
The Write Stuff

The Journal of the European Medical Writers Association

Learning Never Stops





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Learning Never Stops Vol. 11, No. 3, 2002

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| OK all you members out there who've wanted to get your hands on the real power at EMWA, here's your chance. A number of positions on the EMWA Executive Committee will be up for election in Lisbon (Vice-president, Treasurer, Membership Officer, Education Officer, and University Liaison Officer). Wow, that's enough to give everyone a chance, so don't delay, nominate yourself or a friend. Nominations are due January 11. [INT] | |
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[INT] - this symbol indicates that the article also has been or will be published at the EMWA internet site: <http://www.emwa.org>

The cover image was an artistic adaptation of a Microsoft ClipArt image by Matjaz Martinec

Journal Insights

The Write Stuff is the official publication of the European Medical Writers Association. It is issued quarterly and aims to provide EMWA members with relevant, informative and interesting articles and news addressing issues relating to the broad arena of medical writing. We are open to contributions from anyone whose ideas can complement these aims. Articles or ideas should be submitted to the Editor-in-Chief (see back cover) or another member of the Editorial Board.

Subscriptions

Subscriptions are included in EMWA membership fees. Non-members can subscribe at an annual rate of:

- €35 within Europe
- €50 outside Europe

Instructions for Contributors

- **The Write Stuff** typically publishes articles of 500 - 1500 words although longer pieces or those with tables or graphics will be considered.
- All articles are subject to editing and revision by the Editorial Board. Any changes will be discussed with the author before publication.
- Submissions should include the full address of the author, including the telephone and fax numbers and email address. Suitable quotes for side boxes can be indicated or they can be selected by the Editorial Board.
- Material should be submitted electronically on computer diskette or by email as an MS Word file using Arial font (or equivalent), 11 point size, and single spacing.
- Published articles generally include a recent photograph of the author (portrait picture, CV or passport style).

Back Issues

Subject to availability, previous issues of **The Write Stuff** can be obtained for the cost of mailing by contacting the EMWA Head Office (see back cover for address).

Advertising Rates (in Euros)

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| • Full page | €400 |
| • Half page | €200 |
| • Quarter page | €100 |

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Freelance members only

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From the Editor's Desk: Can an Old Dog Learn Some New Tricks?

by Barry Drees

As many of you probably know, I recently left a fairly lucrative career at a pharmaceutical company to set up my own medical writing company with some colleagues. As a medical writer of some 12 years experience and quite a few submission dossiers, not to mention countless workshops where I taught the basic principles of medical writing, I thought that I knew it all. Ahh, isn't there a quote somewhere mentioning that pride comes before a fall? I recently had a humbling experience with a group of clients that I think is worth sharing with the EMWA members. It is instructive in terms of what I learned about medical writing as well as about life itself, i.e. to survive in the world, every dog has to be ready to learn some new tricks from time to time as well as perhaps relearn some old ones that have been forgotten.

I have often been asked by EMWA members about the typical training path for medical writers to learn the business. It frequently goes something like this: you start with protocols and small phase I study reports (maybe publications if you have a scientific background), then move up to large Phase III studies and smaller parts of a submission dossier (like the subgroup analyses, for example), followed by being the lead writer on a major submission, and finally graduating to the big time with the ultimate in medical writing challenges, organizing an entire submission and being in charge of a whole team of writers. After this, writers frequently move on to management, their own companies, or other fields. Finding medical writers with the experience of dossier management is not easy, and so writers who have this experience tend to get put on such priority projects as a rule.

"There's never time to do it right, but always time to do it again".

Having had a fair amount of success at the highest level with huge submission projects involving many writers, I very rarely did basic medical writing anymore, and yet, having done it once, I just assumed that I knew how it was done. And why not? Wasn't I giving EMWA, DIA and Management Forum workshops on the basics of medical writing? Isn't it amazing how easily we are led into the deadly sin of hubris? As it turned out, theory and practice are two very different animals, and in a service industry like medical writing, it is easy to underestimate the difficulty and time commitments a "simple" project may require if you haven't done one recently.

Well, I won't (and can't) go into the gruesome details of the disaster, but it doesn't require a lot of fantasy to imagine what happened and how mortified I felt when the whole thing blew up in my face. The simple fact is that regardless of how much experience you have, there are no shortcuts in medical writing, and that a simple small mistake can overshadow pages of brilliant text. Good writing, even technical writing, takes time and you shorten the process at your peril. As the saying I learned as a biochemist

From the Editor's Desk

states, "There's never time to do it right, but always time to do it again". With a client, you may never get a chance to do it again. There really is no free lunch, and although medical writing is an ideal occupation to do as a freelancer, it's not going to be a case of getting rich quick.

I think that this lesson has for life is particularly pertinent today, fresh on the heels of the dot.com disaster. How many of us didn't feel pangs of jealousy during the 1990s in listening to all the stories of instant wealth and wild overnight success for all the internet entrepreneurs. I have to admit that I occasionally succumbed to feelings that I should have done something different with my life. And now look at the sorry spectacle it has all become after people finally woke up and realised that to have a successful business, you have to actually sell something. The best guarantee and protection for one's future is the knowledge that you produce a quality product that people want. And good quality, careful medical writing fits this definition as few other things - just be sure not to cut any corners.

