



# Views from the Annual Conference

Atlanta • 2007



The 2007 AMWA conference included a wide variety of social, networking, and educational events, from receptions to breakfast roundtables to workshops. In addition, the Keynote Address offered a new format, with two leaders in medical education sharing their opinions about educating physicians (bottom row, center). The leaders were Eve J. Higginbotham, MD, Dean and Senior Vice President for Academic Affairs, Morehouse School of Medicine, and J. William Eley, MD, MPH, Executive Associate Dean for Medical Education and Student Affairs, Emory University. Moderating the discussion was Nancy Albritton, Senior Editor, Medicine/Environment/Science/Health, *The Atlanta Journal-Constitution*, Atlanta, GA. Among the award winners was Jeffrey P. Koplman, MD, MPH, Vice President, Academic Health Affairs, Woodruff Health Sciences Center, Emory University, Atlanta, GA, who was presented with the Alvarez Award by Michele Vivirito, the 2007 Annual Conference Coordinator (bottom row, right). Video or audio recordings as well as PowerPoint slides from the Keynote Address, the Alvarez Award lecture, and the McGovern Award lecture are available on the AMWA Web site ([www.amwa.org](http://www.amwa.org)). Photos above by Constance Jackson, Atlanta, GA ([www.cjacksonphotography.com](http://www.cjacksonphotography.com))

## Annual Conference Coverage | AWARDS

Several awards were presented at the annual conference to recognize members for their contributions to AMWA and to the field of medical communication. In addition, 2 students received Annual Conference Student Scholarships. The awards were presented at the Sablack Networking and Recognition Dinner, held on the Friday night of the conference.

### 2007 Swanberg Award Winner: Elliott Churchill

By MaryAnn Foote, PhD, Chair, Swanberg Award Committee

Elliott Churchill was named the recipient of the 2007 Harold Swanberg Distinguished Service Award. This award is given to an active member of AMWA who has made distinguished contributions to the field of medical communication or rendered unusual and distinguished service to the medical profession.

"I am honored that the committee selected me. I am humbled when I think of all of the stellar AMWA members

who deserve this recognition far more than I do, but I am grateful that AMWA thinks my work is worth such recognition," said Elliott when she learned of her award. She delighted attendees of the Sablack Dinner with her



lecture, "Mountains, Molehills, and Memories." (*This lecture begins on page 176.*)

Elliott has been a member of AMWA since 1978 and has taught workshops since 1998; she was awarded the Golden Apple in 2004. Beyond her AMWA contributions, Elliott has helped people worldwide improve the quality of their scientific communications. "Around the world" is key: between 1985 and 2006, she worked in 94 countries, helping in diverse areas such as communication, publication management, public health surveillance, and applied public health advocacy.

## Golden Apple Award: MaryAnn Foote

By Barbara Snyder, MA, Chair, 2006-2007 Education Committee

In recognition of the vital role that workshop leaders play, AMWA established the Golden Apple Award in 1986. This award publicly recognizes 1 workshop leader each year who has excelled in teaching in the AMWA education program. MaryAnn Foote, PhD, is the recipient of the 2007 Golden Apple Award.

The Golden Apple recipient is selected by the Education Committee after a review of the credentials of eligible workshop leaders. Eligibility criteria include having taught at least 12 workshops at AMWA annual conferences or chapter conferences, and an average score of at least 4.4 (on a scale from 1 to 5) in students' workshop evaluations. Other criteria that the committee considered include the diversity of workshops taught, the number of new workshops the leader has developed, the difficulty of the content of courses taught, and the number of years each candidate has been volunteering his or her time as a workshop leader.

Since 1992, MaryAnn has taught nearly 30 sessions of credit or noncredit workshops at the regional and national level and at company on-site workshops, with her students

Elliott retired from the Centers for Disease Control and Prevention in 2006, although some colleagues would be hard pressed to recognize her version of retirement, as she continues to be invited to speak on a global scale, usually under the auspices of her recent Fulbright Scholarship.

The Swanberg Award, the highest that AMWA confers, is named in honor of Harold Swanberg, the physician who founded our organization in 1940. This year's selection committee consisted of MaryAnn Foote, PhD, chair; Susan Aiello, DVM; Susan Eastwood, ELIS; Howard Smith, PhD; and Barbara Snyder, MA.



consistently giving her high scores and positive comments on the workshop evaluations. Credit workshops she has taught to date include multiple sessions of *Basics of Human Anatomy and Physiology*, *Basic Cell Biology*, and *Critical Appraisal for Writers and Editors of Biomedical Research Articles*.

As the committee concluded its deliberations, it particularly commented on MaryAnn's willingness to develop and flawlessly deliver several workshops for the new Science Fundamentals Curriculum. Currently, she is working on developing a workshop in basic genetics.

Upon being notified of her selection, MaryAnn was (in her own words) "truly surprised and deeply humbled." Her simple, heartfelt comment was, "I am so very honored to be in this category; you have no idea what this means to me."

## President's Award: Peggy Robinson

By James Cozzarin, 2006-2007 AMWA President

Each year, the AMWA president selects a member of AMWA to receive the President's Award, given for distinctive contributions to the association at the chapter or national level. The recipient must have been an AMWA member for 10 years and cannot have served on the Executive Committee. This year, 2006-2007 AMWA President James Cozzarin presented the award to Peggy Robinson.

Named an AMWA Fellow in 2006, Peggy has been a member of AMWA since 1991, the same year she agreed to serve as the Canada Chapter treasurer. She held this position for the next 13 years, finding time along the way to also serve as coordinator of the Canada Chapter conference in 1999. While supporting her local chapter, Peggy became



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involved in national events, serving at several annual conferences as roundtable leader, open session speaker, and workshop leader. Also during that time, she served the

national association as an active member of several budget and finance committees, a role she continues to fill today.

Peggy's career in scientific communications began at the National Research Council of Canada (NRC). Starting as a junior copyeditor, she advanced to serve the NRC as a manuscript editor for 2 of the organization's research journals, then moved to its executive offices to provide writing support. In 1991, Peggy made the move to the Canadian Medical Association as a manuscript editor. She spent the better part of the next decade working on a variety of medical journals, concluding with 3 years as managing editor of the *Canadian Medical Association Journal* (CMAJ). She took the leap to a freelance career in scientific editing in 1999 and has just finished a 15-month stint as CMAJ's part-time manager of submissions and peer review. She is looking forward to returning to full-time freelance editing.

But all work and no play can become tedious. Fortunately, Peggy has several extracurricular interests, including singing with the Ottawa Bach Choir. This spring, she traveled with the choir to perform in Europe. One highlight of the tour was performing at the Thomaskirche in Leipzig, which was Bach's own church for many years.

On learning of the award, Peggy was characteristically humble. "I'm completely surprised!" she exclaimed, "I'm not altogether sure I deserve such an honor!" Let me assure you, Peggy, that the honor has been ours. You have been a member in good standing for more than 16 years, you have long served the local chapter and the national association well and faithfully, and you are an asset to AMWA and the profession. Congratulations!

## Fellowships: Jennifer Fissekis, Jim Hudson, and Donna Miceli

By Dominic De Bellis, PhD, Chair, Fellowship Committee

Fellowships are awarded to members of AMWA to recognize their important contributions to the goals and activities of the association and for professional accomplishments that have been recognized by their peers. As the chair of this year's Fellowship Committee, I would like to thank my colleagues, Susan Aiello, MaryAnn Foote, Robert Hand, and Jill Shuman, for serving on the 2006-2007 Fellowship Committee. It was my distinct pleasure to have presented these AMWA members with their plaques and pins at the annual conference.

