmacy Operations and Human Resources sections most beneficial. Pharmacy Operations covers topics such as workflow, medication safety, purchasing and managing inventory, and third-party payment for prescription medications in the retail sector. The Human Resources section is an excellent source of information on employment law in addition to successful recruitment and hiring strategies. All of these are vital competencies for pharmacy leaders and managers. This material alone is invaluable because these topics are inconsistently taught in pharmacists’ practice settings. The tremendous emphasis on patient care and drug information in pharmacists’ education results in significantly less importance being placed on leadership in the workplace.
The book ends with a noteworthy section on Personal Development, covering time management, professional development, and personal finance—all of which contribute to self-awareness and enhanced quality of life. This additional section provides added value, as most textbooks on pharmacy management do not offer this type of information.

Additional learning aids are included throughout the text in the form of tables, figures, and illustrations. The Web-available supplemental resources listed at the end of each chapter are a major benefit. Self-assessment questions and case scenarios are also available to provide reinforcement and to enable the reader to incorporate key principles into pharmacy practice.

Although the intended audience is pharmacy students and practitioners, much of the information may be valuable to anyone interested in leadership or professional development. The reader will become more proficient and confident when undertaking leadership roles. This resource can also increase pharmacists' awareness and understanding of the components of leadership, which make this practical and comprehensive text a must-have for every pharmacy professional.

—Sericka McGee, PharmD, RPh
Sericka is a pharmacy manager at Farm Fresh Pharmacy and a medical communications fellow at Hamilton House in Virginia Beach, VA.

First Place, Physicians

Practical Plans for Difficult Conversations in Medicine: Strategies that Work in Breaking Bad News
By Robert Buckman, MD, PhD. Baltimore: John Hopkins University Press.

By the time I had gotten to medical school, I’d been diabetic for 20 years and had had plenty of experience on the receiving end of the stethoscope. I had always been sensitive and over time had grown keenly aware of what worked and what did not work when discussing difficult medical matters. When we role-played difficult medical conversations in my second year clinical skills course, I took full advantage of my experience. It was at least one part of medical school that I breezed through. Some of my classmates really struggled, though. Their interactions were stiff, hesitant, evasive, authoritarian, or some other variation of awkward. In the following 2 years, as I worked with untold numbers of classmates, residents, and attending physicians, I came to believe that when it came to finessing a difficult medical conversation, either you had it or you didn’t.

Dr Robert Buckman’s pioneering book, Practical Plans for Difficult Conversations in Medicine, is a paradigm-shifter for me. In it, he suggests that handling difficult conversations is like any other skill in medicine; that is, it can be learned and applied in a systematic manner. Moreover, when compared with an unstructured approach, a strategic approach to such conversations is more likely to result in a favorable outcome: a patient grateful for your empathy, de-escalation of an intense emotional situation, a clear exchange of factual information, a re-setting of unrealistic expectations, more efficient use of time, or even avoidance of a lawsuit. This small, rather plain and unassuming text focuses on “people-doctoring,” rather than “disease-doctoring,” and identifies communication as part of the treatment plan.

In my career practicing emergency medicine, when faced with a patient whose heart was not beating, when action was needed quickly and the room was noisy and chaotic, when information was coming in from all directions, I relied on strategies built on simple mnemonics to make sure I covered all of the bases. For example, ABC to an emergency room physician means only one thing: airway, breathing, and circulation. Dr Buckman uses similar mnemonics to provide a framework for approaching highly emotionally charged topics such as providing a terminal diagnosis, disclosing medical errors, dealing with inter-family conflict, and requesting organs for donation. Simple though they are, these mnemonics are not scripts. Dr Buckman recognizes that the how of his strategies differ depending on the situation, just as a different piece of equipment might be chosen to obtain an airway, depending on the situation. For this reason, the text is filled with excellent examples of the strategies in action. Also, the book is accompanied by a DVD in which the strategies are brought to life through unscripted role-playing between the author and professional actors. Dr Buckman also identifies key recurrent decision points where a clinician’s response might consist of an open question or be direct and factual, escalopty/judgmental, or empathic.

Dr Buckman’s excellence in communication extends beyond the art of breaking bad news and into the art of writing textbooks. His writing style is crisp and unpretentious, almost conversational in nature. Although the book could easily be read cover-to-cover, use of a consistent chapter structure throughout, placement of the strategic acronyms at the beginning of the chapter in which they are described, and frequent use of bold headings makes this book equally suited to targeted reading.