There is just enough space now for a few TWS programme notes. I am very sad to have to announce that Susan Quinn has decided to step down as the Artistic Director of TWS. Who would have thought, when she rashly volunteered for the position in a bar in Dublin after a few pints of Guinness, that we would get such wonderful contributions over the years, including the now legendary EMWA mouse, and a number of the TWS cover images (including the all-time favourite Linguistic Diversity issue). Being the Artistic Director was occasionally a thankless task as she would send me several creative images based on a theme that I had suggested, only to have me make critical comments on how to improve it until we finally found an image we both liked. For her enthusiasm, energy and creativity in the face of an extremely eclectic Editor-in-Chief, I would like to express my deepest appreciation for all the fun we had producing a stream of memorable images for TWS. Life, and TWS, however, do go on, so I am now looking for a new Artistic Director. Any members out there feel that they have a latent frustrated artistic side needing to be expressed and might be interested? Please contact me even if you have the slightest interest. As I am sure that Susan can attest, it just might be the toughest job you'll ever love!

Barry Drees

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Message from the President

Julia Cooper

Once again, it is time to let you know about some of the things going on behind the scenes at EMWA over the last few months.

Organisation of the 2003 Spring conference has been underway for some time now. Isabelle and Phillipa Clow went out to Lisbon for a few days in July to inspect several venues and they have booked a suitable hotel. Once again, EMWA does not have any members living in the conference venue who can provide local insight. However, following our successful collaboration with American Express Travel for this year's Prague conference, we will be using a specialist event organiser as our local contact for Lisbon. Stephen de Looze has already completed the truly enormous task of arranging the workshop programme and thanks to Isabelle, Phillipa and Stephen's efforts, we are on schedule to have the conference brochure out to you before Christmas. The conference dates are 13 to 17 May 2003.

There is always a lot of work going on behind the scenes at Head Office. At the same time as making the arrangements for Lisbon, Head Office were also busy dealing with subscription renewals for over 500 members, as well as handling approximately 400 assignments from workshops held in Prague. Delays in receiving lists of successful participants from a few workshop leaders meant that the EPDP credit statements were not issued as soon as we would have liked after the conference. In addition, some credit statements were issued with incorrect or missing credits (revised statements are being issued). To those who were affected, please be assured that we are aware of this problem and will be taking steps to correct it in time for the Amsterdam conference. The rapid growth of EMWA in the last few years, and of the education programme in particular, is a mark of our success. However, our infrastructure has not kept pace with this level of growth and we need to conduct a thorough update before we move on to new ventures. This will be a high priority in the coming months.

Our growth has also led to a substantial increase in the financial sums that EMWA handles. With this, however, comes increased responsibility to carefully review how the money is being used and to ensure that we remain financially secure as we expand. Head Office has recently installed a new accounting software package and together with Barbara Grossman, we have been discussing ways of obtaining a more frequent and comprehensive update of EMWA's financial status. This will be a great help as we plan new developments for EMWA.

To those who have had problems about the EPDP credits, please be assured that we are aware of this problem and will be taking steps to correct it.

The Write Stuff

Message from the President

One of EMWA's objectives is to raise the profile of medical writing as a profession, so I was very pleased to hear that, thanks to Teresa Robert's continued efforts, medical writing is about to get a mention on the New Scientist website, in the "Real Lives" section of the graduate area. In addition, a piece on medical writing will have appeared in the 26 October issue.

The Amsterdam conference was held over a Friday and Saturday in response to requests from the membership. Judging by the healthy number of participants signed up for the Saturday workshops, this is a welcome development. Feedback is always welcome on the changes we have instigated and the conferences are great opportunities to talk to the EC and let us know your opinions. If you can't attend a conference, please feel free to contact me or any of the other EC members by e-mail with your comments and suggestions (see below and back page for contact details)

Julia Cooper

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FOOD FOR THOUGHT

"Be master of your petty annoyances and conserve your energies for the big, worthwhile things. It isn't the mountain ahead that wears you out - it's the grain of sand in your shoe."

Robert Service, writer (1874-1958)

Call for Nominations

The following posts on the EMWA Executive Committee are up for re-election at the AGM during the Lisbon conference. To be eligible for election, you must be an EMWA member and have attended at least one Annual Spring Conference in the last 3 years. Candidates will be asked to provide a short statement explaining why they would like to be elected, which will be published in an upcoming edition of TWS. Nominations must be received by January 11 to be considered.

If you would like to stand for election, or you would like to nominate someone for election, please send your nomination to Julia Cooper and Isabelle Thirolle (contact details on back page).

Vice-President

1. The Vice-President assists the President and in the absence of the President serves as Chief Executive Officer.
2. The Vice-President must have served on the EC in the last 5 years to be eligible for nomination for the office.
3. The Vice-President serves as Conference Chairperson for the Annual Conference. In this capacity, the Vice-President plans, co-ordinates, and supervises the activities of the Annual Conference, arranges the venue for the Annual Conference, and solicits sponsorship funds for the Annual Conference. The Vice-President is assisted by the Conference Manager and Education Officer.
4. The Vice-President assumes the office of the President at the Annual Business Meeting following his or her election.
5. When the office of President is vacant, the Vice-President immediately and automatically assumes the office for the unexpired term and subsequently serves the term for which he or she was originally elected as Vice-President. The office of Vice-President remains vacant until the next Annual Business Meeting.

Treasurer

1. The Treasurer is the chief financial officer of EMWA and has the duties normally associated with that office.
2. The Treasurer is the account holder or assigns the account holder for EMWA funds and disburses funds at the direction of the President.
3. The Treasurer prepares an annual financial statement and presents this statement at the Annual Business Meeting.