**Jennifer Fissekis**, of Rye Brook, NY, has been an AMWA member since 1985 and is a member of the Empire State-Metro New York Chapter, for which she served as assistant treasurer in the mid-1990s. During her tenure with AMWA, Jennifer also worked as a chapter delegate to the Board of Directors and has led many workshops as well.

Jennifer enjoys teaching, noting that her workshop experiences are the most favorite of all her AMWA endeavors. "I've found it enormously rewarding," she said, adding that she always learns from the people who attend her workshops. "It is a very enriching experience and the contacts [I have made] across the world have been very nice," she noted, reflecting on the value of AMWA's professional and yet, collegial network. Jennifer's commitment as a workshop leader has led her to present classes at chapter conferences, annual conferences, and on-site venues.

Before starting her 25-year career as a medical writer, Jennifer was a research scientist, first at Memorial Sloan-Kettering Cancer Center in New York City, then at Lederle Labs; this position eventually led to a technical writing job, her "first break," as she put it. After a time, she turned to freelance medical writing, and, through a series of freelance engagements that each transformed into permanent



The recipients of AMWA fellowship were (left to right) Donna Miceli, Jim Hudson, and Jennifer Fissekis.

positions at different pharmaceutical companies, she became a freelance writer with expertise in both preclinical and clinical regulatory documents.

Jennifer also mentors other AMWA members regularly, particularly at annual conferences. "I've made myself available by word-of-mouth and have had a number of people contact me," she said, explaining that she gladly offers her time to others seeking advice on how to get jobs and make contacts in the medical writing profession. Jennifer splits her personal and professional time between Rye Brook, NY, and San Diego, honing her gardening skills in each of these different climates.

**Jim Hudson**, of Simi Valley, CA, has been an AMWA member since 1980. A member of the Pacific Southwest Chapter, Jim has served as the chapter delegate to the Board, was the chapter president, and was the 2006 recipient of the AMWA President's Award. Jim has also led annual conference workshops and roundtable discussions on writing for medical devices, has spoken at or moderated open sessions at the

annual conference, and since 1998, has been a sketch writer for the Asilomar conference, a popular regional AMWA meeting held near Monterey, CA.

Of the many accomplishments for which Jim has been recognized, he noted that his tenure as president of the Pacific Southwest Chapter was his most enjoyable endeavor. As Jim explained, he should have just said “no,” but, he didn’t and is glad that he accepted the position. “I got to meet and work with some fine, generous, and talented folks,” he said, noting that Sue, his wife, was the immediate past chapter president. Jim credits his chapter colleagues for his success as chapter president. “My tenure went a lot more smoothly than it otherwise might have,” he said.

Jim began his career as a technical editor for Control Data Corporation in 1964, working in St. Paul, MN. He continued his work in technical documents with 3M Corporation as a technical writer for the Apollo Space Program. Interestingly, Jim noted that during his work with the Apollo program he met astronaut Jim Lovell and had a phone conversation with astronaut Neil Armstrong concerning aspects of a fluid-based technology that Armstrong was developing. By the mid-1970s Jim was then working for Medtronic, Inc., and was enhancing his skills as a medical writer focused on medical devices and the documentation supporting these products. Jim shifted to a freelance work style in 1978 and still specializes in medical device-related writing.

Jim’s background in English is complemented by his wonderful sense of humor and quick wit, a skill honed through his interests in acting and improvisation. When Jim is not writing sketches or auditioning for a television role, he enjoys astronomy. Who would have guessed that meeting and talking with astronauts would lead to such a hobby?

**Donna Miceli**, of Ft. Myers, FL, has been an AMWA member since 1989 and is presently a member of the Florida Chapter. Before moving to Florida, however, Donna lived in

Philadelphia, PA, and was active in the Delaware Valley Chapter, serving as the secretary and as a delegate to the Board of Directors, a position that helped her learn more about how AMWA functioned. “Being a delegate in the Delaware Valley Chapter gave me the opportunity to meet a lot of people who I might not have met otherwise,” she said, adding that by meeting the association’s officers and members of the Executive Committee she gained a first-hand look at what it took to make AMWA work as it does. “I enjoyed being able to see that part of the organization and what was involved with it—to see what a big undertaking it is. It made my membership so much more meaningful.”

Donna has led roundtable discussions, served on a variety of committees at the national level, moderated or chaired annual conference sessions, served as a book awards judge for trade books, and authored the AMWA essay “Scope of Medical Communications: Public Relations.” She has also coordinated and chaired the Creative Reading Session at the annual conference for the past 3 years.

Donna began her professional career in public relations, working as the Assistant Director of Public Relations for Sisters of Charity Hospital in Buffalo, NY. When family obligations required her to relocate to Philadelphia, she decided to embark on a freelance career and focused her interests on health care and medicine. She explained that writing many health-related newsletters while working in public relations piqued her interest in medicine, and she is now in her 18th year as a freelance medical writer.

Educated in both journalism and speech, with a minor in English, Donna credits AMWA for much of her career development, saying that from a professional point of view, “joining AMWA was the best decision I’ve ever made.”

Donna enjoys golf, creative writing, reading and participating in a local book club, as well as playing Mah Jongg, a game that she described as “perfect for her” because she never learned the fine art of shuffling a deck of cards.

## Eric Martin Awards

By Vicki Foerster, Chair, Eric Martin Award Committee

The Eric Martin Awards are presented each year to recognize excellence in medical writing. Awards are given in 3 categories: monographs, articles intended for a professional audience, and articles intended for a lay audience.

### Monograph Category: Diane Shannon, MD

A former internist, Diane has been a freelance writer in the Boston area for 8 years. She has carried out a number of projects for the Association of Reproductive Health Professionals (ARHP) in Washington, DC; her winning entry, “Helping Your Patients Decide,” is one of these projects. The ARHP is a nonprofit membership association made up of experts in reproductive health and one of its key activities is

education. Diane has been drawn to the organization due to its interest in presentation of unbiased information. For this particular project, AHRP was interested in training a spectrum of primary care clinicians about various aspects of risk (such as relative risk, absolute risk) and weighing of options. Information was obtained from a panel of experts, with Diane



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given fairly free rein to write up the topic. Multiple rounds of review followed, in part due to uncertainty as to how much material to present; ie, enough to be useful but not overwhelming. Diane was interested in this topic, as she has always been interested in public health issues and also appreciates the challenge that primary care providers face when communicating important concepts to their patients.

Although Diane is originally from Delaware she has lived in the Boston area for a number of years—and loves it. She graduated with a medical degree from Jefferson University in Philadelphia and practiced as an internist for several years in urgent care and student health clinics, ultimately seeking a new career because of discomfort with some of the changes she saw in the medical climate. An MPH degree at Harvard followed, where she gained additional exposure to areas such as ethics and population health. For practical reasons, employment at a medical communications company was her first job after earning her master's degree, and she was hired to oversee the accuracy of the clinical material used in sales training for drug representatives. Opportunities to write some of the material became possible and she enjoyed this task and benefited from skilled mentoring as well. It was around this time, 9 years ago, that Diane became an AMWA member.

Diane's recent work has been in the areas of clinical writing and physician education but she is undergoing a transition now, moving to "performance training," particularly for quality improvement projects, where there is an increasing emphasis on quality, patient safety, and systems approaches as solutions.

In her personal life, Diane is committed to her family—her husband, a software engineer; 8-year-old daughter; and 5-year-old son. The most dramatic change she is undergoing is the tackling of the writing of a screenplay—a romantic (nonmedical) comedy set in Boston—that she is now finishing up. The catalyst for this initiative was a writing group that first coalesced at a night school class focused on the writing of screenplays and that now meets regularly at her home. Each member of the group aims to complete a screenplay and submit the work to a competition or an agent. Some AMWA members drew inspiration from Diane at the Atlanta conference as participants of her Coffee and Dessert Klatch on romantic comedies.

