



## Pondering Medical Writing Certification

By **Melanie Fridl Ross, MSJ, ELS**, *AMWA President*

IF YOU READ NOTHING ELSE IN THIS ISSUE of the *AMWA Journal*, although I certainly trust you'll make time to go through it cover to cover, then I hope the articles that follow by Tom Gegeny and Tom Lang make it to the top of your list. As AMWA strives to achieve its mission—to promote excellence in medical communication—supporting our members' educational interests, fostering their professional development, and promoting the profession are key. How do we as medical communicators convey our relevance? How do we demonstrate our proficiency? These are just two of the crucial questions we have been pondering as we explore the development of a certification program.

As Gegeny reviews, AMWA currently offers a *certificate* program, one that brings value to our members and to our members' employers and clients alike. A *certification* program is quite simply the next logical step, and one that will shape our future as the premier organization for medical communicators. Gegeny outlines the history of our efforts regarding certification, describing the accomplishments of a specially appointed task force and outlining next steps in what he refers to as a "historic initiative that will help define AMWA's next 70 years." In his piece, Lang highlights the pros and cons of certification and shares his thoughts about models to consider. He writes, "There are good reasons to provide evidence of competency in the profession, just as academic degrees confer some sense of competency in the associated field. The question is how to best assess it."

In the months ahead, you will be hearing much more about certification. In the meantime, please know that we welcome your questions. We also welcome your input. To do this right, we will need to work together to pool our collective experience and expertise. As opportunities become available to help, we hope you'll answer the call.

## MEDICAL WRITING CERTIFICATION: THE TIME IS NOW

By **Thomas Gegeny, MS, ELS**  
*Immediate Past President, AMWA*

FOR MORE THAN 70 YEARS, AMWA has promoted excellence in medical writing and communication, offering resources and education in support of that goal. AMWA is a 501(c)3 nonprofit organization with an educational mission. The association's extensive program of workshops and other opportunities allow members to benefit from and participate in the development and dissemination of information and resources across the spectrum of medical and scientific communication. This endeavor is particularly expansive when considering the various audi-

ences for medical writing, which range from patients to researchers to health care providers to regulatory authorities.

AMWA's educational certificate program has been a cornerstone of its mission and has grown considerably over the past 30+ years, not only in terms of the numbers of workshops offered at national and chapter meetings (this year's annual conference alone will feature 100 workshops), but most recently in the number of certificates available (moving from a 2-certificate to a 9-certificate program in 2010).<sup>1</sup> The establishment of text-based workshop

modules (with mail-in tests to earn workshop credit) has been immensely successful. The opportunity to earn the entire Essential Skills certificate will soon be available via these modules, should a person choose to use them in fulfilling the required credits.

Over time, AMWA's leadership has been repeatedly approached by members querying whether or not a certification exam will ever become available. Indeed, one of the most frequent misperceptions or casual misstatements about our educational certificate program is that it is a "cer-

tification” program. As useful as the program is for many of us, 8 3-hour workshops (not including homework time) is not adequate to confer a credential or certification of any kind. But AMWA has approached the concept of certification before. In 1996, building on earlier research and work (including an AMWA long-range planning committee), then-President Joel Tau appointed an exploratory task group led by Bob Bonk to investigate the feasibility and potential rationale for AMWA pursuing medical writing certification as an offering to medical communication professionals. A survey of 3 organizations that offered certifications was conducted (Board of Editors in the Life Sciences [BELS], Associates of Clinical Pharmacology, and Public Relations Society of America) to gain basic insights into the procedures and costs involved. Recommendations were made to continue the task group’s work and conduct further research (including reaching out to an expert group such as the National Association for Competency Assurance). Nonetheless, AMWA did not pursue certification at that time given the various legal, financial, and other considerations.

