EMWA European Medical Writers Association

The Write Stuff

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Learning/teaching medical writing

EMWA Executive Committee

Journal insights

The *Write Stuff* is the official publication of the European Medical Writers Association. It is issued 4 times a year 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, but opinions expressed in individual articles are those of the authors and are not necessarily those held by EMWA as an association. Articles or ideas should be submitted to the Editor-in-Chief (see below) or another member of the Editorial Board.

Subscriptions

Subscriptions are included in EMWA membership fees. By writing to info@emwa.org 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 700–2800 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 by email as an MS Word file using Times New Roman (or equivalent), 10 point size, and single spacing.
- Published articles generally include a recent photograph of the author (portrait picture, CV or passport style, min. 360 x 510 pixels).

Timelines

Month distributed	Deadline for receipt of articles	Deadline for receipt of adverts
March	1st January	15th February
June	1st April	15th May
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Corporate		Private / Freelance members only	
• Full page	**€1000**	• Full page	**€200**
• Half page	**€500**	• Half page	**€100**

Behind the press

Cover picture

Cover photograph from Nadia Meister (nadia.meister@inode.at)

You asked for it... you got it!

EMWA Annual Spring Conference 2007 plus a Focus on Medical Communications Today

European Medical Writers Association

Tuesday 22nd to Saturday 26th May 2007

The Executive Committee invites you to attend EMWA's 16th Annual Conference, which will be held in Vienna, Austria. The venue of our conference is The Marriott Hotel in the city centre.

The always superb selection of workshops from the **Professional Development Programme** will be offering:

- Foundation and advanced training in all aspects of medical writing.
- Workshops covering regulatory topics and fundamental medical writing skills.

In addition, the conference will have a **Medical Communications theme**. There will be plenary sessions, discussion panels and seminars to specifically explore hot topics in the world of communications today:

- Product Branding (with plenary session by Beverley Law, Dew Gibbons, London)
- Medical Journalism and the Press (with plenary speaker Geoff Watts, BBC)
- Science Communication (with plenary session by Keith Dawes, PRA International)
- Writing for Patients (with plenary session by Liz Woolf, Head of CancerHelp UK)

There will be **something for everybody**! **For more details check www. emwa.org**

See you in Vienna 2007!

Julia Forjanic Klapproth
EMWA Vice President

From the editor's desk:

Learning/teaching medical writing

By Elise Langdon-Neuner

Please fill in the blanks in the following sentences:

1. A doctor has a qualification in…
2. A pharmacist has a qualification in…
3. A statistician has a qualification in…
4. A scientist has a qualification in…
5. A linguist has a qualification in…
6. A medical writer has a qualification in…

As a rule medical writers do not have a qualification in medical writing. They are, however, likely to be qualified doctors, pharmacists, statisticians, scientists or linguists or to have a combination of these qualifications. All of them together would of course be an ideal qualification for a medical writer, but Dr. Dr. Dr. Dr. Drs are rare (and might be reaching retirement before they embark on medical writing). Therefore a person entering the profession with only one or two PhDs still has a lot to learn about medical writing. Most medical writing skills are learnt on the job or in courses taken after entering the profession. The European Medical Writers Association (EMWA) is a non-profit organisation which prides itself on providing quality training for medical writers through certificated workshops at its Spring and Autumn conferences. A wide range of subjects are covered because medical writing itself embraces a broad spectrum of activities, including compiling documents for regulatory authorities, assisting in the preparation of manuscripts for publication in biomedical journals, writing scientific reports for the lay press and, as featured in articles in this issue of *TWS*, opportunities for writing grant applications, investigative reports and conference reports. EMWA coaches and monitors its trainers, who are experts within their fields. Who knows better than a senior medical writer what you need to learn to succeed in the profession? EMWA courses are aimed primarily at medical writers working either as employees or as freelancers for industry.

Medical writers rarely have a qualification in medical writing

John Carpenter, who has promoted medical writing as a career choice to graduates in the UK on EMWA's behalf, told me that he is not aware of any UK university that offers a degree in medical writing. Medical writing is only learnt as a course unit in for example master of science programmes in science communication (Imperial College London, Birkbeck College London), degrees in journalism (The City University London) or in clinical research courses. Susanna Dodgson, another EMWA member, is the director of a master of science programme in medical writing at the University of Sciences in Philadelphia. She has been running the course since 1997 and believes it is the first course of its type in biomedical writing in the world.

There are also commercial courses in medical writing. Some are good, others less so. I regularly receive an advertisement for one course headed 'Success is a question of correct wording'. At the bottom of the advertisement the organizers advise 'Register for this seminar until [date] and use our early bird to safe money!' Money might be more safely invested elsewhere. No EMWA member teaches on this course. But many members have taken the opportunity to pass on their experience in a commercial context and the skills they have developed at EMWA should be a great help to them in becoming excellent teachers.