Call for Nominations

Membership Officer

1. The Membership Officer is responsible for all aspects of policy relating to membership.
2. Duties include ensuring members are well served by the organisation, that they are aware of the benefits of belonging to the organisation, that new members are recruited (in conjunction with the Public Relations Officer) and that existing members are retained.
3. The Membership Officer is responsible for determining what the membership wants from the organisation, and then feeding this information back to the EC.

Education Officer

1. The Education Officer is responsible for developing, co-ordinating, and administering educational programs. The Education Officer assists the Vice-President in co-ordinating workshops for the Annual Conference.
2. The Education Officer is the principal spokesperson for EMWA educational activities. In this capacity, the Education Officer establishes contact with selected educational bodies, co-ordinates efforts to obtain educational recognition for EMWA educational goals, and, together with the EMWA Professional Development committee (EPDC), sets the educational standards for workshops, seminars, and other educational initiatives and appoints workshop leaders.
3. Decisions made by the EPDC are to be presented to the EC for approval.

University Liaison Officer

1. The University Liaison Officer develops and implements a strategy for promoting medical writing as a career option to university graduates.
2. The University Liaison Officer cultivates interactions with university career counselling departments and other groups that provide career advice.
3. The University Liaison Officer may work together with other EC officers to create and develop programmes for increasing awareness of medical writing. This may include attending career fairs or other similar events.
4. Proposals by the University Liaison Officer that may require a financial expenditure are to be approved by the EC.

Secretary

1. The Secretary is responsible for overseeing the activities of the EMWA Head Office.
2. Together with the President and the Treasurer, the Secretary will monitor the activities of the Head Office, have regular "performance review" meetings with the Head Office, and make suggestions for improving the services of the Head Office.
3. Any suggestions that may require a financial expenditure are to be decided on by the EC.



From Over the Pond: Medical Writing in the Delaware Valley

by Susanna Dodgson

About a month after I started working in Philadelphia, I was standing in the doorway of the office of the Chairman of Physiology, chatting about my planned post-doctoral research. The Chairman asked me if I knew where his technician was. I knew she had left for the day, and so I answered, "She shot through". My boss, who was usually a sedate, bow-tie wearing, dignified gentleman, immediately ran to the laboratory, leaving me sitting in his office ruminating on yet another example of odd American behaviour. He returned after a minute and said he could not find the technician, how did I know that she had been shot? I learned 2 valuable lessons: first, Australian expressions are not understood everywhere and second, Philadelphia can be a dangerous place.

In the 24 years since, I have avoided use of regional expressions. Regional expressions do not belong at the workplace especially if the workers are from diverse backgrounds and they never belong in scientific or medical documents. An example of a regional expression can be found in my opening paragraph. In the four countries where I was taught to read and write (England, Northern Ireland, New Zealand and Australia) we always said, and wrote, firstly, secondly, thirdly. American writing condenses the sequence to first, second, third.

Whether firstly and secondly is wrong and first and second is right is unanswerable. The question that needs to be answered is whether a word or expression interferes with the primary purpose of the writer: to communicate complex thoughts simply and seamlessly so that individual words are invisible. If the audience is British or speaks British English (e.g., Commonwealth countries, except Canada), firstly and secondly is seamless. If the audience speaks American English, first and second is seamless.

For a time during my visits to the Black Forest house of my German husband during our 12-year trans-Atlantic relationship, I tried to read an article each day from the newspaper with the help of a 100,000 word German-English dictionary. I was often pleased with myself by the end of the article, only to find I had completely misunderstood it because of my misinterpreting a word or phrase. My worst failure was when I strung together the German words for a telephone conversation with a German colleague. I practiced the phrase, but when I spoke on the telephone, I lost my nerve and spoke only English. About an hour later I proudly recited my phrase to another German scientist in the laboratory. He turned pale and asked if I had any idea what I had said. I told him I had asked for parts of a human liver. No, apparently I had asked for parts of a male lover.

I learned 2 valuable lessons: first, Australian expressions are not understood everywhere and second, Philadelphia can be a dangerous place.

From Over the Pond

Clearly my problem with the German language is more severe than a word or two from a regional dialect (be kind, I was trying to learn Spanish at the same time). However,

What words do medical writers need to avoid? Since I believe I am always telling the truth, I never use the word, "actually"

medical writers must remember that medical terminology is a foreign language and unless the words that are used are familiar to the reader, the flow will be lost and the reader will not understand the point of the article.

What words do medical writers need to avoid? Colloquialisms or words that link the writer with a time and place. I hear nightly on the BBC broadcasts in my home in New Jersey overuse of the word "actually".

Since I believe I am always telling the truth, I never use this word, which I have seen in formal medical writing documents that I have edited. I also do not use adjectives in formal documents (these include manuscripts, monographs, meeting summaries and regulatory documents) the one exception is "significantly" if statistical analysis demonstrates significant difference between populations. "Very", "largely", "particularly" are empty words which I see sprinkled throughout manuscripts and marketing materials and which add nothing to the general thesis and do not belong in the lexicography of the master medical writer.

I use as my reference the Chicago Manual of Style and the daily pages of the New York Times. If expressions and words are acceptable to the premier American style guide and the premier American newspaper, then they are to me. Frequently clients ask me to write my documents according to the American Medical Association Manual of Style. I find the manual useless for any questions I have about words or expressions. The manual cares about formatting and lists in detail when to add a comma or subtract a period (also known as a full stop). For spelling, the standard for American English is Webster's Dictionary and the standard for British English is the Oxford English Dictionary.

