



## Yoo-hoo! Self-marketing for freelancers and wannabes

by Ursula Schoenberg

As the perennial topic of marketing yourself as a freelancer has come up on the email discussion group, I just wanted to share with others what has worked well for me:

### 1. Schmooooze

Although some hardy souls may start freelancing directly after leaving university, I'm assuming that most of us have done our stint in industry before venturing out on our own. I can say that my mental freelancing started well in advance of my actual freelancing, and as soon as that happened, I started to plan ahead. My advice: be nice. Not just to your boss and colleagues—to EVERYONE. Because that trainee standing at the photocopier may well end up becoming your client. Many of my long-term clients are ex-colleagues, and from what other freelancers report, I'm not alone here.

### 2. Call Freud and spread the word

When you know you're going out there on your own, sit down and figure out who you are and what you want. Ask yourself: what characterizes me as a person? Exactly what kind of work do I want to do? What kind of clients do I want? I found it helpful to see what competitors were offering (via the Internet) when I was creating my profile. Write everything down. Then condense that into what Americans call the 'elevator pitch', i.e. the 2-minute version of what you do, in clear language. Take time and care with this step. Memorise your elevator pitch and then tell absolutely everyone that you are now freelance—your ex-colleagues, your cleaning lady, the cat. Word of mouth works best!

### 3. Be virtually anywhere

Find a web designer and set up a website. Forget vacation plans, put any available money into designing a site that will embody what you discovered in Step 2. A good designer will create a 'virtual calling card' that you feel accurately represents your professional self. A very good designer will also be a sparring partner and point out weak spots in your positioning. Going through the process of creating a site will help you sharpen your profile, making you more self-confident. New clients who approach me have already been on my website and gained a first impression about whether I will be the right person to work with or not. A lot of this is subliminal, but

observe yourself—don't you get a 'feeling' about people or companies when scouting a site?! Two last pieces of advice: do not design a site yourself (unless you are a professional designer as well as a medical writer), and get a really good photograph taken. As the Germans say: one picture says more than a thousand words.

### 4. And re-schmooze

When I was a freelance rookie, I overheard a cashier at a well-known stationery store comment to a customer that he looked so relaxed. "Yes", he replied, "that's because I have really nice clients." I want that to be me, I thought. So on the theory that antelopes congregate with other antelopes and not with lions, I work on extending my network of good clients through existing contacts. When possible, I try to work in-house on projects and get to know (and work with) other people. I also keep on being nice to my clients (duh, right?). Write an e-mail on birthdays, send Christmas cards, use your emotional intelligence. If a client has referred me to someone else, I tell them how much I appreciate it—as soon as humanly possible.

### 5. Face-to-face beats Facebook

I know there is a lot of hype about Web 2.0 and social networking, but I have to tell you that I have not generated any new business through generic web networks like Xing. That being said, this is probably also because I don't invest much time in them, so it's the problem of the egg and the chick. There certainly are tried and proven ways of successfully marketing yourself on the Web: you can launch a specialized blog or send out a regular newsletter to clients, updating them on current projects or know-how you may have acquired since you last worked together. However, don't underestimate the time you need to maintain these initiatives, because potential pay-offs (i.e. reputation or new contacts) tend to be medium to long-term. I prefer keeping my 'real' network connected by working in-house with clients and by hosting twice annual 'regular meetings' with selected contacts.

### 6. Join the club

Joining a professional organization like EMWA is a good way to meet new people and network. Explore other groups (businesswomen, local business net-

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works) that might be worthwhile joining. Be sure you always have a business card on hand (something I admit I'm terrible at ...) with your contact data and web address. After bashing generic business networks, I would recommend exploring virtual forums for freelancers (especially the EMWA Freelancers List). Take a little time to research these and separate the wheat from the chaff before you join, because where you network also reflects on you. Ask yourself: is the site structured well, what jobs are they offering, are these offers current? Some of these registers are free and some charge a fee, so monitor any return you get on membership and decide when your cut-off date will be if things don't work out. I left freelance forums that had not proved successful after a year.

## 7. For love or money

Last but not least: fees. I would concur with many EMWA freelancers and advise not to compromise on rates. What does this have to do with self-marketing? Your potential client will see that you are a competent, successful and confident professional, just like he or she is. And that's exactly the kind of person a client wants to work with.

Good luck, and please be assured—there is lots of work out there!

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## Cohorts, groups, arms and collectives

I sometimes find that authors reporting on comparative prospective 'registration' studies refer to the groups of patients enrolled as 'cohorts'. I have never been happy with the use of 'cohort' to describe groups of patients enrolled into such studies. I have always had the feeling that authors use the word *cohort* for standard 'approval-type' studies because they think it sounds 'better' or 'more scientific', and, indeed, some authors have given this as their reason for the use of the word.

A cohort study is defined in the Wikipedia as follows [1]: "*A cohort study is a form of longitudinal study used in medicine and social science. It is one type of study design. In medicine, it is usually undertaken to obtain evidence to try to refute the existence of a suspected association between cause and disease; failure to refute a hypothesis strengthens confidence in it. Crucially, the cohort is identified before the appearance of the disease under investigation. The study groups, so defined, are observed over a period of time to determine the frequency of new incidence of the studied disease among them. The cohort cannot therefore be defined as a group of people who already have the disease.*"

The definition states that the word *cohort* is not appropriate to describe groups of patients who are enrolled into studies as they present at the practice or hospital because

they have developed a certain disease. We have the perfectly good word *group* for this, and the word *arm* has also come into common usage to express the same idea. In their book, *How to Report Statistics in Medicine*, Tom Lang and Michelle Secic also give a very comprehensive definition of the term 'cohort study' [2]. This should not be the only reason to consult (or indeed buy) this superb book for medical writers.

I am also still seeing *collective* used by continental European authors to mean a group of patients. When used as a noun, *collective* should be reserved for describing cooperative economic ventures, such as a *collective farm* or a *wine collective*. It is not appropriate as the description of a group of subjects in a clinical study, and will probably never lose its inevitable association with Communism for us fairly immediate post-war babies—something our grandchildren, however, will find difficult to understand.

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**References:**

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2. Lang T, Secic M. *How to Report Statistics in Medicine. Annotated Guide for Authors, Editors and Reviewers*. 2<sup>nd</sup> Edition. American College of Physicians. Philadelphia, USA. 2006.