



CONFERENCE COVERAGE

ALVAREZ AWARD LECTURE: THE ADVANTAGES AND DISADVANTAGES OF WRITING AS A PHYSICIAN

Perri Klass, MD

Professor of Journalism and Pediatrics, New York University, New York, NY

By Kim Tran-Kerr, MD

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

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

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

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

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

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

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

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

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

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

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

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



MCGOVERN AWARD LECTURE: DIABESITY: THE EPIDEMIC THAT TRAVELS THE GLOBE

Francine Ratner Kaufman, MD

Chief Medical Officer and Vice President of Global Medical, Clinical and Health Affairs, Medtronic Diabetes, Northridge, CA; Distinguished Professor Emerita of Pediatrics and Communications, University of Southern California's Keck School of Medicine and the Annenberg School of Communications; Attending Physician at Children's Hospital Los Angeles

By Hilary N. Graham, MA

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



Francine Kaufman, MD (left), accepts the McGovern Award from Melanie Fridl Ross, MSJ, ELS, 2010-2011 AMWA President.

THE DEVELOPING CRISIS

According to Dr Kaufman, diabetes is a major crisis that will impair how we live our lives in the future. Almost 10% of the American adult population

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

Type I diabetes, which mainly occurs in children, accounts for the minority of diabetes cases. It is caused

by genetic factors and is most prevalent in those from the white population. Type I diabetes is a result of the autoimmune destruction of pancreas that leads to insulin deficiency.

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

In type II diabetes, the body is initially resistant to insulin, but as the disease progresses B cells in the pancreas can no longer produce insulin, which eventually leads to a deficiency. As

the body accumulates fat, the likelihood of type II diabetes developing dramatically increases. Abdominal fat is most dangerous and Dr Kaufman recommended that if you are going to accumulate fat “that you put it in your buttocks and sit on it.”

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

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

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

next generation may be the first generation to live shorter lives than their parents' generation.

CHANGING ATTITUDES

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

current environment. She noted that even modest reductions in weight and increases in physical activity can significantly reduce risk of developing diabetes.

Dr Kaufman suggested that change should start with the personal responsibility to ingest less food and to do more exercise. She challenged the audience to change the culture of its immediate surroundings – to make obesity and diabetes the next anti-tobacco campaign. She noted encouragingly that the diabetes epidemic could be halted if healthy habits are translated to your local school, work, and home. Each person has the responsibility to create an environment that socially stigmatizes

practices that lead to obesity, such as discouraging brownies at your next work meeting. Dr Kaufman closed by encouraging each person to reframe how human progress will be defined going forward, to consider what role each person will take to influence change, and to know that the tipping point has been reached where the goal of consuming the maximal number of calories while expending the least amount of energy is a thing of the past.

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

AMWA thanks the exhibitors and sponsors for their support of the 2011 Annual Conference.

EXHIBITORS

- Advanced Clinical
- CSOFT International, LLC
- Delta Pharma
- EurekAlert!/AAAS
- International Society for Medical Publication Professionals (ISMPP)
- MaxisIT
- Online Business Applications
- Oxford University Press
- RPS, Inc.
- Synchrogenix Information Strategies, Inc
- The Judge Group
- University of the Sciences in Philadelphia

SPONSORS

- RPS, Inc.
- University of the Sciences
- AMWA Northern California Chapter
- AMWA Southwest Chapter



2011 AMWA SALARY SURVEY

Moderator

Tinker Gray, MA, ELS

*Research Director/Medical Writer,
Shelbourne Knee Center, Indianapolis, IN*

Speakers

Susan Bairnsfather

CEO, EPharma Tech LLC, Shreveport, LA

By Karamarie Fecho, PhD

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

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

Demographics of AMWA Respondents

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

AMWA Members Working as Employees

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

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

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

AMWA Members who Freelance

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

as the rate reported in 2007 (\$80). The majority of freelancers reported that more than 90% of their time was billable.

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

Study Limitations

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

References

1. Gray T, Hamilton CW. Findings from the 2007 AMWA Salary Survey. *AMWA J.* 2008;23(1):4-8.

Karamarie Fecho is a freelance medical and scientific writer at Copperline Professional Solutions, LLC in Chapel Hill, NC.

CONVERSATIONS ABOUT HEALTH LITERACY AND PATIENT EDUCATION

Moderator

Helen Osborne, MEd, OTR/L

President, Health Literacy Consulting,
Natick, MA

Speakers

Kristofer S. Griffith, CIP

Departmental Manager, Office of Protocol
Research, MD Anderson Cancer Center,
Houston, TX

Jacqueline A. Stevermer-Bakken

Communications Consultant, Section
of Patient Education, Mayo Clinic,
Rochester, MN

By Lori De Milto, MJ

More than 50% of Americans struggle to understand health information, according to Helen Osborne. Healthy People 2010, the Institute of Medicine, the National Library of Medicine, and others have defined health literacy as “The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.” Osborne developed a more functional definition: “Health literacy is a shared responsibility between patients and providers. Each must communicate in ways the other can understand.”