Last year I took over a US-drug company project from a US-based writer whose biographies of HIV physicians included such illuminating phrases as "Dr. X received his medical degree from Harvard University, which is world-famous." My rewriting was "Dr. X was awarded his doctorate of medicine from Harvard University." Dodgson's first rule of biography writing is write what you know. Dr. X had M.D. following his name and his 10-page resume reported he had been medically trained at Harvard. He was awarded a doctorate, not a degree. Nowhere on the parchment I was handed by the Vice-Chancellor of the University of New South Wales is written "degree", just my name, the award, the date, the University, the faculty and the school, similarly with U.S. parchments (which are usually written in Latin). Dodgson's second rule of biography writing: write only 3 sentences. In the first sentence, list the biographee's name followed by the string of letters representing degrees earned with the biographee's current positions and affiliations. In the second sentence, list the academic qualifications and training. In the third sentence, list interesting things about the biographee such as awardee of large government grants plus author of 15 articles in the Lancet plus Nobel laureate.

Here are my three sentences. Susanna Jane Dodgson, Ph.D., is a publisher and freelance medical writer in Haddonfield, New Jersey, a member of the American Medical Writers' Association Delaware Valley Chapter, membership secretary and delegate of

the National Writers' Union Philadelphia Local and member of the European Medical Writers' Association. Dr. Dodgson was awarded a baccalaureate in Science (honours in Biochemistry) plus a doctorate of Philosophy from the Department of Physiology and Pharmacology of the University of New South Wales, Sydney, Australia before completing her post-doctoral training at the University of Pennsylvania, Philadelphia, Pennsylvania, U.S.A. She has published 3 books and is an author of more than 50 scientific publications and a book of short stories.

Susanna Dodgson

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HELP WANTED for TWS

The Write Stuff, the Journal of the European Medical Writers Association is seeking new members for the Editorial Board. Current openings include Artistic Director, Columnists, Deputy Editors, Copyeditors and eventually, sometime next year, a new Editor-in-Chief.

Tired of your brilliant prose being confined by the straightjackets of ICH or being horribly mangled by committee during the review cycle? Then this is a job for you. Indeed as EMWA gets more professional and develops guidelines and policies for many of its activities, the one area where you still have the freedom and almost absolute power to do things the way you want is as an editor of the journal.

Think about it.

Barry Drees, the Editor-in-Chief would be happy to hear from you if you are interested or even just curious.

EMWA
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ANNUAL
CONFERENCE





Your University Liaison Officer is on the Hunt for Help and Information

by Teresa Roberts

Hi everyone,

Anyone who has been onto the dialogue page of the EMWA website will know that I'm often on the search for willing volunteers and this letter is no exception.

Hopefully, you've all seen the medical writing careers leaflet on the website. I'd love to have versions in languages other than English, particularly German, Spanish, French, and Italian because we have websites for these, but I'm also on the search for translations into other European languages. If anyone out there thinks that they'd be able to translate the leaflet for me, please get in touch.

Not only am I cheeky enough to ask for free translating services, I'm also on the hunt for information. I'm particularly interested in finding out more about the university systems in countries outside of the UK. This will help me to decide how best to get the message about medical writing out to graduates. If you think you could help me out with some information, please contact me. My questions are fairly simple, e.g. does each university have its own careers department that students use to find information, or is there one central organisation that I can contact? Do you know of a resource that would provide a full listing of universities and colleges in your country?

As well as trying to establish contacts with universities, I'm spreading the word about medical writing through careers websites. If you see a website that's promoting careers in the pharmaceutical industry and EMWA and/or medical writing isn't on it, please send me the website address so that I can get in touch with the web managers. And finally, I'm on the look out for careers events that EMWA could get involved with. If you know of a suitable careers event that's happening near you, please drop me a line with the details, or a web address or contact e-mail address.

I'm sure there must be lots going on out there and lots of you may have useful information, so please get in touch. I really need your help so that I can effectively spread the word about medical writing as a career option, which I hope will also raise the profile of our profession. My contact details are below. Thanks everyone.

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Developing a Workshop for the EPDP

by Alison McIntosh

Not only did I attend the annual EMWA conference for the first time in May 2002, but I also attended as a new workshop leader. The previous year I had been a participant at the Common Technical Document seminar held in Brighton, and when I mentioned to others that I was planning to lead a workshop at the meeting in Prague, I was surprised at just how many members were unaware of what was involved in developing one.

Most were also unaware of tools that the EMWA Professional Development Committee (EPDC) had put in place both to help workshop leaders, and to ensure a high level of quality and consistency across the EMWA Professional Development Programme (EPDP). Because of this experience, I thought it might be of use to other EMWA members who could be toying with the idea of developing a workshop, to outline the process that I followed in the months leading up to presenting in Prague.

I had initially volunteered through reading an advert in *The Write Stuff*. The organisers had asked for leaders on specific workshop topics and the one that caught my attention was Quality Control (QC). At that particular point I was developing a quality control procedure for my own use, and thought developing a workshop would be a useful way to combine my previous experiences, with what was then, my current need.

After my preliminary inquiry, I was given a copy of the workshop leader's handbook which provided a detailed outline of the workshop format. As well as this, a series of

I was surprised at just how many members were unaware of what was involved in developing an EMWA workshop

templates were available for the preparation of the needs analysis questionnaire, the abstract, the pre- and post-workshop assignments, and the workshop itself. A check list template was also supplied to help enable all the elements of the workshop to be considered together.