Not only medical writers need to learn medical writing. Scientists and medical doctors can also benefit from courses in 'medical writing'. They write protocols and need to publish papers in international biomedical journals to progress in their careers. Those who are not native speakers of English face even greater problems with these tasks than those faced by native English-speakers. 'Medical writing' in this context is only a part of the wide band of activities practiced by medical writers. But this area currently presents the greatest commercial opportunities for medical writers to become teachers of medical writing.

Not only medical writers need to learn medical writing

Christine Møller is an EMWA member who lives in Denmark. In this issue *TWS* publishes an article in which she describes how she came to set up a course in medical writing at Copenhagen University for postgraduate students. She asks to hear from others who have organized medical writing courses for non-native speakers. Contributions from teachers of medical writing in Serbia, Spain, Croatia, China, Brazil, Japan, Venezuela, Iran and Holland reveal growing national awareness—tempered by budgetary priorities—of a need to teach medical writing to scientists and doctors whose native tongue is not English. Sofija Micic's contribution outlines an impressive programme in Serbia where medical English is an integral part of the Belgrade University undergraduate medical curriculum. An equally impressive

new curriculum, heavily funded by the government, is being implemented in Japan at the medical undergraduate level. National assessment of the performance of individual academics (China) or of postgraduate programmes (Brazil) based on publication in English in international journals is often a driving force behind the provision and financing of courses.

Teaching medical writing is a good opportunity

Content, focus and teaching methods vary between these courses. Some venture beyond English grammar, manuscript preparation and biomedical journal ethics. In Croatia strong emphasis is placed on teaching students to plan and conduct studies correctly because mistakes made at this stage are often irreparable at the manuscript stage. The content of courses also depends on the level of English teaching in schools and the populace's general competence in English. Contrast Venezuela, where reading comprehension is the priority, with Holland, where the problems are those of communication of science rather than of English, similar to countries where English is the first language. But interestingly the Dutch experience of shortcutting, by actually teaching specialised scientific university courses in English, is that language is simplified and creativity curtailed. Perhaps this lends credence to the efforts of the Egyptian physician and writer, Dr Ehab Abdelrahim M. Ali, to persuade Arab-speaking countries that the current trend of teaching their doctors and scientists in English rather than in their native Arabic tongue, is a hindrance to research endeavours [1].

Three articles in this issue of *TWS*, written by well-known teachers of medical writing, will be of great benefit to budding teachers. All three authors are members of EMWA and are experienced in teaching students who speak English as their native or as a second language. Alistair Reeves and Elizabeth Wager give candid and invaluable tips on how to teach medical writing successfully. Tim Albert, with a long and notable medical writing teaching career behind him (he taught the first medical writing course I ever attended), takes a light-hearted look at the learners.

I hope this issue will encourage medical writers to see the possibilities of using their expertise to teach others and experience the feeling of community and gratification that this brings. As for the qualification that we ourselves need to become medical writers, perhaps the best one is a qualification in life. At the moment medical writers come from a variety of backgrounds. They have first become experts in another field, outside but relevant to the profession—some medical writers are convinced that the key to success is maturity based on having become, and worked as, an expert in something else first.

The best qualification for medical writers is the one in life

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Reference:
1. Ehab Abdelrahim M. Ali . The Language of Scientific Research http://www.islamonline.net/English/Science/2004/11/article06.shtml

Make the most of your visit to Vienna for EMWA's 16th Annual Conference

In addition to the article 'Viennese spring' in the last issue of *TWS* [2006;15 (4):145-6], which gave a list of websites for travel information, hotels and entertainment in Vienna, the following websites might be of interest as well as the box 'The Viennese coffeehouse on page 38 in this issue.

Transport from the airport to Vienna centre

Taxis from Vienna airport to the centre are expensive—40 Euros or more. The CAT[1] is a good train service direct from Vienna airport to Wien-Mitte station in the centre of town. The fare is 8 Euro single and 15 Euro return. At Wien-Mitte you can take the U4 underground (Hütteldorf direction) one stop to Stadtpark. Turn right out of the station, walk the short distance down to the inner ring road and cross the road to the conference venue at the Marriott Hotel, directly across the road on your right.

1. www.cityairporttrain.com/langen/

Vienna news and views

Two websites are useful for getting the feel of insider Vienna. Austrian Times at www.austriantimes.at gives an idea of the news items currently preoccupying the local populace. It also reports on entertainment in the city and gives the weather forecast. Metblogs at http://vienna.metblogs.com contains short views and reports from expats and is more down to earth than the glitzy touristy sites. For example a current posting relates to a scandal surrounding the Austrian union-owned BAWAG bank linked to the New York commodities brokerage Refco Inc. Austrian authorities believe Helmut Elsner, the former head of BAWAG, to be the main person responsible for the almost-collapse of BAWAG, Austria's fourth largest bank. Elsner currently faces charges of fraud and embezzlement. The posting in Metblogs relates the following opinion from an elderly man overheard on the underground.