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

Reasons for the growing emphasis on health literacy include

- Changes in the health care system (including shorter appointments

and hospitalizations)

- Engaged patients (patients who play an active role in their health and health care)
- Abundance of health information

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

Using Plain Language to Educate Patients

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

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

Stevermer-Bakken noted that Mayo Clinic’s patient education materials use the personal pronoun “you” and clearly explain “what’s in it for me?” (why it is important to read the information and follow any instructions) on the first page. They have a clear title and use medical terms, but clearly explain them (eg, “hypertension” is defined as “high blood pressure”). The writing is precise and concise and when lengthy, divided into sections. Where possible, plainer

words (eg, “breathe in” for “inhale”), illustrations, and photos are used. Sometimes, patient stories are included. A larger type size is used for patient education materials geared toward patients with vision problems.

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

Helping Patients Understand Informed Consent

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

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

These ICDs use simple paragraphs and bulleted lists and tables. When sponsors require specific information to be included, Griffith and his team explain it as simply as possible. They also go to great lengths to ensure that the language used is just right. “I ask them a question like ‘should we say teaspoon or teaspoon full?’ The discussion will go on for 76 e-mails, but at the end, we’ve got an answer,” he said.

Osborne concluded the session by noting that medical writers are powerful and serve as a bridge to understanding health information between the lay public and health care professionals. “Go forward and make a difference,” she said.

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

Resources

Agency for Healthcare Research and Quality. Health Literacy Interventions and Outcomes, Update. Available at <http://www.ahrq.gov/clinic/epcsums/litupsum.htm>. Accessed November 8, 2011.

Doak C, Doak L, Root J. *Teaching Patients with Low Literacy Skills*. Philadelphia: J.B. Lippincott; 1996. Available at www.hsph.harvard.edu/healthliteracy/resources/doak-book/index.html. Accessed November 8, 2011.

Health Literacy Consulting. Available at www.healthliteracy.com. Accessed November 8, 2011.

LINCS (Literacy Information and Communication System). Includes the HealthLiteracy Discussion List. Archives available at <http://lincs.ed.gov/pipemail/healthliteracy/2011/date.html>. Accessed November 8, 2011.

McGee J. Centers for Medicare & Medicaid Services Toolkit for Making Written Material Clear and Effective. Available at www.cms.gov/WrittenMaterialsToolkit. Accessed November 8, 2011.

Osborne H. *Health Literacy from A to Z: Practical Ways to Communicate Your Health Message*, 2nd ed. Burlington, MA: Jones & Bartlett; 2011.

US Department of Health and Human Services. *National Action Plan to Improve Health Literacy*. Available at www.health.gov/communication/HLActionPlan. Accessed November 8, 2011.

HIDDEN MARKETS FOR MEDICAL WRITERS

Moderator

Debra L. Gordon, MS

President, GordonSquared Inc, Williamsburg, VA

Speakers

Cindy van Dijk, MA

Freelance, Oak Harbor, WA

Christine Welniak

Upside Communications, Brooklyn, NY

By Jennifer Garcia, DVM

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

Writing for Wall Street

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

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

Analysts need assistance with learning about new diseases and

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

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

Nonregulatory Writing in CROs

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

What training does a medical writer need for these projects? Van Dijk again emphasized the importance of being familiar with the drug development process. A research background would be a plus but specialty in a specific therapeutic area is not necessary. Flexibility, a willingness to learn, and sensitivity to the global environment are essential characteristics the medical writer

Table 1. Examples of Nonregulatory Writing in Contract Research Organizations

Insource Opportunities	Outsource Opportunities
Newsletters Annual reports Training and education Communications planning Video scripts Presentations	Abstracts Case studies Journal articles Trade articles White papers Webinars Social networking

needs to have, she added. Writers need to also be aware that it is often easier for CROs to pay for work on a project-fee basis rather than according to an hourly rate. To become more familiar with what CROs do and what they are writing about, van Dijk recommended doing some research on Web sites such as DIA Daily, Fierce Markets, and Pharmedot.

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

Additional Hot Markets for Medical Writers

In discussing several additional markets for medical writers, Debra Gordon, MS, noted that one possible hot market is the world of white papers. "Companies need white papers to drive traffic to their Web sites," said Gordon. The white papers are often used to generate leads for a company and can provide a great way for medical writers to use their depth of knowledge in a particular area and/or their expert research skills. She

recommended taking a journalistic approach to writing white papers, including conducting interviews, both within and outside of the company, as well as online research.

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

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

Writing books is another way to use medical writing skills, according to Gordon. She recommended contacting researchers or clinicians who may be working in areas that are

easy to "consumerize" and added that agents and publishers are always looking for book ideas on such topics. For the most part, physicians need help writing and using a medical writer is considered legal and ethical, emphasized Gordon. To find agents, Gordon suggested visiting sites like Publishers Market or Writers Market and contacting agents to let them know you can help their author get the book written.

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

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

Jennifer Garcia is president of JGMedInk, a medical communication company based in Houston, TX.