In the 15 years since then, the certification “movement” among professional organizations has continued to expand rapidly. Various trends may account for this growth, including technology developments (eg, the Internet), rapid and substantial increase in information and knowledge, the relatively short “shelf-life” of academic degrees (including the integration of various skills and knowledge into ever-growing areas of specialization), a growing demand by the public for established standards, and the desire overall to avoid regulation where lack of such standards may exist.<sup>2</sup> In that time, new groups, such as the International Society of Medical Publication Professionals (ISMPP), have launched their own certification programs, while BELS just celebrated the 25th year of its own program. Most recently, the 2010 AMWA member needs assessment sur-

vey asked, “Is professional certification with a competency examination desirable for the medical communication profession?” Of the 1,339 respondents to this question, 878 (65.6%) answered “Yes.”

In recent years, AMWA leadership has noted a number of trends in our own professional “sphere.” For example, formal education opportunities are increasing in medical writing and communication—educational certificates based on accredited courses, and even a few degree-track programs, have emerged. For institutions of higher learning to invest in and offer such classes and programs indicates an initial and perhaps growing recognition by higher education of our profession and the value of medical communication skills in society as a whole. Certainly,

### Initiating such a program will also ensure AMWA’s central role in what could become a widely adapted benchmark to establish a minimum standard for the profession.

our own educational programs are complementary with more formal programs by offering greater flexibility and additional specialization in relevant content (not to mention speedy incorporation of information relating to new developments). Given the breadth and currency of the AMWA educational program, AMWA will no doubt continue to serve as a resource for further academic program development, and reciprocal exchanges of ideas on integral concepts as well as emerging trends are likely. However, because relatively few medical communicators are entering the profession through these nascent programs, a continuing role for professional education (or continuing education) is essential for medi-

cal communicators, as embodied by AMWA’s workshops and other educational programs.

Nonetheless, a further role may exist for AMWA as the largest and oldest organization of its kind. Establishing a certification program allows us to draw on a wealth of history and knowledge to define key competency areas within our profession—and to establish basic standards by which knowledge related to those areas can be assessed in a uniform way. Initiating such a program will also ensure AMWA’s central role in what could become a widely adapted benchmark to establish a minimum standard for the profession.

Of course, no certification exam (especially in our profession) will guarantee actual proficiency, skill, or performance of the individuals who pass it. The exam will not strive to do this, nor should it be used by the organization or any individuals or groups to make claims as such. A certification program will allow AMWA to take greater ownership of established standards that may help further and more formally define our profession. As overall knowledge, ethics, technology, and best practices evolve, such an exam can be further refined and focused on the concepts and elements that help define the medical writing profession.

Given this immense opportunity for the organization, a certification task force was appointed in 2009 by then-AMWA President, Cindy Hamilton. Led by Mary Royer, the group included representatives from several sister organizations, including BELS, ISMPP, the Council of Science Editors, and the Medical Writing Special Interest Area Community of the Drug Information Association. With additional legal consultation and information gathered by AMWA’s Executive Director, Donna Munari, research was conducted on potential certification models (in use by various other organizations), as well as specific requirements that would be necessary because of AMWA’s tax-exempt 501(c)3 status (for example, exam-related activities must be covered

in a separate budget and be overseen by an independent council or commission that is separate from AMWA's Board of Directors, with representation from both within and outside of AMWA). Also, AMWA's education program will remain a separate activity and cannot be required for taking the exam (though it may certainly be considered an available means for helping a candidate prepare or as credit toward eventual recertification). Truly, we owe the certification task force volunteers a debt of gratitude for their work in helping to explore, define, and present viable options and the rationale behind AMWA's consideration of establishing certification in medical writing.

In spring 2010, AMWA's Board of Directors was presented with a summary of the task force efforts to date and voted in favor of AMWA pursuing certification. The immediate next steps in the past year have included conducting further research, investigating funding options, and initiating contact with established consultant groups who provide specialized expertise and services in developing certification exams with professional organizations such as AMWA. A key point of recognition has been that any such certification exam in medical writing must be specific to our profession and its content should not overlap substantially with that of other exams, such as those offered by BELS (largely editing and publication standards) or ISMPP (largely ethics and publication planning/best practices). Of course, some areas of mutual content overlap will be unavoidable, but AMWA's certification model will be uniquely tailored to the core skills and knowledge requisite for professional medical writers in a variety of medical communication environments.