> "Back in the good old day, any decent businessmen, who lost millions of Euros like this, would have retreated to his home office. And his wife and servants would have been waiting in the antechambers for the sound of the pistol-shot."

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Message from the President

by Michelle Derbyshire

It seems only 2 minutes ago that I was voted your new president, but now it's time for my last president's message.

I'm glad to say many changes have been implemented during my term as president. A new EMWA (based in Switzerland) and new constitution were adopted by the membership at our conference in Malta (spring 2005). The advanced level training programme was also successfully launched in Malta, along with our first attempt at providing more than just workshops. We have ventured into themed conferences: the electronic CTD for Lyon in spring 2006 and communications for our next conference in Vienna in spring 2007. In Lyon, along side the workshops, discussion forums, demonstrations and question time were offered to participants. Even more sessions will be offered in Vienna, which is a 'theme' we hope to continue in future to meet the needs of both members new to the field and more experienced medical writers.

Every year our conferences have been more and more successful and EMWA continues to grow to meet the needs of its membership. It is crucial that the membership is involved in running EMWA. After all 'EMWA is run by its members for its members'! Therefore members are encouraged to join sub-committees under the supervision of an Executive Committee (EC) officer which the EC has set up to allow more participation from members. Sub-committee members also have the opportunity to attend EC meetings as observers to make the possible transition from sub-committee to EC smoother because getting new blood onto the EC has not always been that easy. It is hoped that this new initiative will make the transition to EC member less daunting.

Normally I should have been president for just one year, and then moved on to be immediate past president (IPP). However, due to the resignation of our vice president at the time (Ian Metcalfe), and your vote at the Annual General Meeting (AGM) in Lyon, I stayed on as president for two years. This two-year term has now been proposed by the EC as the norm, also for the vice-president, along with making the role of the IPP obsolete (see my message in the previous issue of TWS) and will be voted on by the membership at the AGM in Vienna.

As I leave the presidency and indeed the EC (if your vote accepts the proposed changes to the EC at the AGM), I am glad to report that EMWA's finances are in a healthy position and indeed we now have adequate reserves. Thanks to this, EMWA has also been able to spend money on offering more to its members, both at the conferences and during the whole year, with a new look TWS, a new website, which will be launched soon, and a new promotional brochure, which was previewed in Brussels (autumn 2006).

The past two years have been a lot of work. I can't say it's been easy finding a balance, when I had both a 'mini me' and a new business to nurture, but it's been an experience to remember.

Hope to see you in May in Vienna.

Michelle Derbyshire
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Calls for contributions

Comma conflict: Call for papers on 'the comma' for June issue

TWS is hatching the courageous plan of running the theme 'the comma' in the June issue of the journal. A series of articles will make up a treatise on this highly controversial topic. Articles small and great are invited from those who dare. The deadline for submission by email to langdoe@baxter.com is 1 April 2007 (no April fools!).

Another theme in prospect is ’perception vs proof’, i.e. where there is no evidence to support what is rightly or wrongly accepted as fact. Suggestions and articles on this topic are welcome.

Articles and future issue themes

Articles on any medical writing topic can always be sent to *TWS* (see instructions to contributors on inside cover for word limitations etc.). Articles do not have to be on the theme announced for the next issues because each issue seeks to provide a mix of topics beyond the particular theme. Ideas for future themes are also very appreciated, as of course are letters commenting on anything you have read in *TWS* or would like to say to or about EMWA.

Boxes are especially welcome!

If you see ANYTHING that might interest your fellow medical writers or have any views or writing etc. please send some words to *TWS* for a short filler box. Boxes can be as few as 40 or as many as 800 words.

Meet the EMWA Executive Committee candidates...2007

EMWA's Executive Committee will be elected based on voting by members present at the Annual General Meeting in Vienna on 24 May 2007. If you will not be present you may also vote by proxy in advance by sending your vote to Faeda Abdul (f.abdul@agshq.com) and Michelle Derbyshire (michelle.derbyshire@skynet.be) before 19 May 2007.

For the position of Vice President:

Helen Baldwin

You may know me already from the last few EMWA conferences but, if not, I'll try to introduce myself briefly and to explain why I'm hoping you'll vote for me as Vice President.

I am a very active EMWA member. I joined EMWA in 2000 and since then have attended all of the spring conferences and most of the autumn meetings. I always attend the AGM, the conference banquet and the other social events (yes, I admit I love eating and drinking— why do you think I moved to France?). I am an EMWA workshop leader ("from CSR to Manuscript"). I am also a member of the Education Programme Development Committee (EPDC) and have recently helped several new workshop leaders to develop workshops. I have attended 22 workshops so far and I plan to attend many more.