### Professional Category: Flo Witte

Flo Witte, PhD, ELS, received the award for the article "Stories from the Field: Students' Descriptions of Gender Discrimination and Sexual Harassment During Medical School," which was published in the July 2006 issue of *Academic Medicine*. This article was based on research performed by coauthors Lois Margaret Nora, MD, JD, and Terry Stratton, PhD. Dr Nora began this research at the University of Kentucky (UK) with the assistance of funding from the American Association of University Women. At that time, she was Associate Dean, Office of Academic Affairs, at the UK College of Medicine; she is now President

and Dean of Northeastern Ohio Universities College of Medicine, Rootstown, OH. Dr Stratton is Assistant Dean, Student Assessment and Program Evaluation, at the UK College of Medicine.

"I began working with Dr Nora as an editor soon after she came to UK and have been peripherally involved in her research ever since," Flo said. "We wanted this article to be somewhat qualitative in nature, and I wrote the original draft as a research paper for a class in qualitative research methods as one of the requirements for the PhD degree in health communication. I guess you could say that the published version of the paper is semiquantitative—*Academic Medicine* doesn't publish strictly qualitative research, but we believed that the findings would be important to the audience that this journal reaches. I am very honored that the article was chosen for this award."



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Flo has been a medical editor and writer since 1990 when she accepted a position as Director of the Publications Office of the UK Department of Surgery, remaining there for nearly 8 years. In 1998, while working as a research assistant for a busy private practice in orthopedic surgery, she accepted the position of Director of the Scientific Editing Department at St. Jude Children's Research Hospital in Memphis, TN. She left Memphis in 2001 and returned to UK, where she served in various positions related to clinical and cancer research. In 2005, after a successful year as a freelance writer and editor, she accepted her current position as a clinical and editorial specialist for AdvancMed, LLC, a medical education and communication company based in Lexington, KY.

Flo has been an AMWA member since 1990 and has served the association in various capacities, including workshop leader, president of the Ohio Valley Chapter, publications administrator, workshop coordinator for the annual conference, and president. She is the coauthor, with Nancy Taylor, PhD, ELS, of AMWA's 2 volumes of workshop essays and is the author of 2 of AMWA's self-study workshops, *Basic Grammar and Usage for Biomedical Communicators*, published in 2003, and *Sentence Structure and*

*Patterns*, published in October 2007. Flo is a Golden Apple recipient and an AMWA Fellow. She has also led workshops for and is a member of the Council of Science Editors and has served as treasurer of the Board of Editors in the Life Sciences.

### Lay Article Category: **Debra Bradley Ruder**

Debbie is a Boston area-based writer and editor and currently serves as Associate Publications Director at Dana-Farber Cancer Institute in Boston, MA. Her freelance article, "Life Lessons: Gravely Ill Patients Teach Medical Students about Listening and Compassion," was published in *Harvard Magazine* (Jan.-Feb. 2006 issue). The article described a class that matched first-year students at Harvard Medical School with patients facing cancer and other life-threatening illnesses. The course gave students an intimate view of the patient-family experience, teaching them how to be "a healing presence in the face of suffering." For those patients who volunteered to be involved, it offered a chance to help educate the next generation of doctors at a time when they themselves felt most diminished.

Debbie had written briefly about this class for Dana-Farber and wanted to explore it more deeply. With permission from the faculty leaders, she observed the semester-long course in the spring of 2005 and interviewed both participants and outside experts in the field of end-of-life care. In crafting the article, she focused on 5 particularly compelling student-patient pairs. *Harvard Magazine* endorsed this project by giving it ample space and hiring a skilled photographer, Mark Ostow, whose black-and-white portraits added drama to the spread. The article has generated

several wonderful surprises, among them being optioned for television and earning the Eric W. Martin Award. Debbie is thrilled to have her work appreciated and, in accepting the award, believes it also honors the dedicated and caring students, professors, and patients who shared their stories.

Debbie's 25-year professional writing career began after graduating from Brown University, where she earned a bachelor's degree and wrote for the university's newspaper. After 6 years of daily journalism in Northampton, MA, and Tampa, FL, she moved into communications/public affairs, working at Smith College, Harvard University, and now Dana-Farber. In addition to *Harvard Magazine*, her freelance stories have appeared in *Newsweek* and *The Boston Globe*. Debbie is a newcomer to AMWA but looks forward to becoming more engaged in its activities.

Along with her job and raising 2 sons with husband Eric, Debbie is developing a Web-based project about "goodbyes" at the end of life, an idea that stemmed from her work on "Life Lessons."

See page 194 for information on how to enter submissions for the 2008 Eric Martin Awards.



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## Conference Student Scholarship Recipients

By **Jeanine Halva-Neubauer, Chair,**  
Annual Conference Student Scholarships Committee

**Lisa Cockrell**, a student at Emory University School of Medicine, Atlanta, GA, and **Qing Zhou**, a student at Purdue University School of Pharmacy, West Lafayette, IN, are the recipients of the 2007 AMWA Conference Student Scholarship sponsored by Cephalon, Inc. This scholarship provided Lisa and Qing with funds to cover the costs of attending the annual conference and participating in 3 workshops.

Lisa earned an undergraduate degree in biology from the University of North Carolina at Wilmington and is currently a senior PhD candidate in the Department of Pharmacology at Emory. Her thesis research focuses on cancer biology, specifically the proteins involved in cell growth and death and how these proteins interact. "The main reason I entered the PhD program was because I wanted to learn how to think independently," said Lisa.



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Scholarship recipients Lisa Cockrell (second from left) and Qing Zhou (far right) received plaques from Jeanine Halva-Neubauer (third from left) and Scott Metzger (far left), the 2007 Administrator of Awards.

"As a bench scientist, I have learned not only how to answer a particular scientific hypothesis or question by way of experimentation, but also—perhaps more importantly—what question to ask."



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Graduate school has shown Lisa, however, that conducting basic research may not be a long-term career for her. "Although I enjoy working in the laboratory setting, it can be very frustrating," she admitted. "I appreciate those who do basic research well, but I have discovered another part of science that I find much more enjoyable—communication."

In January, Lisa joined her local AMWA chapter and has benefited greatly from that decision. "One of the best seminars that I have ever attended was at the Southeast Chapter meeting in January, where Dr Ruth M. Parker spoke on health literacy," Lisa commented. "Not only was she a fantastic speaker but also the topic was a completely new and interesting one for me. In fact, it has caused me to consider specializing in health literacy."

Lisa is now on her way to completing coursework toward an AMWA core curriculum certificate. The trio of workshops she chose to attend meld her interests in research and communication: Introduction to Writing Clinical Studies, Writing the Final Report of a Clinical Trial, and Launching a Freelance Writing Career. She noted, "The workshops that focused on writing clinical study reports I found to be very helpful, as I have an interest in regulatory affairs as a possible future career option. In the third workshop, I learned some of the subtle 'tricks of the trade' involved in starting a freelance writing business. Even though I've made some mistakes since launching my own freelance business earlier this year, this intriguing workshop helped me to become aware of new opportunities and ideas that are never too late to apply." Lisa added, "I am especially excited to work as an Internet-based writer, as my husband is in the US Army and we are likely to move frequently."

Lisa also attended multiple open sessions, gained insights from talking with others at the conference, and took 2 roundtables, both of which she found useful. However, Lisa's favorite part of the conference was listening to Swanberg Award recipient Elliott Churchill at the awards dinner. "I found her talk to be humorous, educational, and emotional," she said, "and I was so grateful to be able to learn from just a few of her life experiences."

Lisa is also grateful to AMWA for the opportunity to participate in this year's conference, commenting, "I was able to make many connections and several friends, and I hope to be able to continue to do the same at next year's meeting!"