What the exam will look like has yet to be elucidated. That will become clearer once an official certification council or commission is recruited and

appointed. Among its various tasks, this group (or specific subgroups) will

- 1) meet with a contracted vendor to establish timelines and priorities,
- 2) assist with an in-depth analysis of our profession (key skills and central areas of knowledge),
- 3) help generate exam "items" that must be validated and incorporated into an item "bank," and
- 4) work through the questions and considerations that will define the application/eligibility process and evaluation criteria associated with the examination.

Through preliminary discussions, we recognize that a multiple-choice exam may only be helpful for certain information and that a writing component would likely be required as well. No matter what the format, a certification exam in medical writing must focus on essential skills and knowledge that are central to the work of medical communicators *no matter what specific type of medical writing is being done*. For example, the exam must be able to assess a candidate's ability to extrapolate meaning from data and communicate it clearly and accurately. It might draw on basic knowledge such as what statistical test(s) would be most appropriate for reporting certain types of studies/data, but more complex concepts should also be explored, such as the information that should be presented when reporting tests of a hypothesis. Other key areas might include use of punctuation and sentence structure to ensure clarity, principles of clinical trial design and research reporting, organization of key information in a logical order for a specific topic, knowledge of ethical conduct and relevant guidelines, or more basic information such as the meaning of key medical terms, roots, prefixes, and suffixes. Some suggestions have included the idea of an exam where a

writing specialization component can be selected in addition to the standard core area (for example, subsection choices such as patient information, regulatory writing, or research manuscript writing).

However, at this stage, we simply "don't know what we don't know" with regard to examination design and validation. We do know that we have a great deal of content expertise within AMWA, which we can draw on when consulting with examination specialists. Once the process is complete, we will have achieved a baseline from which certification in our profession can be evaluated, refined, and modified to reflect our evolving profession over time. Other issues would need to be addressed down the road as well. For example, what will be required to maintain certification? This may involve a choice of either retaking the exam after a set period of time or providing sufficient documentation (possibly a portfolio) of certain qualifying activities (such as teaching, authoring articles, or continuing education, etc).

Please stay tuned for more information as it becomes available. In all likelihood, certification will be at least another 2 years away. But in that time, much work will be required, and many opportunities to contribute will exist. Upcoming articles in the *AMWA Journal* and various member communications will offer updates and announcements relative to this historic initiative that will help define AMWA's next 70 years.

#### References

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# DOING CERTIFICATION RIGHT: AVOIDING THE ONE-TEST, ONE-SCORE, ONE-TIME, ONE-SIZE-FITS-ALL EXAMINATION TRAP

By Tom Lang, MA

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SEVERAL TIMES IN PAST DECADES, AMWA has considered offering certification in medical writing, for good reasons. Certification can be seen as a measure of competence and one that might justify higher salaries or fees. It can also legitimize the profession by indicating that specialized knowledge, skills, or preparation are at least available, if not required, to be in the profession, meaning that someone could probably not immediately qualify as a certified writer or editor without additional training. Certification can also imply that medical writers deserve a certain respect from other professions, especially those that also offer certification or licensure. Finally, becoming certified indicates a commitment to the field, which can be important for prospective employers.

There are good reasons to provide evidence of competency in the profession, just as academic degrees confer some sense of competency in the associated field. The question is how to best assess it. A typical model consists of a single, general exam covering the basic knowledge common to all areas of a profession and requiring a single pass-fail score to become certified. Another model consists of a series of specialized tests that require candidates to score in the upper percentiles to become certified. A third model is based on portfolio review and oral examinations. I want to stress that AMWA has adopted none of these models but is still considering several ideas, and the process remains open. Here, I simply want to compare these models for whatever insights each might bring to the discussion.

In any case, much of our work is skill-based, and we know that problems in written communication may have several acceptable solutions. These

skills are not easily measured, although portfolio review and oral examinations are probably the best way to do so. How else do we assess the ability to organize a text to best communicate specific information to a specific audience for a specific purpose? To see what is missing from a text? To add insights or critical information not considered by authors? Because it is so difficult (if not logistically and professionally impossible) to assess skills in reasoning, creativity, and insight with portfolio review and oral examinations, we are left with testing for knowledge or, at most, basic skills, no matter what testing model we adopt.