Initial proposals for workshop topics are submitted to the EPDC for consideration as a workshop outline. After having my workshop outline accepted, I was assigned a "mentor" to guide me through the process and to keep

me up to date with both the progress of the developing workshop, and feedback from the EPDC review. This meant that as a new workshop leader I was not left entirely on my own. Through having one-to-one discussions with my mentor, I received direct feedback from the committee during both the development, and the appraisal processes.

If a workshop meets the EPDC criteria then it can be presented at an EMWA conference as "under assessment" and assessment at this point is conducted using several routes. One is participant feedback (both during, and after the workshop), which plays a major role in deciding the likelihood of the workshop becoming accredited. All attendees are

asked to complete an evaluation form, and it is through analysis of this information that all workshop leaders receive necessary feedback. For a workshop under assessment, the feedback is used in the accreditation process, while for those already accredited the continuous evaluation verifies that the workshop is still meeting members' needs, and being presented in an acceptable manner.

For the second part of the assessment process, observers are assigned to participate in the workshop. My two observers were sitting near the front, scribbling notes through the presentation (particularly when I tried bribery and corruption with sweets!). The report from observers together with the workshop evaluation forms, are studied in detail by the EPDC immediately after the EMWA conference ends. As a result a workshop leader receives feedback in a very quick timeframe. In my own case, within a month I was informed that my workshop had been accredited and as such would form part of the Foundation section of the EPDP.

Anyone considering developing a workshop should realise that it does take a lot of time preparing the workshop, creating the slides and identifying relevant hand-outs or exercises. In my own case, it's a balance between continuing to complete work for clients on time, hence still earning a salary, and finding enough time to meet the EMWA workshop deadlines and commitments. The payback comes from the enthusiasm of the people who attend the workshop, both from those who are new to the profession and want to learn more, and those who are more experienced and want to share best practice.

The payback comes from the enthusiasm of the people who attend the workshop, both from those who are new to the profession and want to learn more, and those who are more experienced and want to share best practice.

I found the whole experience tremendously worthwhile and am hoping to repeat my encounter and present the QC workshop (this time for credit) at the upcoming EMWA conference in Lisbon next year. So finally, if anyone out there is musing over the possibility of volunteering to be a workshop leader - go on give it a whirl! All the templates and information you need can be found at <http://www.emwa.org/> under the EPDP section.

Alison McIntosh

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Clients Are From Mars, Medical Writers Are From Venus?

by Alison Rapley

I arrived at the EMWA conference in Prague having just completed two "challenging" writing projects, and so the opportunity to discuss the possibility that if medical writers were from Venus then clients were indeed from Mars with colleagues over lunch was one which I could not refuse. The following thoughts were collected from that lunchtime discussion and I would like to thank my fellow diners for their contributions (and Barry Drees for the inspired title). This problem is not limited to the writer/external client interaction. There were several people on the table who clearly felt that, at least on some occasions, medical writers were from Venus and most of the other people in their company were from Mars!

For all of us the problems were remarkably similar. There is a difference in expectation of clients and writers. Client expectations are often seen as unrealistic by writers. In some cases they truly are. Writers need to have the confidence to say "no" when something really is not possible and to suggest alternative approaches that are achievable. This last point is important. Saying no without suggesting an alternative certainly won't improve the writer/client relationship. In particular, the concept that timelines can only be shortened so far before quality will suffer needs to be understood by the client and it is the writer's responsibility to convey this to the client in a way that does not jeopardize the relationship.

Good communication is vital if writers and clients are to work well together. Clients need to be encouraged to provide the full picture to the writer. Writers cannot help if they do not know what is wanted and why. Guessing or making assumptions is very dangerous and the cause of many problems in the later stages of a project. Often clients themselves

Writers need to have the confidence to say "no" when something really is not possible and to suggest alternative approaches that are achievable.

will not know exactly what they want, or how it can be achieved. This is perhaps the easier situation. The writer can work with the client, each providing their expertise, and together they can determine what is needed and the best way to provide it.

A more difficult situation arises when clients know what they want, and how it should be done, but their proposed approach is not the best solution. This situation needs careful handling. Writers are more than expert word processing operators.

Our skill is in knowing the best way to approach writing projects, as well as in the actual writing and we need to provide this information to the client. We should have the confidence to suggest alternative approaches and justify these to the client. This will often improve the writer/client relationship and convince the client that the writer has an important role in project management as well as writing.

Alternatively the client and writer may both know what is needed at the beginning of the project, but client and writer expectations may diverge during the project. This situation can be avoided by ensuring good and regular communication throughout the project. We must educate the client as to why we need to be kept informed and take the initiative if we are being excluded from the communication. Experience shows that this is particularly important where there is a change in personnel on the team as this can often mean a change in direction for the project.

Review processes are particularly difficult times in the writer/client relationship and reviewers can often seem to have come from another planet. We have all been asked to make major changes to a document at the last minute or told to delete a huge section of text, which we were working on until midnight, as it is no longer necessary. There is no simple answer to this problem the best we can hope for is that good communication will limit the changes required on review. There was universal agreement in our lunch time discussion that reviewers should be strongly encouraged to make any required changes at an early stage, although none of us could come up with a way of ensuring this happened.

Review processes are particularly difficult times in the writer/client relationship and reviewers can often seem to have come from another planet.