Qing began reading and writing scientific English 8 years ago while a graduate student at the Shanghai Institute of Biochemistry, Chinese Academy of Sciences. She has just completed her 5th year of PhD education at Purdue University in the Department of Medicinal Chemistry and Molecular Pharmacology. Her interests focus on molecular mechanisms by which a tumor suppressor slows growth and metastasis of breast cancer.

"Toward the end of the PhD program, I realized that the ability to write about science in a way that facilitates communication with fellow researchers and a broader audience

is the most valuable skill I have developed during my years as a graduate student," said Qing. "It was at that moment that I started to consider pursuing writing as a career."

Having several questions about scientific writing, Qing contacted members of the Indiana Chapter of AMWA. "Joining AMWA probably is the best decision I have ever made for my professional development," she noted. "Local members helped to unveil the nature of writing jobs in a real world, and their words further strengthened my interest in writing."

As testimony to her commitment to become an outstanding writer, Qing recently received the 2007 Scholarship for Biomedical Communications, which allowed her to take part in the local chapter's annual conference June 15–16 in Indianapolis. Awarded by the Indiana Chapter, the scholarship included a \$1,000 prize and required that applicants write a 500-word essay on ethics in medical communications. Qing's winning topic was "Internet Surveillance of Scientific Misconduct."

As for the national conference, Qing enrolled in 3 workshops: English Usage and Abusage, Writing Abstracts, and Biomedical Research Design. "I was impressed by the knowledge and experience of the workshop leaders," she said. "But what impressed me more is their passion for medical writing and their willingness to share and help." She participated in roundtables and also attended 2 open sessions of particular interest: Medical Writing in Developing Countries and Writing Science When English Is Your Second Language. Having moved from China 5 years ago, she commented, "As an aspiring writer who comes from a different culture and writes in her second language, I am delighted to see that AMWA addresses the needs of our non-native writers and provides a forum to discuss issues brought up by globalization of medical communication."

In applying for the student scholarship, Qing recalled the advice given to her by Dr Martha Tacker, a longtime AMWA member and instructor of scientific writing. "She suggested, 'Go to an annual conference. You will meet so many interesting people there and learn so much about medical writing.'" Qing added, "I very much appreciate the opportunity to attend the annual conference, and I thank all those who made it possible."

To be considered for this scholarship, applicants must be enrolled full time in an accredited institution of higher learning, preferably in a medical writing, technical writing, or journalism program. An official transcript and a letter of recommendation from an academic advisor or program professor must accompany the application. In addition, applicants must describe why they are interested in medical communication and their reasons for wanting to attend the conference. An essay is also required.

The recipients were selected by a scholarship committee consisting of representatives of AMWA and the sponsor, Cephalon, Inc., an international biopharmaceutical company.

## FREEDOM WRITERS: MAKING THE MOST OF THE FREELANCE-AGENCY RELATIONSHIP

### Moderator and Speaker

**Lawrence E. Liberti, Msc, RPh**

*Vice President and General Manager, Thomson Pharmaceutical Services, Horsham, PA*

### Speakers

**Richard Lamb**

*President, Complete Publication Solutions LLC, Chadds Ford, PA*

**Brian Bass**

*President, Bass Advertising & Marketing Inc., Robbinsville, NJ*

By **Yanni Wang, PhD**

How to find new clients and keep old clients is of great interest to many freelance medical writers, especially those who are new to the freelance field. With many years of experience working with freelance medical writers (Liberti and Lamb), or as a freelance medical writer (Bass), the speakers of this open session shared their wisdoms regarding how to build and maintain a successful freelance-agency relationship.

### The Agencies' Perspectives

#### **Working with a Medical Communication Agency**

According to the 2004 Excellence in Publication Planning and Tracking Survey conducted by Clearpoint, every executive interviewed uses external agencies for publication planning. For many pharmaceutical companies, manuscript development is almost always outsourced. According to Richard Lamb, pharmaceutical companies use medical communication agencies to do a variety of work related to manuscript development, including interacting with medical authors, planning, tracking and archiving drafts, and arranging monthly team meetings. Although Lamb acknowledged the value of "professional medical writer/contractor," a term he prefers to free-

lance medical writer, he also expressed his reluctance to use freelances. He said that, in general, many of his clients prefer not to work with new writers, especially freelances, and added that it is challenging for a medical communication agency to work with its clients and freelances at the same time. He summarized some benefits and concerns of using freelance medical writers (Table 1) and emphasized that knowing what clients need is essential to freelance medical writers (Table 2).

#### **Working with a Regulatory Writing Agency**

In his presentation, Larry Liberti, who has worked in the pharmaceutical

industry for more than 28 years, first stated that regulatory writing requires teamwork and medical writers play critical roles throughout the clinical trial process. His company uses freelance medical writers to meet a variety of project needs, and some freelances have been successfully working with the agency for more than 17 years. According to Liberti, the desirable qualities of a freelance medical writer include the following:

- Experienced enough to work independently
- Client oriented
- Able to "let go" and work within a team
- Willing to commit to working with a group

**Table 1.** Benefits and Concerns of Medical Communication Agencies Using Freelance Medical Writers

Benefits	Concerns
Minimizes overhead	Long-term commitment vs. length of a project
Able to add/drop/replace "relatively" quickly	Guaranteed confidentiality
Save money* (depends on writing efficiencies)	"Local" processes and SOP variability, constant training
Ensure therapeutic expertise*	Cost of changing writer during a project development process
Available when the agency needs the writers*	Added time pressure on agency's medical staff
Partnership*	Time needed to contract freelances
	Variability in estimating cost and timelines
	Skill levels

\*According to Lamb, these are variable values of "professional medical writer/contractors."

**Table 2.** Clients' Needs from Agencies and Conflicting Goals between Agencies and Their Clients'

Client's Need from Agencies	Conflicting Goals
Personnel stability	Long-term relationship
Minimize time and resource investments	Therapeutic conflicts
Efficiency, minimal editing and reviews	Clients define what kind of work an agency can do for them
Increased depth of publication practice knowledge in agencies	Agencies rely on teamwork to efficiently process a project
	Agencies are expected to manage uneven workload requiring extra hours on short notice

He added that he asks the following questions about freelancers when selecting them:

- Have they made their availability known to the agency?
- Have they called for work? Do they care about the agency?
- Have they backed out on ongoing projects?
- Do they prefer short-term or long-term projects?
- Do they require too much hand-holding or do they disappear?
- How well do they interact with clients and represent the agency in public?

To help the audience understand why freelance medical writers sometimes get phone calls at the last minute and how projects are priced, Liberti demonstrated the “food chain” in the process of drug development and pointed out that although medical writers play critical roles in the drug development process, they are one of many components. Because a project fee is often set by the agency’s client (the pharmaceutical company), the agency has limited flexibility in the hourly rates they can pay freelancers and the number of freelance hours they can budget.

### **Highlights of Liberti’s Presentation**

- Freelance medical writers play important roles in their regulatory writing teams.
- An ideal freelance is an independent worker who works well with others.
- Financial constraints imposed by clients determine rate and hours for a project.
- A successful freelance-agency relationship is based on trust.

### **The Freelance’s Perspective**

Like Lamb and Liberti, Brian Bass, a successful freelance medical writer for more than 17 years, pointed out that freelance medical writers have to first let agencies know they are available to work. He reiterated that knowing what you (the freelance) want and what the client needs is critical to building a successful freelance-agency relationship. Among the most important needs of a client are to solve a problem, meet a deadline, deliver a job within budget, end with a high-quality product, and “look good,” he said.

According to Bass, the top 10 tips for a freelance medical writer to work well with clients are the following (in ascending order of priority):

Be ready to work.  
Know why your clients need you.  
Know why your clients don’t want to hire you.  
Know where you are in the food chain.  
Know what you want.  
Know what your clients need.  
Know what you know.  
Know what you don’t know.  
Know your reputation precedes you (could be good and could be bad).  
Your clients’ success is your success.