I am an experienced medical writer. I have a PhD in pharmacology and 20 years of experience in the biomedical field (I'm much older than I look!). Before becoming a medical writer I was a research scientist in a pharmaceutical company in the UK for 4 years and then clinical project manager in a CRO in the South of France for 5 years. After marrying a Frenchman and having 3 kids I set myself up working from home as a freelance medical writer for 7 happy years. Last year I realised that the kids were growing up fast and didn't need me around quite so much, so I rented some office space, employed 3 staff, and set up a little medical writing company, SciNopsis.

I can represent the members. I have a lot in common with many EMWA members. I have worked in academia, the pharmaceutical industry, a medium-sized and a very small CRO, and as a freelancer—so I understand the differences between these environments and the needs of members from these different backgrounds. I live in France and I struggled for many years whilst learning French—so I can understand many of the difficulties that our non-native English speaking members have to cope with. I am a very outgoing person with good communication skills. I love getting to know other medical writers at conferences and finding out their opinions, needs, and ideas about EMWA. At the same time I am very reliable and always stick to timelines (just ask any of my clients!). I am a proactive person, always looking for solutions and taking the necessary steps to put them in place.

I want to actively help EMWA today and in the future. EMWA is currently changing in a very positive way. I personally believe that the EMWA workshops are fantastic and it is essential that we give the Education Officer, the EPDC, and the workshop leaders the support they need to continue to provide an excellent standard of further education for new and experienced medical writers. However, in addition to its traditional role of training, EMWA is now moving towards involvement in a broader range of activities. At the Vienna conference, in addition to over 30 excellent workshops on offer, there will also be a number of plenary sessions with invited speakers on Medical Communications, including presentations on product branding, medical journalism, and writing for patients. This initiative has been led by the current Vice President, Julia Forjanic Klapproth, who aims to offer this type of supplementary programme at all future annual conferences. It is obviously a major challenge to put together such a programme, involving a lot of hard work and dedication. If I am elected as Vice President, I will fully support Julia in this endeavour. I am also keen to see EMWA play an active advisory role in areas related to medical writing such as regulatory affairs and communications. We need to have the confidence to talk to the regulatory authorities and other professional organisations and exchange knowledge and ideas with them.

Thus, as a whole, I believe that I have the experience, confidence, and energy required to take on these new challenges and ask you for your vote of confidence at the upcoming election in Vienna.

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Your vote counts

Please cast your vote at EMWA's Annual General Meeting at the Spring Conference (see page 3) in Vienna on 24th May 2007.

>>> Meet the candidates

For the position of Executive Secretary: Julia Cooper

As Secretary, I ensure that EMWA fulfils its legal obligations as a registered company, and I maintain oversight of our contracts with Head Office and other service providers. I also review the activities of Head Office on a regular basis and work with Head Office staff to improve our services. Through my roles on the Executive Committee since 1998, including Education Officer, Vice President, President, Immediate Past President, and as Secretary since 2002, I have gained wide experience of how EMWA works and where our strengths and weaknesses are. I would be pleased to carry on putting this experience to use for EMWA's benefit, by continuing as Secretary for a further term.

For the position of Treasurer: (1) Jack Aslanian

Although I am a relatively new member of EMWA, there are several reasons why I permit myself to stand for the office of its treasurer:

- Having the time
- Having relevant experience
- Willingness to apply myself to the task, if elected.

Over the years I've served as the treasurer (often as the bookkeeper as well) of a number of social or cultural nonprofit organizations, overseas medical relief projects, and the boards of apartment building associations. In those capacities I gained and applied experience in reading and preparing balance sheets, financial statements, and budgets, and in bookkeeping, audits, and financial planning. Being a generalist, quick learner, avid and analytic reader, and an aspiring (though, sadly, not fully accomplished) polymath, I have more than an average lay person's familiarity with financial and legal matters.

Whether the fact that I live in the States might affect my fulfilling the functions of EMWA's Treasurer is a question which the EC and Head Office are better positioned to answer. I do travel to Europe 2 to 3 months a year, however, for both work and vacation; therefore, if/when necessary I will be able to be present at meetings and attend to the responsibilities of treasurer on site during those trips.

The last, but not least, of my reasons for volunteering when the call for candidates came from the President is that small nonprofit organizations with uncompensated leadership rely on the voluntarism of their members to thrive.

For the position of Treasurer: (2) Wendy Kingdom

I have been serving as the Treasurer of EMWA for two years now. I have enjoyed this work and would like to continue for a while longer. The first year was a time of learning, particularly with the change from UK to Swiss EMWA. The second year has been a time of consolidation. I would be happy to serve another term as Treasurer so that I can continue to put my experience into practice.