WORKING GLOBALLY, WORKING VIRTUALLY: A SURVIVAL GUIDE FOR MEDICAL WRITERS

Speaker

Rebecca Lew, PhD

*ProScribe Medical Communications
Melbourne, Australia*

By Michelle Eby, PharmD, CCRP

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

Working Across Time Zones and with Technology

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

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

With teleconferencing in widespread use, Dr Lew provided tips on how to mitigate the loss of nonverbal communication, which she indicated was 50-80% of all communication. She advocated for a face-to-face kick-off

meeting or a videoconference at the onset of a group project, and suggested that pertinent e-mails be clear, concise, and polite.

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

Before the teleconference

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

During the teleconference

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

After the teleconference

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

Understanding the Culture

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

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

as a medical writer in the Asian market includes

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

Dr Lew also noted that plagiarism is a serious concern and cannot be understated. She quoted Ouyang HuHua, a professor of English at Guangdong University of Foreign Studies: “The notion of plagiarism is alien in Chinese culture, where there is no individual claim, there is no ownership over intellectual property...” When writing manuscripts, ensure that authors understand the ethics of plagiarism, conflicts of interest, and authorship criteria. Refer all parties to the international guidelines, such as Good Publication Practice (GPP2, available at <http://www.gpp-guidelines.org>) and International Committee of Medical Journal Editors (ICMJE, available at http://www.icmje.org/urm_main.html).

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

Funding: This project has been funded in whole or in part with federal funds from the National Cancer Institute, National Institutes of Health, under Contract No. HHSN261200800001E. The content of this publication does not necessarily reflect the views or policies of the Department of Health and Human Services, nor does mention of trade names, commercial products, or organizations imply endorsement by the U.S. Government.

This research was supported [in part] by the National Institute of Allergy and Infectious Diseases.

YOUR PAPER IS REJECTED, NOW WHAT?

Moderator and Speaker

Christine F. Wogan, MS, ELS

Program Manager, Division Publications, MD Anderson Cancer Center, Houston, TX

Speakers

Karen Potvin Klein, MA, ELS

Associate Director, Office of Research, Wake Forest University Health Sciences, Winston-Salem, NC

Stephen N. Palmer, PhD, ELS

Senior Scientific Medical Writer, The Texas Heart Institute at St. Luke's Episcopal Hospital, Houston, TX

By Kelly A. Keating, PhD

The research is done, the results are analyzed, the manuscript is carefully written, and finally, the manuscript is submitted to a journal. Then comes the rejection e-mail. What to do? Christine Wogan began by suggesting that the writer take a deep breath and then put the manuscript and the reviewers' comments away for a day or two. Wogan said the four most common reasons for manuscript rejection are

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

What's Behind the "No" and How to Get to "Yes"

According to Karen Klein, MA, ELS, rejection letters do not always mean there is no hope. Klein said that, in her experience, "A rejection letter from a top-tier journal can still tell you a lot. Their reviewers are usually top-tier, too." It is a matter of interpreting the rejection letter and responding appropriately to improve the chances of the manuscript eventually being accepted with revisions. For example, Klein advised, if the reviewer wrote, "The paper can

be shortened without loss of important information," an appropriate response would be, "We have reduced the Introduction and Discussion, removed details from the Methods, and referred readers to our lab's Web site."

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

Instead of	Use
Nitpicky	Thorough
Slapdash	Prompt
Farfetched	Creative
Heavy-handed	Constructive

Where to Now? Choosing a New Target Journal

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

Journal's Audience

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

mon databases, such as Medline.

Impact

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

Time from Submission to Publication

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

Costs

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

Print vs Electronic

Some journals may be electronic-only, while others may be both print and electronic. Dr Palmer stated the advantages of electronic-only publications include lower costs, shorter time from acceptance to publication, fewer restrictions on the length and number of figures and tables, and a higher chance of accommodating supplemental material such as videos. He noted that there are disadvantages, too: your paper will not be immediately accessible to readers of

any print version, and what happens to your article if the journal folds? Dr Palmer answered this question by saying that at least for papers indexed in Medline, the journal is required to have an arrangement for preserving and allowing access to its content in the event of its demise.

Comparing Journals

What tools are available to compare

journals? Dr Palmer suggested trying *Journal Citation Reports*, Sciverse Scopus, and PubsHub. Each allows side-by-side comparisons of journal statistics (eg, impact factor, Eigenfactor). These sites are generally subscription-based services. Dr Palmer noted that a free source is JANE (Journal/Author Name Estimator, [www.biosemantics.org/jane]), which searches for journals

according to the content of the title or abstract. Dr Palmer's final piece of advice: "Spending half an hour now to find the right journal can save you months later on."

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



Do You Have Something to Say?

Why Not Be a Speaker at AMWA's 2012 Annual Conference?

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

If you are interested in participating in the conference as a Short Session or Breakfast Roundtable leader, visit the AMWA Web site (www.amwa.org) to find more details, including ideas for topics, in the calls for conference speakers. Act now—the deadline for proposals is February 27, 2012.