Bass emphasized that it is important for freelance medical writers to let the client know their availability for work and how they can meet the client’s needs; to recommend somebody who qualifies for the job if they are currently not available for the job; and to always “deliver on time, on target, and on budget.”

According to all of the speakers, the essence of building a good freelance-agency relationship is to achieve a win-win based on mutual understanding, trust, and communication.

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

## **HEART DISEASE IN WOMEN AND AHA’S GUIDELINES FOR CARDIOVASCULAR DISEASE PREVENTION IN WOMEN**

### **Moderator**

**Stephen N. Palmer, PhD, ELS**

*Scientific Medical Writer, Texas Heart Institute at St. Luke’s Episcopal Hospital, Houston, TX*

### **Speaker**

**Nanette K. Wenger MD, MACP, FACC, FAHA**

*Professor of Medicine, Division of Cardiology, Emory University School of Medicine, and Chief of Cardiology, Grady Memorial Hospital, Atlanta, GA*

### **By Rosa M. Blau, PharmD**

**A** woman dies almost every minute from some form of cardiovascular disease (CVD).

Between 2000 and 2004, the mortality rate for women has declined yearly; however, these numbers are still greater for women than for men.<sup>1</sup> Nanette Wenger, MD, attributed this decrease not to prevention but to improvements in the management of heart disease. Therefore, a great opportunity exists to further drive down mortality through prevention, she said.

### **Gender Differences in CVD**

Wenger discussed gender differences that have been found in a number of

studies that pertained to stable angina pectoris, acute coronary syndrome (ACS), and myocardial infarction (MI). Differences between men and women include the clinical presentation, the approach to management, the response to treatment, and the adverse outcomes. One recurrent theme was the baseline characteristics of women with CVD at presentation. Women tend to be older and are more likely to have comorbidities, such as hypertension, diabetes, and heart failure. As a result, women have more complications and yet, are less likely than men to be treated appropriately. Of further concern is that women who are younger than 50 years have twice the risk of mortality from an MI than their male counterparts.

**The American Heart Association Guidelines to Prevent CVD in Women**

Because heart disease develops in women 10 years later than men, life-time risk is more important than the 10-year risk used to determine the Framingham risk score. The 2007 American Heart Association (AHA) guidelines introduced a simpler classification by grading women as high-risk, at-risk, or optimal risk (Table 1). Wegner also discussed the preventive interventions addressed by the AHA guidelines, which include lifestyle interventions, major risk factor interventions, and preventive drug interventions.

**Lifestyle Interventions**

**Cigarette smoking cessation.** Wenger drove home the enormous benefits of smoking cessation: within 2 to 3 months, pulmonary function improves by 20% to 30%; after 1 year, the risk of heart disease decreases by 50%; and after 5 to 15 years, the risk of stroke is similar to that for those who never smoked. If an individual quits before the age of 50, the risk of dying over the next 15 years decreases by half.

**Physical activity.** Women should engage in physical activity of moderate intensity for a total of 30 minutes daily. For women who need to lose weight or to sustain a previous weight loss, the time increases to 60 to 90 minutes. Wenger said that when a patient gives her excuses for not exercising, she counsels that if they cannot find time for exercise then they had better find time for disease.

**Heart healthy diet.** The diet recommended by the AHA consists of plenty of fruits and vegetables; whole-grain, high-fiber foods; fish twice weekly; limited saturated fats (7% to 10% of energy); cholesterol of less than 300 mg per day; alcohol limited to 1 drink per day; a sodium intake of no more than a teaspoon of salt per day; and a trans fat consumption that is as low as possible.

**Table 1.** Classification of Cardiovascular Disease (CVD) Risk in Women<sup>2</sup>

Risk Status	Criteria
High Risk	Established heart disease Cerebrovascular disease Peripheral artery disease Abdominal aortic aneurysm End-stage or chronic renal disease Diabetes mellitus
At risk	10-year Framingham global risk >20% ≥1 major risk factors for CVD (smoking, poor diet, inactivity, obesity, family history, hypertension, dyslipidemia) Evidence for subclinical vascular disease Metabolic syndrome Poor exercise capacity and/or abnormal heart rate after stopping exercise
Optimal risk	Framingham global risk <10% and a healthy lifestyle, with no risk factors

**Weight maintenance or reduction.** A healthy weight is one in which the BMI is between 18.5 and 25 kg/m<sup>2</sup> and the waist circumference is less than 35 inches. To help patients lose weight, Wenger provides the 250:250 rule: exercise to burn an extra 250 calories per day and eat 250 fewer calories per day. This ratio equates to 500 fewer calories per day (3,500 calories per week), or 1 pound of weight loss per week.

**Omega-3 fatty acids.** These supplements may help women with CVD, but they are not routinely recommended for healthy women.

In addition, depression screening is recommended for women with CVD, and cardiac rehabilitation should be prescribed for women who have had a recent event.

**Major Risk Factor Interventions**

The *optimal blood pressure* goal for everyone is less than 120/80 mm Hg, which should be maintained through lifestyle interventions, said Wegner. Pharmacotherapy is indicated when the blood pressure is less than 140/90 mm Hg. For individuals with chronic kidney disease or diabetes, pharmacotherapy is initiated for a blood pres-

sure of 130/80 mm Hg or higher.

With regard to *lipids and lipoprotein levels*, Wegner recommended memorizing 3 numbers: 100, 50, and 150. The low-density lipoprotein-cholesterol (LDL-C) level should be less than 100 mg/dL; the high-density lipoprotein-cholesterol (HDL-C) level should be less than 50 mg/dL; and the triglyceride level should be less than 150 mg/dL. However, for individuals at very high risk, an LDL-C level of less than 70 mg/dL is a reasonable goal.

As Wenger stated, *diabetes* is a coronary heart disease risk equivalent in women; in other words, the risk of coronary heart disease is equal to that of nondiabetic subjects with a history of prior myocardial infarction. Lifestyle and pharmacotherapy should be used to control the glucose levels in women with diabetes to achieve a hemoglobin A1C level of less than 7%.

**Preventive Drug Interventions**

*Aspirin* is recommended for high-risk women unless it is contraindicated or not tolerated. In such cases, clopidogrel should be substituted, said Dr Wegner.

A *beta-blocker* and an *angiotensin converting enzyme-inhibitor* should be

prescribed for all women after an MI, and aldosterone blockage should also be considered.

Hormone-replacement therapy, antioxidant supplements, and folic acid have been found to be either not useful or ineffective and potentially harmful for the prevention of CVD or MI in women.

### Wrap-Up

Dr Wenger wrapped up the session by emphasizing that a physical examination should include an evaluation for cardiovascular risk. Dr Wenger asked the audience how many had had their waist circumference measured by their physician. No one raised his or her hand...except for Dr Wenger.

*Rosa M. Blau is freelance medical writer in Hillsborough, NJ.*

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## MEDICAL WRITING IN DEVELOPING COUNTRIES: CHALLENGES, SUCCESSES, AND INITIATIVES

### Moderator and Speaker

**Barbara Gastel, MD, MPH**

*Associate Professor, Texas A&M University, College Station, TX*

### Speakers

**Zhang Jian**

*Lecturer, Peking University Health Science Center, Beijing, China*

**Diego Pineda, MS**

*Science Writer, Immunizations for Public Health, Galveston, TX*

**By Barbara Gastel, MD, MPH**

The medical communication world is increasingly becoming one. Yet countries differ in traditions, conditions, and institutions relating to medical writing. This session offered 3 perspectives in this regard.