For the position of Public Relations Officer: Kari Skinningsrud

I am proud to be a medical writer and a member of EMWA, and I would very much like to continue to be EMWA's PR Officer. It is a pleasure to distribute our new delicate brochure to EMWA members who have agreed to help with PR work, and to promote our organization in general. By recognizing cross-cultural communication as a skill that deserves credit towards the multidisciplinary certificate, I think EMWA demonstrates a will to think broadly about what a medical writer should know. Medical writing is a modern profession that requires a combination of many skills and a flexibility to adapt to changing circumstances. Research funding bodies are increasingly emphasising cross-disciplinary thinking and I think we are in the forefront of this development. We have good reasons to be proud of the workshops and networking opportunities offered at the EMWA conferences and more people should know about these opportunities. I would like to cooperate with all members who have ideas about how to make EMWA's offers better known, and hereby ask you to vote for me to be a continued contact point for PR activities in EMWA.

For the position of Education officer

At the time of going to print no candidate statement has been received for the position of Education Officer. The candidate statement(s) for this position will be distributed to the membership by email.

Some (of the many) Viennese coffee varieties

Verlängerter	not very strong coffee with or without cream
Melange	half coffee half hot whisked milk
Schwarzer	small or large plain black coffee
Mokka	small or large very strong black coffee
Cappuccino	coffee with whipped cream
Einspänner	coffee with whipped cream served in a glass

New medical writing course in Copenhagen: Increasing chances of publication for non-native speakers

By Christine Møller

As assistant editor of *APMIS (Acta Pathologica, Microbiologica et Immunologica Scandinavica)*, I have seen many PhD students struggle to write their first manuscripts and then send them off to journals in eager anticipation. I have, of course, also read the reviewers' comments with requests for language revision.

Coates et al. discussed whether articles written in English by non-native speakers are rejected purely on scientific grounds or whether there is an element of linguistic discrimination in editors' publishing decisions [1]. Their research on the role of language error—grammatical, structural and lexical—in rejection rates found that badly written papers correlated with a high rejection rate. Benfield and Howard reviewed 50 original articles about lung cancer, of which 27 were from countries where English was not the native language, and 23 were from other countries where English was the native language [2]. They found that, during the peer review process, 20 of the 27 papers prompted comments from reviewers about grammar, word choice and inappropriate style, whereas only 8 of the 23 papers attracted such comments. They concluded that it is necessary to make clear to editors and reviewers that non-native speakers bear an 'added burden' and need help when preparing scientific papers in English.

In my experience, it takes detailed correction of three or four manuscripts, including helpful comments, before students with good language abilities become reasonably proficient. Over the years, I collected examples of typical errors made by non-native speakers (mostly Scandinavians) and tried to establish a pattern. The next step was to organize courses to create awareness of typical Danish errors.

I discussed my ideas with Mogens Holst Nissen, Associate Professor at the Institute of International Health, Immunology and Microbiology and Director of the Graduate School of Immunology, The University of Copenhagen. He agreed that such courses would be very valuable. Consequently, in June 2006 we held two 2-day medical writing courses at the Panum Institute, with 20 participants in each group. Most were PhD students from Panum, the University Hospital, or other hospitals in the Copenhagen area. The courses were free of charge for registered PhD students and gave points towards successful completion of their PhD programme. (A limited number of places were available for fee-paying participants.)

We aimed to devise an all-round course covering many different aspects and to make it as interesting and varied as possible. Our course focused on syntax, vocabulary, grammar, punctuation and style in the context of medical writing, and also on the editorial process in general. Two communication consultants from the UK dealt mainly with aspects of style. Other areas covered by Danish contributors (in English) were the role of the editor and the principles involved in designing good figures and tables. I presented examples of errors of grammar and usage made by Danish authors who publish in *APMIS*.

The course included the following:

- Preparing to write accurately and readably
- Sentence structure, length and complexity, information load
- Premodification of nouns (avoiding long strings of modifiers)
- Choice of words (scientific terminology; familiar rather than pretentious words)
- Verbs (active and passive)
- Punctuation (including commas and hyphens)
- Designing tables and figures
- Common errors of grammar and usage made by Danish writers
- How editors see medical writing

My background as a Liberal Studies lecturer in the UK and my interest in teaching English as a foreign language helped me in classifying typical errors made by Danes. Because I have now lived and worked for many years in Denmark—and speak fluent Danish—I have a good appreciation of native language interference.