Editorial differences between the client and the writer can also be a major problem. Although a minor disagreement over terminology is not significant, more serious differences of opinion can be a problem. In most cases a compromise can be offered by the writer, and will often be accepted by the client. Where this is not possible it may be necessary for the writer to comply with the client request against their own judgement. In such cases clear documentation should be kept to prevent further problems at a later stage in the project.

So are clients from another planet? Maybe - there is often a lack of understanding of each other's role. Educating clients in the role of medical writers and ensuring medical writers understand the role of the client could help significantly. If we understand each other's role, have a common set of expectations, and communicate clearly with each other throughout the project, we can limit the problems and work together successfully. Perhaps then we will no longer view each other as alien species.

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Murder in the Cathedral: or why I am thankful that the language of medical science is English

by Geoff Hall

Il brilgue: les têtes lubricilleaux
Se gyrent en vrillant dans le guave

These days, no major international medical conference is complete without some sort of treat. A concert or a gala dinner in a historic setting have become par for the course and a vital part of the package a venue puts together to beat off the competition of rival cities and resorts and fill its hotel rooms with well-paid, highly qualified and sophisticated visitors - and that's just the journalists.

A few years ago, a big symposium was held in Paris and the irresistible attraction put forward by the city for the entertainment of delegates was an invitation-only organ recital in Notre Dame Cathedral. Applying for a press badge gets you into conferences for much less (free?) than the registration fee, but the reduced rate usually means you miss out on the free goodies. This time, however, I found an invitation to the musical high-point in my welcome pack.

Security guards were checking my invitation as I noticed the chief conference organiser rushing in my direction. "I am so glad you're here early," she said. "I've got a bit of problem." Could I help? The dean of the cathedral had decided that he wanted to say a few words of welcome. He spoke only French; the conference official language, of course, was English. Would I read the prepared English translation? Out loud, in front of a packed Notre Dame. For some reason, I said yes.

Arriving in the choir stalls, I was introduced to the dean and the director of music, a full-blown Monseigneur (that's French for Monsignor you know), and to my microphone. The dean gave me his couple of paragraphs, someone handed me a passable Franglais translation - and then "Monseigneur Music" handed me a sheaf of paper, apologising that he had not had a chance to get the whole of the narration translated into English. Narration? What narration? No one mentioned narration. Hand me the beta-blockers.

Now my French is pretty poor. I can get by in a medical conference since specialist vocabulary tends to cross language differences - anticorps just has to be antibody. But music? One glance told me that the narration, introducing close to a dozen pieces, was a French version of a typical BBC Radio Three continuity script. I wouldn't fully understand it in English let alone translate it out of French. Heading for the main body of the cathedral, fighting the urge to run for the door, I cast around the packed pews for a really good French/English speaker. I found two. But however good someone's French, if you don't know either the English or French word for the terms used to describe a particular style of melodic construction, you've had it.

Ten minutes of guesswork combined with a pretty thorough re-write, produced my script and it all seemed to be going well. Then the phone rang. A thunderous chord had echoed round the cathedral taking fully 15 seconds to die away. An elegant and thoughtful pause was laid gently on the audience's ears, which proceeded to hatch into an

embarrassing silence. One minute passed, then two. (Not imagined minutes, but real ones.) My new found French pal smiled reassuringly. Five minutes of silence, interspersed with polite nervous coughs from the congregation, had elapsed before the phone rang next to me. It hadn't occurred to me that the choir stalls of Notre Dame were on the phone. It was the organist, for "Monseigneur Music", with an explanation of what had gone wrong. My colleague announced, in French, what the problem was and smiled and resumed his seat, inviting me to render the explanation in English. The sadist; I had understood just one word of what he had said, the word *ordinateur* - computer.

That was it. Tomorrow's World had carried an item about a 13 million franc project to computerise the organ stop sequences. Was that at Notre Dame? Was this what had gone wrong? French speakers in the 800-strong audience already knew. The bilingual were just about to find out how bad an interpreter I was. OK, so I chickened out. Rather than attempt a direct translation, I cracked a very weak joke about computers being to blame for everything that goes wrong, even in somewhere as historic as Notre Dame de Paris. It got a belting laugh. Everybody in the place was as nervous as me about the silence (15 minutes now) and any attempt at humour broke the tension.

This frightening experience highlighted the difficult job that technical and medical translators have and why I am so glad that English is the dominant language of medical communication. Even up-to-date medics occasionally struggle to follow all the subtle uses of specialised terms in the more obscure Lancet paper. Translating it intelligibly can be as challenging as rendering Lear or Carrol into a foreign tongue.

Still, having tackled a concert at Notre Dame, I am prepared to give even nonsense a try. How about you? What do you make of this verse of a poem translated into French by Frank L Warrin and published in the New Yorker, January 10, 1931? Try reading it out loud.

Le Jaseroque

*Il brilque: les tôves lubricilleaux
Se gyrent en vrillant dans le guave,
Enmimés sont les gougebosquex,
Et le momerade horsgrave.*

If you know the original, it's easy; if not, then it's impossible:

Twas brillig, and slithy toves
Did gyre and gimble in the wabe
All mimsy were the borogroves,
And the mome rathes outgrabe
(from **Jabberwocky** by Lewis Carroll)

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In the Bookstores... Good Advice for Getting Published

by Karen Shashok

Elizabeth Wager, Fiona Godlee and Tom Jefferson. How to Survive Peer Review. London: BMJ Books, 2002. ISBN 0-7279-1686-6

The authors and reviewers of research papers and grant proposals belong to the same population, but communications between the two often go awry. This book, authored by some of the top UK experts in biomedical peer review (including EMWA member Liz Wager), is a concise, practical survival guide. With its emphasis on understanding the strengths and weaknesses of the process, it will help authors succeed in manuscript and grant preparation and revision, and will help reviewers communicate their expectations more effectively to authors.