Zhang Jian focused on the experience of Chinese biomedical researchers writing English-language papers for journal publication. She drew on a survey of 50 authors who attended a lecture she presented on writing, on her experiences teaching and editing, and on other communications with authors and editors.

Researchers in China, Zhang noted, are motivated to publish papers in English because English is the international language of science and because publication in English-language jour-

nals counts highly in the Chinese evaluation system. Currently in China, there are 31 English-language biomedical journals, all with low impact factors. Thus, publishing in English generally entails publishing outside China.

For Chinese researchers, writing papers in English presents enormous difficulties. When Zhang asked the 50 authors to identify the greatest challenge, 34 noted English language proficiency, 7 noted organization, 4 noted content arrangement, 4 noted format, and 1 noted "other." Inability to express ideas precisely in English is a frustration. Zhang said that although authors tell her "Please help me revise the English," organization is an equally large problem. One difficulty is that thinking and expression tend to be linear in Western countries but circular in the East. Also, English uses connective words and phrases more than the Chinese language does.

Chinese authors also face barriers in publishing, Zhang explained. They sometimes misunderstand journals' instructions to authors. Language barriers and the Chinese emphasis on courtesy hamper communication with journal editors. How journals process manuscripts seems mysterious to many Chinese authors. Most authors expect journals to provide detailed suggestions for revision, and some expect journals to include staff with Chinese background to aid communication.

Zhang said using translators is unlikely to improve the situation, as translators generally lack biomedical knowledge and are unfamiliar with conventions of biomedical journals. Rather, she favored educating Chinese authors about English-language biomedical writing and developing biomedical editors in China. She noted that the China Medical Board program in writing and editing has trained more than 300 biomedical authors and more than 40 biomedical editors.

Diego Pineda, who grew up in Colombia and studied journalism there, discussed the communication of science and medicine in Colombia. Among challenges Pineda noted were the following:

- Few journals are based in Colombia.
- Researchers prefer to publish outside the country.
- Many English-language scientific terms lack Spanish equivalents.
- Science news in the Colombian media focuses largely on discoveries in the developed world.

In addition, the few Colombian science journalists available have little time to report on science, as they also must cover other topics, and have little space in which to publish.

Pineda summarized initiatives of 3 entities to promote science communication in Colombia. Initiatives of the Colombian Institute for the Development of Science and Technology (Colciencias) include interactive

science museums; science and technology fairs; science journalism; publications, including textbooks, magazines, and popular science books; and science curricula for public schools. The Colombian Association for the Advancement of Science publishes the magazine *Innovación y Ciencia* and also produces educational videos and an electronic newsletter. The Colombian Association of Scientific Journalism has established a press agency publicizing research done by Colombians.

Barbara Gastel, MD, MPH, described AuthorAID, a new set of initiatives to help researchers in developing countries to publish their work. Pioneered by Anthony Robbins, MD, MPA, and Phyllis Freeman, JD (editors of the *Journal of Public Health Policy*), AuthorAID emphasizes mentoring by

well-published scientists and editing by expert editors. AuthorAID activities are being established through the International Society for Environmental Epidemiology and the International Network for the Availability of Scientific Publications (INASP). Discussions of possible AuthorAID involvement are under way with other groups.

Gastel said the INASP program, AuthorAID@INASP, will have 3 main components: an online system for mentoring by scientists and editors, workshops on scientific writing, and a Web-based knowledge community. The mentoring will be a carefully monitored pilot program. Gastel has been named Knowledge Community Editor for AuthorAID@INASP. This role, concurrent with her academic appointment, includes responsibility for the openly accessible content on the Web

site. Initially, this content will focus on writing scientific papers, the publishing process, and writing style. Gastel noted that she welcomes suggestions for the Web site.

Information about AuthorAID@INASP is posted at [www.inasp.info/file/413/](http://www.inasp.info/file/413/), and an article about the AuthorAID concept can be accessed at [www.scidev.net/content/opinions/eng/closing-the-publishing-gap-between-rich-and-poor.cfm](http://www.scidev.net/content/opinions/eng/closing-the-publishing-gap-between-rich-and-poor.cfm). The first openly accessible AuthorAID content on scientific communication is expected to become available in late 2007 or early 2008.

*Barbara Gastel teaches science journalism and related subjects at Texas A&M University, and she has been active internationally in the teaching of scientific writing and editing.*

## THE ROLE OF MEDICAL WRITERS IN PROMOTING ETHICAL PUBLICATION PRACTICES

### Moderator

**Nancy D. Taylor, PhD, ELS**

*Freelance Medical Writer, Greenville, SC*

### Speakers

**Michael A. Vasko, MA**

*Publications Director, Archives of Physical Medicine and Rehabilitation, Chicago, IL*

**Deborah Hutchins, PhD, ELS**

*Principal, Hutchins & Associates, LLC, Cincinnati, OH*

**Karen Woolley, PhD**

*CEO, ProScribe Medical Communications; A/Professor, University of Queensland and University of the Sunshine Coast, Noosaville, Queensland, Australia*

**By Dana I. Randall, PharmD**

Nancy Taylor introduced this session by noting that despite Scarlett O'Hara's optimistic view that "After all, tomorrow is another

day!" we, as medical writers, must promote ethical publication practices today and every day. Distinguishing the services of professional medical writers from the disservices of so-called ghostwriters requires full disclosure and acknowledgment of our work in all manuscripts that we write and edit.

Michael A. Vasko began the panel discussion. As Publications Director of a leading specialty journal that receives approximately 1,200 submissions annually, Vasko is particularly cognizant of the need for guidelines for promoting transparency of publication authorship, acknowledgments, potential conflicts of interest, and related concerns. He is a member of the Council of Science Editors' (CSE) Editorial Policy Committee that developed *CSE's White Paper on Promoting Integrity in Scientific Journal Publications*.<sup>1</sup> Vasko noted that in an ideal world, there would be uniformity across journals and editors, but the reality is that each journal faces unique financial pressures and ownership issues, and it is therefore very difficult

to devise standardized editorial policies for all journals. The rationale for writing the CSE white paper was to provide guidance for the large number of editors of small scientific and medical journals that do not have the infrastructure or financial resources of large journals such as *The New England Journal of Medicine* or *The Journal of the American Medical Association*. The CSE white paper is intended as a living document to provide information and guidance (not direction) on a wide range of issues facing journal editors, including the issue of publication authorship.

In the introduction of the CSE white paper, the CSE's Editorial Policy Committee encourages everyone involved in the journal publishing process to take responsibility for promoting integrity in scientific journal publishing, and Vasko emphasized the need for medical writers to take responsibility for what they write. Depending on the editorial policy of the journal, nonauthors may be required to complete disclosure forms at some point during the manuscript

submission process. Also, the contributions of statisticians, medical writers, and any other nonauthors who were involved in data management and analysis should be acknowledged in the manuscript. Although a journal editor's level of skepticism undoubtedly escalates when an industry-supported manuscript is submitted, Vasko noted that proactively providing clear and complete disclosure information increases the level of transparency and that editors much prefer this. Overall, he emphasized that the entire process, from initial editorial review of a manuscript to peer review and subsequent stages of acceptance and publication, will proceed more efficiently if a high level of transparency is maintained.

Deborah Hutchins, PhD, worked for 10 years in the pharmaceutical industry and has been a freelance medical writer for the past 9 years. As principal of a sole proprietorship, she works with prolific scientists who need help getting their work published, with stakeholders who seek a point person to integrate all authors' contributions, and with researchers who are not comfortable writing in English. Hutchins noted that regardless of our specific role in the medical writing field, we are all stakeholders in the integrity of medical and scientific publications. For this reason, she distilled available guidelines<sup>2-7</sup> into a 6-page document, *Good Practice Guidelines for Publication*, that she provides to all of her clients.