Most errors made by Danish PhD students fall into categories well recognized by language teachers. Danes have problems with the agreement of subject and verb in English, e.g. 'The reason for the amplifications are uncertain'. Native speakers sometimes fail to spot errors of agreement, but it is especially difficult for Danes writing in English as Danish has only one form of the verb for 'is/are' ('er') and 'was/were' ('var'); there is no distinction between singular and plural, and thus no possibility of error in a Danish sentence. Danes run into difficulties with number and verb agreement in long English sentences with several elements between the subject and the verb, as in this inelegant sentence: 'The varying resistance during 32 months among *K. pneumoniae* from one of these patients

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>>> On the causes of academic dishonesty

(Table 2 and 3, patient number 2) support this theory'. There are, of course, other problems with this sentence apart from incorrect agreement of the verb. Microsoft's grammar checker picks up some of the problems but not all of them.

The different word order in English and Danish sentences also causes difficulties. Even when the word order should be the same, Danes sometimes expect English to be different, resulting in a sentence such as 'In none of these cases a primary focus could be identified' instead of 'In none of these cases could a primary focus be identified'. In English, the subject goes in front of the verb—but when the sentence begins with a negative adverbial (such as '*only*' or '*never*'), the order is reversed: the subject goes *after* the verb. In Danish, the verb always goes in front of the subject when a sentence begins with an adverbial—negative or otherwise. Another example of interference is the use of strings of modifiers in the following manner: 'the in Sweden accepted species-related sensitivity groups'. This is obviously not acceptable in English.

Danes frequently misplace commas in English, e.g. 'Cultures that approached confluency in 2–4 days, were subcultured'. Although comma usage varies between native English speakers and is controversial, the error in this sentence is fundamental because there should not be a comma between subject and verb no matter how the long the subject is. Most course participants—and here we are talking about the younger generation—rather unexpectedly said they were continuing to use the 'old' system of placing commas in Danish texts as opposed to converting to the 'new' system. The 'new' system is closer to common English placement, although not exactly the same. When I spoke to the 'Sprognævn' (Danish Language Council), I was told that no one had the faintest idea where to place commas in either the old or new system! [3, 4]. This was because of declining standards and because teachers in schools did not know the rules themselves. Does this sound familiar?

To my great amusement the trivial examples that sparked off most controversy were these: 'a MIC of < 0.5 mg/ml', 'an uniform agar depth of approximately 4 mm', and 'it might be used as a ultrastructural marker'. When I tried out my presentation on members of my former institute, they too were intrigued by whether it should be 'a' or 'an', and why. Even people who had just come along to be polite suddenly woke up and became quite heated when we discussed the use of the indefinite article—and stayed behind at the end to continue the discussion.

This is the first time Mogens Holst Nissen and I have arranged these courses at Panum. The feedback from the evaluation forms was positive. We were, however, surprised that several students from each group wrote that they thought there had been too many breaks. The courses were intense and demanding for both speakers and students, and we thought that regular breaks (a 20-minute coffee break and a shorter 10-minute break during the morning session, for example) were essential.

The PhD office at Panum often receives requests from students for medical writing courses. There was a waiting list for the recently held courses even though they were only advertised online and were not in the official catalogue, and we anticipate an even greater demand in the future as word gets around. We therefore plan further courses in June 2007. These will incorporate more interactive exercises and group work, and there will be fewer breaks! Students will also be asked to bring along examples of their own work for discussion.

This was a new venture and a fascinating experience. I enjoyed listening to the different speakers, meeting the students, and hearing their responses to the material I presented in my session. The specific problems of language and usage provided an excellent starting point.

Now I would like to find out more. I would be very interested to hear from others who organize medical writing courses for non-native speakers, especially about their ways of activating students and involving them fully in the learning process.

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2. Benfield JR, Howard KM. The language of science. *European Journal of Cardio-thoracic Surgery* 2000;18:642-8.
3. Dansk Sprognævn (Danish Language Council). Tema: Nyt komma. *Nyt fra Sprognævnet* 2001/2:1-14 (in Danish).
4. Lund J. Sprogpolitik. *Nyt fra Sprognævnet* 2004/2:3-10 (in Danish).

Mad about numbers

I am increasingly seeing examples of the following: 'Development trials used a cast iron moulding plate with five (5) cavities', or, 'A total of two hundred and twenty-one (221) patients were enrolled'. My problem this time is not 'a total of' to avoid the digit at the beginning of the sentence[1]: it is the nonsense of writing out numbers and then giving digits in brackets. I appreciate this is a convention in legal documents (although I never understood why). Aren't plain old digits good enough?

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Teaching medical writing in an integrated skills approach in Belgrade

by Sofija Micic

Introduction

The study and teaching of second language writing has gained status as a sub-discipline of both applied linguistics and composition studies over the past decade [1]. It is extremely important to train medical students to be competent writers as they will write case reports, research articles and communicate with international scientific audiences in their future career.