In this article, I describe the advantages and disadvantages of a single certification test with a pass-fail outcome and of a series of qualifying exams followed by more specialized certification exams with percentile outcomes. I believe that such a two-stage approach to testing is more comprehensive, more accurate, more useful, and more honest. I also comment on how portfolio review and oral examinations might be used with good effect. I hope that we will not be trapped into thinking that a single test is our only option and that we consider a series of tests or even portfolio review when planning any certificate program.

## **CERTIFICATION BASED ON A SINGLE, PASS-FAIL TEST**

### ***Typical Characteristics of the Test and Testing Process***

The typical approach to certification involves developing a test on the most important and common concepts needed to perform at a minimum level of competence. The test might consist of say, 100 questions on core topics and perhaps on one or more special-

ized topics that are to be completed in, say, 3 hours. Much of the test consists of objective questions (multiple choice; fill-in-the-blank), although some tests may include a more subjective component (if someone is willing to grade it). The tests are often given only a few times a year, at a physical location so it can be proctored, which means that candidates have to be physically present to take the test.

Certification is a serious topic, and because everything depends on a single test, considerable resources are usually invested to create it. In many cases, a consultant is hired to guide the development process, pilot test the questions, and determine whether the test returns the same results when taken by the same people at a later time (test-retest reliability) and whether responses to the questions on the same topic are highly related (construct validity).

### ***The Meaning of Passing the Test***

Most tests return a single score. A passing score may be based on several criteria, but the rationale for these criteria is often unspecified or arbitrary (eg, the traditional grading system where scores above 90% are As, those between 80% and 90% are Bs, and so on). All candidates typically take the same test and must receive at least the same minimum score to pass, irrespective of their professional focus. Thus, a passing grade may mean only that the candidate has recognized the correct answers to perhaps at least, say, 70% of the questions on the most basic facts about the profession.

A properly designed certification test distinguishes between more- and less-knowledgeable people who take the test. This ability is important

because those who pass the test are presumed to be more competent or more knowledgeable than those who do not. However, most certification tests are never tested for this ability. To do so, a group of more-knowledgeable writers and a group of less-knowledgeable writers would need to be identified and tested. Only those scoring high on the test should be in the more-knowledgeable group and only those scoring low should be in the less-knowledgeable group. Without this ability to discriminate between groups, a certification test just separates those who passed from those who did not. Therefore, the test does not differentiate between groups of known abilities, it just creates 2 groups.

Given the difficulty of testing for this discriminant ability, most organizations simply assume that those who pass the test are competent and that those who do not pass are not. By definition, passing the test means scoring above a threshold score. Thus, passing can be a matter of a single point. Can we really determine competence at this level of precision? Is a person who scores 1 point above the threshold really that much different from a person who scores 1 point below it?

### ***Identifying the Content and Sources for the Test***

Another issue in creating any test is identifying the references from which the questions are drawn. For the test to be fair, the information on which it is based must be widely available and identified before the test is taken. However, for a single, broad test, where do we find the content beyond the mechanics of writing as included in a style manual? Much of the formalized, printed knowledge of our profession is scattered or incomplete. We have books on general writing skills and style manuals, but most books on medical writing concern only scientific publications, and published regulatory guidelines are so extensive that their key points may not be easily identified.

### ***The Problems with a Single One-Size-Fits-All Test***

To indicate overall competence in the profession, the test must also assess several topics, each at an appropriate breadth and depth. In a field as broad as medical writing and editing, determining the topics (and the breadth and depth of their assessment) to be including in a single, limited test will not be easy. For example, how many candidates need to know something about multiple logistic regression analysis, and how much do they need to know? How many need to know how to write a new drug application? How many need to know how to run focus groups to evaluate patient education materials? Each of these topics is directly relevant to some aspect of medical writing, but common sense says it is unfair to test everyone on all of them, even if a test with a limited number of questions could do so.