Hutchins emphasized that the concept of "ghost authorship" arises from lack of transparency, and she noted the following benefits of having a publication policy for your company:

- Sets a standard at project inception
- Involves all stakeholders
- Keeps ethics at the forefront of the process
- Increases the level of professionalism and is an added-value service

Hutchins encouraged all medical communications businesses, from sole proprietorships such as hers to large medical communications companies,

to develop and maintain a policy to promote ethical publication practices. A simple briefing document can be used to educate stakeholders and foster transparency during the publication process. She ended her presentation by outlining the following "to do" list for medical writers to promote ethical publication practices:

- Involve yourself in professional organizations such as AMWA and CSE
- Read all available position papers on ethical publication practices
- Be aware of editorial policies regarding authorship
- Monitor the press for articles about authorship and related ethical publication issues

Karen Woolley, PhD, leads a group of PhD-qualified professional medical writers who are paid by academic, biotechnology, and pharmaceutical clients to provide medical writing services. Woolley provided a particularly interesting perspective on ethical publication practices. She began by asking "If medical writers provide an ethical, useful service, where is the evidence to justify this?" As professionals, she said, we should conduct medical writing-related research for the following reasons:

- To document current practices
- To counter current opinion
- To enrich the professional experience
- To justify our profession

An example of documenting current practices is the AMWA survey of 73 freelance writers completed by Hamilton and colleagues.<sup>8</sup> This survey demonstrated that slightly more than 50% of medical writers were following ethical publication guidelines. Has the percentage of writers following ethical guidelines increased since this survey was conducted? The only way to document current practices and to document changing patterns over time is to do further medical writing research.

The data collected from medical writing research could be used to counter current opinion. Woolley showed 2 examples of *British Medical Journal* editors who have been quoted in print as saying that 50% to 100% of key articles have medical writer involvement. Yet a review of 1,000 publications from high-ranking, international, peer-reviewed journals by Woolley and colleagues<sup>9</sup> revealed that only 6% of nonindustry-sponsored research and 10% of industry-sponsored research-supported articles had declared medical writing support. Medical writing research is necessary to provide the facts to counter opinions voiced in the media and other outlets.

Woolley also described how medical writing research could be used to enrich the professional experience of medical writers. Completing this type of research would reinforce the principles of research and the difficulty of research. Medical writing research offers an opportunity for international collaboration, and the investigators would finally be eligible for authorship. In addition, a shared goal and shared success (ie, publication of the research) can foster teamwork and collaboration among writers at a company.

Most importantly, medical writing research can be used to justify our profession and illustrate the benefits offered by professional medical writers. For example, only 63% of abstracts describing randomized or controlled clinical trials and 49% of abstracts describing other types of study designs are published in full.<sup>9</sup> The primary reasons for lack of publication are lack of time (and possibly lack of funding). Use of professional medical writers could reduce the quantity of unpublished research. Evidence from preliminary medical writing research studies shows that use of a professional medical writer reduces the average time to publication from 132 to 82 days and that technical editing support improves the readability and quality of the writing.<sup>9-11</sup> More research could be

done to document whether use of medical writers reduces the time from abstract presentation to full publication, for example. Woolley highlighted additional medical writing research questions of interest, as follows:

- Is the likelihood of manuscript acceptance increased if a professional medical writer is used?
- Do more experienced writers reduce the average time to write and publish a paper?
- What is the best test to determine whether a candidate is a good writer? For example, is a structured outline, preparation of an abstract, or some other task the best predictor?

In closing, Woolley suggested that medical writers encourage their employers to allocate a percentage of profits for medical writing research and contributions to the literature. *Chest* publishes a monthly medical writing series that is an excellent example of collaboration between journal editors and professional medical writers.<sup>12</sup> Writers should be aware of the medical writing research literature and start collecting medical writing evidence that matters (consistent with POEMs, or patient-oriented evidence that matters).

Audience members had a number of interesting questions during the discussion session. The first was a request for clarification regarding the use of an external statistician to review the research in a submitted manuscript. Vasko noted that many top-tier journals, including *Archives of Physical Medicine and Rehabilitation*, are requiring that an external statistician (even if this person is paid by the author of the article) review industry-sponsored research or else the manuscript will not be published.

A freelance writer requested guidance on how to manage the situation of an investigator who is listed as an author but has not provided any input and has not responded to requests for review of the manuscript. Panelists and

audience members provided the following practical solutions for this problem:

1. Hutchins noted that having a publication policy in place at the time of manuscript inception provides neutral ground to refer to if an author has not provided input.
2. Offer to phone the author to discuss the manuscript (ie, leverage guilt)—authors typically respond to this type of intervention. If the author does not respond, remove the person from the author list.
3. Provide a hard deadline to the author (ie, “If we do not receive a response from you by next Friday, we will remove your name from this manuscript”). Authors often respond when given this type of ultimatum.
4. Use media reports of ghostwriting to motivate the sponsor to intervene, if necessary.
5. If an author has truly not contributed to the manuscript and has not been removed from the author list by the time of manuscript submission, contact the journal editor.

Lastly if medical writers do research, what is the optimal outlet for publication of this research? Although medical journals might be the obvious answer, publication in a media outlet might reach a wider audience and have more impact. Audience members and panelists suggested that AMWA sponsor an abstract prize contest, with the winner announced at a future annual conference and issuance of a press release to encourage media coverage.

*Dana Randall is Editorial Director at Arbor Communications, Inc., a medical communications company in Ann Arbor, MI.*

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## TRADING THE TRICKS OF THE TRADE: THE INS AND OUTS OF CME MATERIALS

### Moderator

**Flo Witte, PhD, ELS**

*AdvancMed, LLC, Lexington, KY*

### Speakers

**Sally A. Jagelman**

*Vice President, AdvancMed, LLC*

**Nathalie A. Turner, MS, ELS**

*Clinical Editor, Medscape, New York, NY*

**Kimberly Money, RN, MSN**

*Clinical Development Coordinator,  
AdvancMed, LLC*

### By Flo Witte, PhD, ELS

This open session, led by speakers who collectively have more than 20 years' experience in the continuing medical education/continuing education (CME/CE) arena, was designed to provide freelance and staff writers with practical information about developing CME/CE activities. In the first presentation, *The Tricks of Proposals: Designing the Strategy*, Sally A. Jagelman, vice president of AdvancMed, LLC, a medical education and communication company (MECC), explained that the \$2.4-billion CME industry is coming under increasing scrutiny from legislative and regulatory bodies to ensure its independence and balance. Ms. Jagelman emphasized that, because of the increasing demands of the CME industry, many MECCs are interested in partnering with freelance writers who can write well, meet tight deadlines, and demonstrate an understanding of the CME process. Jagelman suggested that writers interested in working in the CME industry establish a partnership with a MECC; expand their knowledge of industry guidelines; identify a clinical competency or specialty area; consider their fees carefully, with the understanding that MECCs cannot recoup the costs of proposal preparation; and be receptive to new writing styles and formats.

In the second presentation, *The Tricks of Discovery: Uncovering Educational Needs*, Nathalie A. Turner, MS, ELS, a clinical editor with Medscape, discussed the preparation of an educational needs assessment, the primary component of a CME funding proposal. She stated that a needs assessment should include background information about a disease state, a description of the educational gap (the difference between "what is" and "what should be" in clinical practice), learning objectives, suggested educational activities, and a description of the target audience. A multisource needs assessment will include evidence of educational need obtained from experts (insights from key opinion leaders), participants (surveys of potential participants and evaluative data from previous educational activities), and observation (review of medical literature, clinical trials data, and practice guidelines). Needs assessments should include both qualitative (descriptive) components, such as those obtained through focus groups, and quantitative (measurable or numerical) components, including statistical analyses of survey results. Turner stated that the time between receipt of a grantor's request for proposals and the submission deadline is usually no more than 2 to 3 weeks; therefore, writers must be able to work quickly. Other requirements for writers interested in preparing needs assessments are CME experience, the ability to balance educational needs with the grantor's needs, and the ability to tell a coherent story. Turner noted that medical writing opportunities in the CME arena are often posted on AMWA's Jobs Online, in *PharmaVoice* and *Medical Marketing & Media*, and at online job sites.