Reforms in medical education in Serbia have had an impact on English for Medical Academic Purposes instruction. In its 20-year history and until recently, the medical English course was a compulsory two-year course taken during the first two years of undergraduate medical education by non-native, Serbian medical students. A new medical curriculum was approved in 2004 and the medical English instruction was extended to a five-year course (two compulsory and three elective courses). The reason for this is that there has been an awareness of the ever increasing importance of scientific English and the need for non-native medical undergraduates to become proficient professionals.

The new two-year course runs in parallel with the subject course and relates to it, adapts to it as the learners' experience or needs change, and generally remains flexible. It prepares them for oral and written communication in their future professional world. It includes professional-to-professional discourse rather than professional to lay discourse and authentic medical literature rather than simplified text. Topic selection is in terms of medical matters rather than language items. Course materials and methods reflect the particular needs as encompassed in the new textbook *English for Medical Academic Purposes* by the author of this article. There is more active cooperation with members of staff of the specialist disciplines. The old, grammar-translation, approach to language teaching has been abandoned. The new approach is context-based, in which learning is contextual, holistic and synthetic rather than analytic. It is student- rather than subject-centred, enquiry-based and interactive, involving cooperative learning.

Elective courses will start in autumn 2007 and will be offered to the third, fourth and fifth year medical undergraduates. As these are the courses for senior medical students, target activities will be practised: case work, writing up research and so on. They will include problem-based, genre-based work on typical collocations, as well as skills development. The planned time schedule is 1 hour 30 minutes a week (30 classes in total), and the approach we are taking will be an integrated skills model. One significant part of instruction will be devoted to writing, others include listening, reading and speaking. Study skills encompass a wide range of activities: listening and note-taking, reading skills (such as skimming, scanning, guessing meanings from context and using the dictionary), seminar discussion, oral presentation, essay/thesis/laboratory report writing, using the library, using computers in their various applications (word-processing, the Internet etc.). Developing students' study skills competence is more important than teaching the specific individual skills.

In the compulsory course, writing is practised as a basic skill involving gap-filling, note-taking and paragraph (re)construction. At this later stage, it will involve case report and research articles.

Product or process?

Should teachers aim to develop generalised academic writing skills in their students, hoping that these skills and strategies will transfer to subsequent writing tasks across the curriculum? Or should they focus instead on teaching students how to analyse and imitate the norms of the specific discourse communities to which students hope to gain admission? These are questions relating to whether we are taking a product or process approach to writing.

The *product* approach to writing means setting up a context (exploring the situations that require a particular register, genre, audience, purpose, topic), modelling (by reading texts of the appropriate genre), noticing (setting tasks that draw students' attention to typical features and grammatical features), explicit genre analysis (when students, prompted by the teacher, work out the major features of the text–the function, styles, schematic stages and linguistic features of the genre), and text comparison. This can be followed by controlled production, e.g. text completion, text reconstruction and text reordering; and finally independent production of drafts, when students individually or in groups choose a topic within the target genre, do the vocabulary research and write the text. Feedback might include a degree of individual and group conferencing before publishing the final draft.

The *process* approach consists of the thinking stage in which students identify the rhetorical problem, plan a solution or series of solutions to the problem and finally reach an appropriate conclusion; and the process stage involving translating the plan into paragraphs and sentences, reviewing

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the first draft and then revising the text to produce a number of subsequent drafts. In the actual teaching, the skills of editing and review are taught through peer review and group work, and the whole emphasis is on moving students on from over-concern with sentence-level accuracy [2].

Both approaches have advantages and weaknesses, so we advocate a combination of the two. The stages to be followed are:

- Develop *rhetorical awareness* by looking at model texts
- Practise specific *genre* features, especially moves and writer stance
- Carry out writing tasks showing awareness of the *needs of individual readers and the discourse community* and the *purpose of writing*
- Evaluate the writing (through *peer review* or reformulation).

But, above all, the teacher of writing needs to seek a balance between talking about writing and setting up tasks where students actually write, singly, or in pairs or groups, while in class.

Making use of case reports

The teacher can prepare notes from the 'problem' part of a case report, and give these to the students to reconstruct in a written report. Then they can read the original and proceed to discussion. The language of differential diagnosis can be taught and a focused gap-filling exercise can be done.

Making use of research articles

Reconstructive writing starts from fractured sentences, or notes, or gapped text. For example:

- Introduction: with verb tense choices
- Method: changing active verbs back to original passive
- Results: filling gapped text with reference to tables and figures
- Discussion: gapped text with most common questions, focusing on probability and argument.

Native language (L1) and foreign language (L2) literacy

Our students are non-native learners of English and, naturally, one has to take into account their native language competency. L1 and L2 literacy studies indicate that skilled writers generally tend to demonstrate more efficient reading skills than weaker writers. But, literacy does not automatically transfer from L1 to L2. Moreover, the development of L2 writing skills may depend on a constellation of independent factors such as L2 proficiency, L1 and L2 reading ability, L1 and L2 writing proficiency, and exposure to particular genres of writing [3]. These findings show the interactive nature of writing competence.