Still, most professions have a core body of knowledge that all members are assumed to have and for which there are right and wrong answers suitable for assessing with multiple-choice questions. Given the diversity of tasks performed by medical writers and editors however, this core knowledge is probably going to be limited to lower-level topics, such as the rules of copyediting or the fundamental characteristics of tables and graphs. These topics are basic enough to argue that missing a few test questions on them may not be as important as knowing how and when to verify the answers to such questions when they arise. As a result, certification based on a single test does not indicate any particular strengths of individual candidates.

## **CERTIFICATION BASED ON QUALIFYING AND SPECIALIZED EXAMS**

### ***Description of the Test and Testing Process***

I propose that we have two stages of testing: a set of general, qualifying tests and a series of specialized certifica-

tion tests (Table 1). The qualifying tests would consist of the basic writing and editing skills that all members should have. Because these topics are fundamental to the profession, candidates might be expected to pass these tests with, say, 90% accuracy before they can take the certification tests.

These tests need not be extensive or detailed. We should not expect all members to be grammarians. (Do we really need to remember when to use an en-dash and an em-dash? Or the difference between a becquerel, a curie, a sievert, a gray, and a rad?) We just need candidates to have a good command of the basics.

The specialized certification tests should be more detailed. For example, my test on statistical reporting consists of 100 questions. It should be obvious that anyone answering most of these questions correctly in, say, an hour, will almost certainly have a strong command of this topic.

Candidates should be able to choose the specialized certification tests they wish to take. A series of tests on various aspects of regulatory writing would be more valuable to someone working in this field than to someone working in, say, scientific publications. And neither topic can be adequately addressed in a one-size-fits-all test with a limited number of questions. Because a series of tests can assess more topics in more depth, they provide a more flexible, comprehensive, detailed, and honest assessment of a candidate's knowledge.

All tests could be taken online, at any time, at the convenience of the candidates. Scheduling, proctors, and travel and lodging expenses would be unnecessary. Members would pay a testing fee and be directed to a Web site where they would be given a set amount of time to complete each test. Specifying the time needed to complete each test might give candidates the chance to verify some answers but not all; candidates would have to know the material thoroughly.

**Table 1.** Potential Topics for Qualifying and Professional Ranking Tests Leading to Various Certifications\*

Potential Certificates	Examples of Topics for Which Tests Could Be Developed†
<b>Stage 1: Qualifying Tests with Pass-Fail Scores</b>	
Essential Skills	1) vocabulary and word use; 2) grammar and punctuation; 3) sentence and paragraph structure; 4) scientific notation and units of measurement; 5) citing references; 6) basic tables; 7) basic graphs; 8) history, development, and current status of the profession of medical writing and editing; 9) the American Medical Writers Association
<b>Stage 2: Specialized Certification Tests with Percentile Scores</b>	
Scientific Communication	1) the scientific method; 2) the communication process; 4) research in written communication; 5) grant proposals; 6) technical reports; 7) abstracts; 8) slides; 9) posters; 10) basic statistical reporting; 11) advanced statistical reporting
Scientific Publications	1) instructions for authors and journal communications; 2) ethics of scientific research and publishing; 3) reporting original research; 5) reporting evidence-based medicine; 6) advanced data displays; 7) evidence-based writing and editing; 8) preparing reviews and letters
Medical Communication	1) FDA advertising regulations; 2) slides and posters; 3) publication planning; 4) public relations; 5) meeting abstracts; 6) script writing; 7) instructional objectives
Regulatory Writing	1) clinical study reports; 2) new drug applications; 3) common technical documents; 4) biological license applications; 5) premarket approval applications; 6) package inserts; 7) standard operating procedures; 8) communications with the FDA

\* These certificates and topics do not correspond to what AMWA currently offers, but they could.  
 † Tests need not have more than, say, 10 questions. They just need to be long enough to test what they need to test.

**The Meaning of Passing the Test**

I propose that the results of these specialized certification exams not be reported as pass-fail but rather as percentile scores, like those of the Scholastic Aptitude Test and the Graduate Records Examination. To receive credit for the exam, candidates would not have to answer a given proportion of questions correctly; rather they would have to score in the top, say, 30% among all those who had taken the test. Using this approach, certification means something more than passing a test; it means that certified

medical writers would rank among the top third of AMWA members who have taken the test because they have demonstrated having more knowledge than the lower 70%.