In the third presentation, *The Tricks of Implementation: Delivering the Goods*, Kimberly Money, RN, MSN, a clinical development coordinator at AdvancMed, discussed the involvement of freelance and staff writers in preparing materials for live or endur-

ing educational activities. She described the development of CME content as a balancing act between the goals and expectations of the presenters, the grantor, and the provider, all of whom must walk the tightrope of CME guidelines and regulations. The content must address each learning objective, contain the newest information available, be accurate and balanced, incorporate adult learning principles, and be relevant to the audience. Money emphasized that writers need to know CME rules and guidelines, avoid any conflict of interest, use credible sources, and verify data. She also suggested that writers partner with CME/CE providers who share their ethical principles and who use peer reviewers as subject-matter specialists to guide and validate educational content. Money encouraged writers who bid on CME projects to ask questions before agreeing to undertake a project; to clarify what will be provided by the company and what must be provided by the writer; and to be sure they can meet all deadlines and provide high-quality documents.

In conclusion, the panelists agreed that ongoing changes in the CME/CE environment will only increase the challenges faced by MECCs and their staff members. They stated, however, that freelance writers have the opportunity to develop mutually satisfying partnerships with MECCs, provided that they are willing to adapt to the requirements of the industry.

*Flo Witte is a clinical and editorial specialist with AdvancMed, LLC, a medical education and communication company based in Lexington, KY.*

## THE TWIN EPIDEMICS: OBESITY AND DIABETES

### Moderator

**Tracey Fine, MS, ELS**

*Principal, Fine Biomedical Publications, Inc., Chapel Hill, NC*

### Speaker

**K. M. Venkat Narayan, MD, MSci**

*Hubert Professor of Global Health and Epidemiology, Rollins School of Public Health Professor of Medicine, Emory University, Atlanta, GA*

**By Carolyn Roy-Bornstein, MD**

Though he titles his talk *The Twin Epidemics*, it is clear from K. M. Venkat Narayan's lecture that obesity behaves more like an older sibling, leading the way, with diabetes following closely behind it like a younger child. He began his hour-long presentation with some definitions. He defined type I diabetes as an absolute insulin deficiency; in type II diabetes, he continued, the pancreas is able to produce insulin, but insulin action is the problem; as the pancreas works harder and harder, "a relative deficiency becomes an absolute deficiency," he said. In the third type, gestational diabetes, a woman's blood glucose levels during pregnancy are high enough to meet the criteria of diabetes.

What followed next were some pretty grim statistics. Using 17 years of nationally representative survey data from the Centers for Disease Control and Prevention (CDC), Narayan pointed out that the average person born in the year 2000 has a 1 in 3 chance of diabetes developing. For certain minority populations, such as black and Latino populations, the chance increases to 1 in 2. To put these figures into perspective, he reminded the audience that the probability of breast cancer developing in the lifetime of a 45-year-old woman is 1 in 8.

In the late 1980s and early 1990s, there was a dramatic increase in the prevalence of diabetes in the United States. Narayan noted that 75% of this increase occurred in the portion of the

population who is obese or very overweight. To help comprehend the tremendous challenge this surge presents to the US health care system, he pointed out that diabetes is a chronic illness that is associated with some very serious and expensive consequences. For example, diabetes-induced kidney damage may need to be treated with dialysis or ultimately by transplantation.

Increasingly, what used to be called "adult-onset diabetes" is being diagnosed in children. This phenomenon was originally noticed in the Pima Indians of Arizona among children as young as 7 years and was noted a few

years later in children from other Native American tribes. Clearly something was happening, said Narayan, so the CDC began to study the situation in the 1980s. CDC investigators set up large registries in Arizona, Texas, and Ohio to search for diabetes in youth. In 1996, 30% of the cases of diabetes in children were type II as compared with just 5% a decade earlier.

So why is this happening? Although the population is aging and diabetes is being diagnosed in more people as a result of increased awareness of the problem, this is not the whole answer. Narayan presented data implicating both behavioral and environmental

## Creative Readings

By **Donna L. Miceli, Chair of Session**

A group of about 50 AMWA members spent their first evening in Atlanta enjoying the creative writing talents of their fellow members. Attendees were treated to a variety of creative writings, including poetry, personal essays, a short story, a song parody, and excerpts from novels and memoirs. The following AMWA members contributed to the session.

**Carolyn McAuliffe** read excerpts from several short stories that she plans to eventually weave into a novel.

**Neil Grobman** read excerpts from a science fantasy novel that he published in 2002.

**Heather Haley** shared a personal essay about her grandmother's struggle with mental illness.

**Carol Pearce** read a humorous short story about a woman dealing with issues of aging and adjusting to an "empty nest."

**Dan Liberthson** read several poems from a book of poetry about his family, which was recently published.

**Michele Arduengo** read a draft of an essay about resolutions in which she suggested we should start each day by "blowing a big raspberry."

**Sunil Patel** provided comic relief with his song parody about a "Modern Research Scientist," à la Gilbert and Sullivan.

**Michele Vivirito** shared several excerpts from a memoir her father wrote and she edited for him.

My thanks to all of you for inspiring us with your creative, and often very personal, poems and stories. Thanks also to a receptive and appreciative audience; and a special word of appreciation to Michele Vivirito, who donated 2 books to be given as door prizes. I look forward to hosting this event again next year and am planning a special activity that I hope will peak the interest of all AMWA members and motivate them to participate in this unique event by either sharing their creative work or joining us as members of the audience. See you in Louisville!

causes. He cited studies indicating that over a 7-year period the average daily caloric intake for children has increased by 200 calories. It may not sound like much, but Narayan added, "Consider that by adding 500 calories a day, by 2 weeks you will add 1 pound of body weight." He also pointed out how easy this is to do, as a slice of pizza is at least 500 calories and a "basic burger" can be almost twice that.

This trend is not limited to the United States. "Everywhere economic growth increases, diabetes begins to increase," Narayan noted. In fact, during the question-and-answer portion of the session, an audience member asked if there was any culture in which the rates of diabetes and obesity were not increasing. Narayan answered that the increase is evident "everywhere we have data."

But not all of Narayan's data were grim. He cited one important National

Institutes of Health (NIH) study in which researchers attempted to prevent diabetes in a cohort of individuals with impaired glucose tolerance, or what is now being referred to as "prediabetes." The NIH investigators compared intensive lifestyle interventions with preventive treatment with the drug metformin, a drug normally used to treat diabetes. The goal was for the study participants to lose and maintain at least 7% of their body weight and to get at least 150 minutes of physical activity a week, mostly in the form of walking. There was also a placebo arm to the study.

Walking turned out to be more effective than metformin or placebo. Although the weight loss was modest—on average, 7 to 8 pounds lost over 4 years—it had a big effect on the development of diabetes. Investigators found a 58% decrease in the incidence of diabetes from lifestyle changes

alone. Narayan noted that the results of the study were even more impressive when the number needed to treat was considered; 7 patients "treated" with lifestyle changes could prevent 1 case of diabetes.

During the question-and-answer portion, an attendee asked that, if lifestyle change is the answer to the obesity epidemic, what can medical writers do to promote that change. "Learn from what happened with smoking," Narayan answered, pointing out that increased public awareness of that issue played a huge role in decreasing the smoking rate from 55% of the population 45 years ago to just 20% today. "Make it an issue," he said. And isn't that what writers do best?

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