As well as an ideal self-help tool for researchers, the book is also a useful source of information for medical writers and author's editors. It is bound to be useful in small group tutorial or mentoring sessions aimed at training biomedical researchers in the publication process. As noted in Chapter 1, it is not meant to serve as a source for

A few text boxes that summarize how not to succeed inject a welcome dose of irony, and will have some of you laughing out loud.

researchers who investigate the pros and cons of peer review; interested readers are referred to the list of resources at the end of the book, and to the authoritative Peer Review in the Health Sciences (reviewed in *The Write Stuff* 1999; 8 (4) 22-23).

The book begins with six brief, well sign-posted chapters (pages 1-48) and ends with 14 pages of supplementary matter consisting of a list of books and articles for further reading, a valuable set of methodological review check-

lists, a short glossary and an index. Its compact size (14 ´ 21.4 cm) means that it can be absorbed in one sitting. The language is direct and prescriptive-no hedging, no beating about the bush, just specific advice, instructions and recommendations. This is not of course to say that the reader is hectored or treated like an ignoramus! On the contrary, the authors have all worked closely with researchers and texts, and know the frustrations of expressing complex ideas simply and clearly, or offering sincere, constructive criticism without offending. A few text boxes that summarize how not to succeed inject a welcome dose of irony, and will have some of you laughing out loud.

Chapter 2, titled "What is peer review?", contains an interesting classification of the process at biomedical journals into three possible models of increasing complexity. The authors also point out that peer review is used to select abstracts for conferences, and grant proposals for funding; the book therefore also contains helpful advice on dealing successfully with these two modes of peer review. Chapter 3, "How to be a reviewer", explains how to provide feedback (both positive and negative) in a way that will be most likely to motivate authors to undertake satisfactory revision of the manuscript. Chapter 4,

"Surviving peer review", looks at the process from the author's point of view, and provides a wealth of important information that will enable authors to negotiate more effectively with reviewers and editors. Professional peer review-the process of performance assessment at the work site-is dealt with in Chapter 5. The sensible advice offered here will be useful in any situation where negotiating and reaching a consensus is the goal, as when reviewing with co-authors a failed grant proposal or a manuscript that requires major revisions. Lastly, pre-submittal peer review-called here "Informal peer review"-is covered in Chapter 6. Tips for soliciting and providing review emphasize the need for authors to be clear about what kind of help they expect from each colleague. Should the reviewer concentrate on overall organization and internal logic? Statistics? Scientific validity? Grammar, spelling and punctuation? Another useful recommendation is to provide reviewers with basic information on the intended readership of the text. The box on page 46, titled "How not to do informal review", is doubly ironic in that the list of hints offered (for example, "Expect the writer to be telepathic" and "Make your comments as ambiguous as possible") comprises precisely those shortcomings we still often see in ostensibly "formal" review by the journal's chosen referees!

The peer review process has not been fully debugged, and because it is operated by humans, it is subject to the inconsistencies and serendipity that characterise all complex processes involving input from more than one person.

This leads me to remind readers of TWS of a point-which Wager, Godlee and Jefferson would agree with, I think-that needs emphasizing: the peer review process has not been fully debugged, and because it is operated by humans, it is subject to the inconsistencies and serendipity that characterise all complex processes involving non-standardized input from more than one person. Thanks to this sensible little book, we can hope that a few more of the bugs might be kicked out of the system.

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The Lighter Side . . . Ambrose Bierce

Ambrose Bierce (1842-1914), the nineteenth century American writer, humorist and professional cynic loved to poke fun at the foibles of humanity using creative definitions for words that he gathered together in *The Devil's Dictionary* (1887). He is most often cited for, "**Love**, n. a temporary state of insanity curable by marriage", but you will find him quoted wherever short, humorous quotes can be found. Here we present a few samples relevant to the world of medical writing (remember that they were all written around 1886!).

Bore: n. A person who talks when you wish him to listen.

Client: n. A person who has made the customary choice between the two methods of being robbed.

Conversation: n. A fair to the display of the minor mental commodities, each exhibitor being too intent upon the arrangement of his own wares to observe those of his neighbor.

Corporation: n. An ingenious device for obtaining individual profit without individual responsibility.

Education: n. That which discloses to the wise and disguises from the foolish their lack of understanding.

Eloquence: n. The art of orally persuading fools that white is the color it appears to be. It includes the gift of making any color appear white.

English: n. A language so haughty and reserved that few writers succeed in getting on terms of familiarity with it.

Err: v. i. To believe or act in a way contrary to my beliefs or actions.

Esophagus: n. That portion of the alimentary canal that lies between pleasure and business.

Future: n. That period of time in which our business prospers, our friends are true and our happiness is assured.

Homoeopathist: n. The humorist of the medical profession.

Usage: n. The First Person of the literary Trinity, the Second and Third being Custom and Conventionality. Imbued with a decent reverence for this Holy Triad an industrious writer may hope to produce books that will live as long as the fashion.