For clients and employers, percentile outcomes are more useful than pass-fail outcomes because they provide a more realistic assessment of a candidate's performance, especially if the results were to be presented on a card suitable for distribution in professional settings, such as employment interviews (Figure 1).

**Identifying the Content and Sources for the Test**

This model of certification could be achieved by building on our existing certificate programs (Essential Skills, Business, Composition & Publication, Concepts in Science & Medicine, and Regulatory & Research). Our self-study modules could be expanded to cover each topic in each program and would, for the first time, collect in printed form the core knowledge that comprises medical writing in general and its areas of concentration in particular. More importantly, the modules would be the source from which the test questions would be taken. We need not play "stump the student" by making members guess what questions will be asked. Instead, we should tell them, specifically, what we as a profession believe to be the important concepts on any given topic. These manuals could be sold separately as textbooks or reference books and would also be useful in helping people decide whether to enter the profession.

**The Problems with a Series of Qualifying and Specialized Tests**

The obvious challenge of adopting a series of qualifying and specialized tests is that more than 1 test has to be created, tested, and updated, and test development is a lot of work. We should do our best to create fair, comprehensive, and practical tests, but we would not need to hire a professional psychometrician because no single test determines certification. Creating these tests would also involve more members in the development process, itself a valuable learning experience with professional benefits.

The self-study modules that would accompany each test would have to be written. However, we have experience in writing them (and their associated tests); we simply need to expand the number of topics covered.

Another issue is to determine the passing scores on the qualifying tests, the threshold of professional ranking that must be achieved on any given test

### Test Information

Test: Reporting statistics  
Form: 100 questions to be answered  
in 90 minutes  
Version: 1  
Revised: November 1, 2009  
Taken on: April 29, 2011

### Score Information

Total tests taken to date: 343  
Distribution of scores to date:  
Minimum, 23  
25% percentile, 39  
50% percentile, 57  
75% percentile, 78  
Maximum, 100

### Personal Information

Correct answers: 89 (89%)  
Professional ranking: 92nd percentile

**Figure 1.** Information provided on Professional Ranking Certificates. Test results are reported as percentiles of all those taking the test to date.

to count toward certification, and the number of tests that need to be taken before certification would be awarded. As a profession, we can set the bar as high or as low as we like.

## CERTIFICATION BASED ON PORTFOLIO REVIEW OR ORAL EXAMINATIONS

### *Typical Characteristics of the Test and Testing Process*

The fine arts and performing arts have long assessed quality with portfolio or performance reviews, oral examinations, or both. These processes are also used extensively in many academic fields in the form of a masters or doctoral thesis and a defense of the thesis. Although these processes are subjective, the nature of both fine art and performance arts—and skills in writing and editing—is, in fact, subjective and is best evaluated subjectively.

The keys to subjective evaluation are to disperse the decision-making

process over a large number of evaluators and to offer an appeal process for borderline cases that require a more in-depth assessment. For our purposes, candidates would submit a sample of their writing or editing that would then be reviewed by, say 7 to 9 evaluators (or even 20 to 30?). If the grading is pass-fail, a simple majority or a majority plus one would be needed to award certification. If the grading is on a scale, the high and low scores would be discarded and the remaining scores averaged (as is done in Olympic scoring of diving and gymnastics). If the scale is 1 to 10, the group average would be compared to a cut point somewhere above, say, 6 or 7.

### *The Meaning of Passing the Test*

Approval by one's peers is an important indication of quality. Imagine how you would feel if, say, 10 (or 100) senior members voted to certify you on the basis of your work instead of a test score. In this sense, portfolio review is similar to becoming a journeyman or a master craftsman in a craft guild. (The origin of the term "masterpiece" refers to the work a journeyman submits to the guild for promotion to master craftsman).