Dr Buckman’s approach to navigating through difficult medical conversations is thought-provoking, creative, and original. Practical Plans for Difficult Conversations in Medicine will be as useful to a class of second-year medical students in an introduction to clinical skills course as it will be to the experienced clinician who is wise enough to know she can always learn more.

—Tamara Ball, MD
Tamara is Senior Medical Writer at i3Statprobe, Asheville, NC.
A broad readership will benefit from this reference work, including “cancer survivors” (which, according to a side note, describes anyone who has received a cancer diagnosis, or completed cancer treatment, or lived several years past a cancer diagnosis), as well as those who will likely experience cancer in their lives as family members or caregivers. Important aspects of nutrition and diet, and how these elements can have an effect on cancer and cancer treatment, are explored. Other chapters help the reader assess nutritional needs and define the components of a balanced diet. The authors describe the effects (both positive and negative) of drugs, dietary supplements, and other types of alternative therapies; what effect genetically modified or irradiated foods may have on cancer survivors and; how to prepare for treatment, maintain a healthy body weight, strengthen the immune system, cope with treatment-related fatigue and changes in digestion during treatment, and understand the importance of hydration. Descriptions of special diets such as the clear-liquid; full-liquid; and low-fiber, low-residue diets are included in the Appendix. A helpful glossary defines key cancer-related terms that may be confusing or unfamiliar, such as “adjuvant therapy” or “apoptosis.” Every chapter includes a list of references and a good number of charts that help the reader decide what to include in a healthy diet and what to avoid. The writing style is straightforward and clear. If you don’t know Gerson Therapy from Kelley’s Treatment—or even if you do—this is the book for you.

Dan Fernandez

Dan is past president of the Northwest Chapter. He is a freelance copyeditor in Seattle, WA.
QUESTIONS AND ANSWERS ABOUT AMWA FELLOWSHIP AWARDS

By Tamara Ball, MD

2010-2011 Chapter & Membership Administrator

If you’ve ever had the good fortune to attend the Sablack Awards dinner at one of AMWA’s annual conferences, you may have seen one or more AMWA fellows named, and possibly an honorary fellow named as well. (You can read about this year’s three new fellows on page e12.) Even if you didn’t know a particular recipient, chances were, you’d heard his or her name around AMWA. If you’d ever wondered what fellowship is all about, read on.

What Is an AMWA fellow?
AMWA fellows are members who have been recognized for significant contributions to the goals and activities of the association and who have shown promise as future leaders of AMWA.

Who chooses Fellowship Award winners?
Each year, the current Administrator of Awards on AMWA’s Executive Committee (EC) names a fellowship committee chair who must be a former president of AMWA, traditionally the individual who has just served as Immediate Past President. The committee chair chooses five people to serve on his or her committee, all of whom must themselves be fellows. Serving in an ex officio capacity, the Executive Director of AMWA is included in all committee meetings.

How are fellows chosen?
The selection of a fellow is far from random. All candidates for fellowship have been active in AMWA in the preceding 5 years, though many have been active for far longer than this. Each year, AMWA headquarters sends to the chair a list of members who meet this criterion, along with a personal record of AMWA activity, the “mini-bio.” You see, service to AMWA is not only appreciated at the time it is rendered, it is also recorded. Each time you review an article for the Eric Martin Award, serve as secretary for your chapter, or attend an AMWA Board of Directors (BOD) meeting as a Chapter Delegate, AMWA staff adds that information to your “mini-bio.” That tally of information is used to generate a score that heavily influences the choice of fellows. The committee can also factor in additional information deemed relevant or appropriate to the award’s scope and purpose. A Call for Nominations is also provided in the November or December AMWA Update, and nominations, if any, are passed on to the committee for consideration. Nominations for fellowship are presented by the committee and approved by AMWA’s BOD at its spring meeting.

What specific activities count toward fellowship?
At the national level, the following activities are recognized on the score sheet: member or chair of a task force or subcommittee, member of a committee; member of the EC (and chair of the related committee), and position as an elected AMWA officer. Annual conference activities that generate points include developing/teaching a workshop; teaching an established workshop; moderating or speaking at an open session panel, and leading a roundtable. Credits can also be earned for the following activities related to the AMWA Journal: writing an article or serving as a peer reviewer, copyeditor, proofreader, or Section Editor. Other service activities that generate credit include developing a Pocket Training, serving as a Social Media Manager, and serving as an AMWA Listserv Manager. Chapter activities that count toward fellowship include serving as an elected officer, a delegate to AMWA’s BOD, newsletter editor, Webmaster, and chair or member of a chapter committee.