Hey, it's Only My Opinion: Membership

by Diana Epstein

So how many professional organisations do you belong to? Can you count them on one hand? Although it is important to have professional memberships, one should be wary, since in the same way that one can very easily become over-insured one can also sometimes end up with being a member of too many professional organisations which overlap each other. It is important that the different memberships compliment each other. Although I understand that one feels the need to apply for membership in each and every organization does one really need to?

This is an important question which in the light of the developments with our "sister" organization AMWA needs to be addressed. In July this year my AMWA annual dues came through the post, with an increase of \$35 and no explanation. After I calmed down, I contacted Rob Saienni (AMWA's webmaster/membership officer) who informed me that "The dues increase is in line with the dues increase for AMWA's full rate membership, which had not been increased in six years. Your reduced rate is contingent on being a current member of EMWA. Since we has serious problems receiving dues from EMWA, dual members are now required to pay AMWA directly. Therefore I need to have proof of your current membership in EMWA for you to receive the reduced membership rate for AMWA"(sic). A true candidate if ever there was one for the Editing and Writing workshop. Is that the way our older sister organisation behaves? Is that the example of true sisterly love?

But sarcasm aside, why was there no explanation sent with the dues increase? In order for a good organisation to retain its members and grow in number a certain amount of respect is required. I contacted Judi Proctor (EMWA's membership officer) who agreed that the AMWA membership dues seem to be quite an increase and I believe that if EMWA does decide to increase the annual dues it will certainly not be in the area of \$35 (equivalent today to 35 Euros). It is a pity that AMWA has not learned to treat their members with respect even though they have a larger membership.

It is important that organisations respect their membership and believe in working together with their members and not against them. This can certainly be seen in light of the EMWA Professional Development Programme, which is steadily improving. Surprisingly, although the diversity of workshops is growing, developing and expanding, the certificate obtained is still not recognised by AMWA.

I am pleased to belong to EMWA and believe that although EMWA has a relatively small number of members in comparison with AMWA and is still developing, it certainly is an organisation that fits into the saying "quality over quantity".

But hey, it's only my opinion!



Vital Signs:

Author, Author

Dear TWS,

During the preparation of a manuscript for submission to the journal "Clinical Radiology" of the Royal College of Radiologists, I came upon this list of author contribution phrases that must be filled in as appropriate. It made me think of my suggestion in my article (The Ethics of Medical Writing, TWS 2000; 9 (1): 14-15) and I thought I'd pass it on:

- Guarantor of integrity of entire study: Author OR Not applicable
- Study concepts
- Study design
- Definition of intellectual content
- Literature research
- Clinical studies
- Experimental studies
- Data acquisition
- Data analysis
- Statistical analysis
- Manuscript preparation
- Manuscript editing
- Manuscript review

The person who is not listed as an author but provided editorial and writing assistance can be listed in the acknowledgements.

Regards,

Deborah Landry

Landry and Associates International
(LandryInt@aol.com)

Meetings of Interest

The following list is presented as a service to EMWA members and is not meant to be complete. EMWA does not endorse these meetings in any way. Those having the [EMWA] symbol include presentations from EMWA members. All meetings are conducted in the English language unless otherwise indicated. If you would like to have something listed here to share with other members, please contact Barry Drees (contact details on back cover).

| Date | Meeting / Sponsor | Location |
|------------------|---|-------------------|
| Jan 17 | The CTD Global Dossier: Making the Transition from Pharmaceutical Expert Reports to CTD Quality Overall Summaries | London, UK |
| | Management Forum Ltd. 48 Woodbridge Rd, Guildford, GU1 4RJ UK Tel: (+44) 1483 570099; Fax: (+44) 1483 536424 www.management-forum.co.uk; info@management-forum.co.uk | |
| Jan 27 | Dealing with Difficult People | London, UK |
| | Management Forum Ltd. 48 Woodbridge Rd, Guildford, GU1 4RJ UK Tel: (+44) 1483 570099; Fax: (+44) 1483 536424 www.management-forum.co.uk; info@management-forum.co.uk | |
| Jan 30-31 | Medical Writing | London, UK |
| | Rostrum Personal Development Mildmay House, St Edwards Court, London Rd, Romford, Essex, RM7 9QD, UK Tel: (+44) 1189 697 879; Fax: (+44) 1189 335 436 Internet: www.rostrumtraining.co.uk | |
| Feb 3-4 | Negotiating Skills | London, UK |
| | Rostrum Personal Development Mildmay House, St Edwards Court, London Rd, Romford, Essex, RM7 9QD, UK Tel: (+44) 1189 697 879; Fax: (+44) 1189 335 436 Internet: www.rostrumtraining.co.uk | |
| Feb 12-14 | Successful Medical Writing (Intensive Course) | London, UK |
| [EMWA] | Management Forum Ltd. 48 Woodbridge Rd, Guildford, GU1 4RJ UK Tel: (+44) 1483 570099; Fax: (+44) 1483 536424 www.management-forum.co.uk; info@management-forum.co.uk | |
| Feb 21 | Developing Management Skills | London, UK |
| | Management Forum Ltd. 48 Woodbridge Rd, Guildford, GU1 4RJ UK Tel: (+44) 1483 570099; Fax: (+44) 1483 536424 www.management-forum.co.uk; info@management-forum.co.uk | |
| Mar 4 | Effective Writing | London, UK |
| [EMWA] | Tim Albert Training Paper Mews Court, Dorking, Surrey, RH4 9AU, UK Tel: (+44) 1306 877993; Internet: www.timalbert.co.uk | |

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