### *Identifying the Content and Sources for the Test*

One big advantage of portfolio review and oral examinations is that there is no need for test development and administration. Candidates can present their best work and explain why they believe their work justifies certification. In addition, the initial evaluation could be done by blinding the evaluators to the identity of the author. Candidates passing this blind review could then be interviewed by a different committee to confirm that the candidate is qualified for certification.

The nature of the work submitted would, probably, represent the area in which the candidate works (eg, scientific publications or regulatory writing) and could be evaluated, at least in part, by people who work in the same field.

### *The Problems with Portfolio Review and Oral Examinations*

The two biggest problems with portfolio review and oral examinations are their subjectivity and the logistic requirements for selecting and training evaluators. In particular, how would evaluators be chosen? Evaluators might have to be trained to improve consistency, or the number could be greatly expanded if enough members volunteer. For example, perhaps the work submitted for review were to be posted to a Web site where any number of members could review it and vote. It may also be that portfolio review and oral examination would be best reserved for higher levels of achievement where fewer candidates would be evaluated.

## CONCLUSIONS

My thoughts on medical writing certification follow.

- A single test with a limited number of questions can address only a limited number of topics at a limited depth of coverage. A series of tests can ask as many questions as is necessary to assess the nature, breadth, and depth of any number of topics.
- A single test offers only the option of taking it or not. A series of tests offers several different tests that can be taken by different people, with different backgrounds, and with different professional needs.
- A single test would have to be based on the lowest common denominator among all branches of the profession, limiting it to lower-level knowledge that, while important, is hardly representative of either the richness of the profession or the strengths of a given candidate. A series of tests could assess higher levels of knowledge in the range of specialties found in medical writing and acknowledges the very real differences among medical writers.
- A single test has a pass-fail outcome, so the difference of a single, arbitrary, score can determine the difference between becoming

certified or not. Although every test has a pass-fail threshold, a series of tests provides a much broader basis for assessment and reduces the importance of any one test.

- A single test with a single threshold score, unless its sensitivity and specificity have been determined, tells little about the meaning of a passing score, only that the candidate passed the test and thus has a minimum level of knowledge. Such a test does not measure competence, it defines it. A series of professional rankings has meaning not by presuming to measuring competence but by indicating relative standing with one's peers.
- Portfolio review, oral examinations, or both, offer substantial advantages over objective testing, in that they can assess skill as well as knowledge and avoid the problems of test development. Although time-intensive, they also provide the most complete and personal form of evaluation.

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# TOP 10

## Reasons to Attend the 2011 AMWA Annual Conference

By Steve Palmer, PhD, ELS, Annual Conference Coordinator

1. A record-breaking 100 workshops! (Yes, that's with 2 zeroes.) So whether you're working toward a certificate or just want to improve some aspect of your medical writing, there's going to be at least 1 workshop that's perfect for you.
2. Career advancement. Those workshops and certificates look pretty good on a résumé.
3. Open sessions. There are 37 of them, and they're all included with your registration fee. How do you say no to topics like "Be Your Own IT Department" and the Florida-thematic "Space-Based Research and the Future of Humans in Space"?
4. Meeting and greeting. You know all those people from your chapter whose names you've heard but whom you've never met because they live 3 cities away? Stopping by the Chapter Greet-and-Go could fix that.
5. First-class featured speakers. This year, we've got senior NASA bioethicist Paul Root Wolpe, popular physician/author Perri Klass, and prolific author and diabetes expert Francine Ratner Kaufman.
6. Jacksonville, complete with sun, the St Johns River, and Cuban food. Not to mention that in October, both the spring-breakers and the Disney World crowd will have their noses deep in their books, so we'll pretty much have the state of Florida to ourselves.
7. Coffee and dessert klatches. Come for the coffee and dessert, stay for the sheer fun of it.
8. Breakfast roundtables. How often do you get to sit with your colleagues and kick around ideas about better ways to detect plagiarism, work from home, or use your favorite piece of software?
9. The Welcome Reception on Wednesday and the President's Reception on Saturday. How often do you get to chat over hors d'oeuvres with people who can actually spell "hors d'oeuvres"?
10. One word: Networking.