What is an honorary fellow?
Honorary fellows are nonmembers of AMWA who are recognized for contributions in any area of communication in the medical or allied professions and sciences. Honorary fellows are selected by the fellowship committee and approved by the BOD.

How many fellowships are awarded each year?
No more than three fellowships and two honorary fellowships may be awarded each year, though none are required to be given.

What does being awarded a fellowship confer?
Fellowship awardees are recognized with a plaque at the Sablack Awards Dinner at the annual conference and identified in the AMWA Journal following the conference. Fellowship is an honor carried through life and noted with a unique name-tag ribbon at the annual conference and inclusion in the list of fellows on the AMWA Web site. The fellowship award is primarily an honorary award, but it is recognized as a very high honor and as a tribute to one’s commitment to AMWA.

I want to join the ranks of AMWA fellows. What’s the next step?
Just get involved! Don’t wait to be asked. Take stock of your strengths and contact leadership within your chapter, fill out the Willingness to Serve form (found on AMWA’s Web site www.amwa.org), and/or call headquarters to find out what committees still need help. Committees tend to form in the month preceding and the month following the annual conference, but help is always needed. And keep in mind, service to AMWA has the added benefit of fun in the moment and friendships to last a lifetime.
Women in Science: Forging New Pathways in Green Science

For the last 13 years, UNESCO and L’Oréal have awarded 15 annual For Women in Science International Fellowships. In partnership with the L’Oréal Foundation, the American Association for the Advancement of Science, which publishes the journal Science, has created a booklet honoring the women awardees who have pursued research in “green science.” You can download a copy of the booklet at [http://sciencecareers.sciencemag.org/tools_tips/outreach/loreal_2010](http://sciencecareers.sciencemag.org/tools_tips/outreach/loreal_2010).

The inspiring stories portray some extraordinary women who have coupled their passion for discovery with their compassion for our planet and its people in search of answers to difficult issues such as global climate change, famine, drought, and epidemics. The individual missions of these women have made an impact across the globe, from Uzbekistan to Columbia, and their research has taken them to unusual and exotic locations, from drought-stricken parts of Africa to the tropical jungles of Central America.

These women have taken the challenge and made a difference in such critical areas as protecting native lands through environmental responsibility, giving nature a hand via biotechnology, saving life’s flora and fauna through biodiversity, preserving the world’s organisms by practicing sustainability, and reaping green gold through medicine and therapies. Reading through the pages here will surely make you become a champion of women, of science, and of going green.

SBA.gov: Green Guide for New Businesses

[www.sba.gov/content/green-guide-new-businesses](http://www.sba.gov/content/green-guide-new-businesses)

For those of you who have either been longtime freelances or are just starting off on your own, the Small Business Administration (SBA) Web site has a page to help you go “green.” The SBA suggests a set of steps you can take as a small business owner to be more “green-compliant,” describing briefly how you can:

- Comply with environmental regulations
- Develop an environmental management plan
- Build green
- Buy green products
- Adopt energy-efficient practices
- Reduce, reuse, and recycle wastes
- Conserve water
- Prevent pollution
- Create a green marketing strategy
- Join industry partnership and stewardship programs

Although the steps the SBA Guide provides are merely a framework for turning your business greener, the Web site does include access to a number of related articles that give you additional information on air pollution, America’s green cities, basics of environmental compliance, tips for energy efficiency, contracting opportunities for energy-efficient businesses, environmental management, environmental regulations, green business case studies, green commuting, green product development, starting a green business, waste, and water.
Conservation Value Institute (CVI)
www.conservationvalue.org
CVI is a nonprofit research and communication think tank that improves public understanding of how environmental solutions benefit our economy, health, security, and quality of life, and whose mission is to advance the Green Economy and promote sustainable land use. The organization describes its Web site as an educational “online library of sustainability” that presents articles and tip sheets from across the Web.

On the home page, viewers can find links to these general topics:
- General sustainable business resources
- Tips for greening your office and business
- Tips on emissions reductions: use of clean energy & energy conservation
- How to boost profits by reducing waste
- About working in a green building & building green
- Green purchasing tips
- Green investing tips

Of most interest to medical communicators is a separate section titled Journalists and Media Representatives. You can find this section by clicking on “Sustainability Tip Sheets” in the left-hand menu. In addition, you can access myriad articles on communicating about global warming and other “green issues” and follow the CVI Blog online or on Twitter, which is hosted by Jonathan L. Gelbard, PhD, a conservation scientist, sustainability expert, and communication specialist.