Conclusion

Texts that future doctors will produce should be readable and understandable and have to follow certain rules which imply that they should have:

- short, simple words
- short sentences
- parallelism
- concrete language
- text markers
- repetitions as reinforcement
- vertical lists
- alphabetical lists
- logical placement of the verb
- simple verb tenses
- active voice [4].

For non-native speakers developing their writing skills on the way toward becoming independent writers, input from both a language professional and an experienced medical expert is important [5]. This is our instruction goal for the future and we shall strive to introduce graduate medical English courses where this collaboration will be crucial.

If medical writers, especially non-native, pay attention to the above rules, they will significantly improve their writing skills and reach the goal of producing excellent texts. In our courses with an integrated skills approach, writing can provide input for other language work, i.e. reading, speaking and, most importantly, integrated skills tasks, such as projects. We hope that our elective courses will significantly improve our students' medical English competency.

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Unforgivable spelling errors

Believe it or not, the three most common spelling errors I see from native and non-native speakers of English are:

- sep***E***rate
- occu***R***ed
- occu***R***ing

Whatever happened to spellcheckers?

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Around the world: Teaching medical writing to doctors and scientists

Brazil

Prompted by my interest in the difficulties to get published faced by non-native English-speaking science authors, I designed a course in scientific writing for researchers at the Federal University of Rio de Janeiro (UFRJ) [1]. This multidisciplinary course has been offered privately to potential authors for the last 4 years. One of the professors who attended last year is an editor of a Brazilian medical journal. After completing the course, he recognised the difficulty postgraduate students in the general surgery programme have in writing manuscripts in English. Together with the head of general surgery, also an editor of a Brazilian journal, he set new goals for the programme, which included developing the medical writing skills of postgraduates.

Current pressure on Brazilian scientists to get published, especially in prestigious international journals, acted as a wake-up call. Irrespective of the field, research productivity is a factor contributing to the assessment of academic performance of Brazilian postgraduate programmes. Academic performance is assessed by CAPES (Coordination for the Advancement of Higher Education Staff), which mostly focuses on postgraduate education and accreditation. For a research institution to be top ranked (scores range from 1 to 7), publication in the journals listed by CAPES is a factor. The ranking made by CAPES are also considered by other funding agencies, especially because of the Brazilian 'performance-based funding system'. Therefore, the universities at large are under pressure, and several postgraduate programmes in public universities demand that PhD students be authors of at least one international publication prior to defending their theses.

This is one of the issues that have motivated the general surgery programme to rethink its academic curriculum and encourage a cultural change in students' views of the importance of acquiring skills in medical writing. An academic writing policy is being implemented that includes medical writing as a credit course. The first course, which I'll teach this year, will be targeted at postgraduates who already have a good command of English. This group will be determined by a placement test, an academic essay. I'm very enthusiastic about this opportunity, especially because assessing the writing skills of postgraduate students in the sciences is part of my PhD!

I'm now planning this course, which will focus on scientific discourse in English. After some specific sections on language and style, I'll draw upon academic/medical writing conventions, hedging in medical writing, academic register, plagiarism and cultural issues in scientific/medical writing, rhetorical moves in the research paper (with a hands-on training), and responding to reviewers' comments. I'm planning to discuss citation practices and questions of format through reading assignments and sample articles.

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China

Most Chinese doctors lack medical writing training and English writing ability but more and more they are realizing the importance of English medical writing, because they want to publish papers not only in Chinese medical journals but also in international journals. To publish at least one or two English papers has become a requirement in top medical schools before you can get a PhD degree, or before the doctors can get an academic promotion to senior levels in hospitals affiliated with a medical school. A couple of top medical schools are starting to set English medical writing courses as an integral part of their graduate school (Masters and PhD programme) curriculum.

A Chinese translation version of *Chest* journal, published by The Everwell Corporation, was launched in 2004 (www.chestjournal.org.cn). *Pediatrics China* is another translation journal we are publishing. Readers often asked us for help with their English medical writing. We therefore took the initiative to organize medical writing workshops which are offered privately to physicians and are sometimes sponsored by pharmaceutical companies and institutions.

Topics include:

Before you begin to write:

- Clinical research protocol design and development
- Introductory statistical methods
- Clinical epidemiology
- Good Clinical Practice (GCP)
- How to choose the right journal and getting published in top journals
- Uniform requirements for biomedical manuscripts
- Understanding rules that must be observed to increase acceptance

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>>> Around the world: Teaching medical writing to doctors and scientists

- Decide on authorship
- Plagiarism and copyright, acceptable secondary publication
- Reading and understanding instructions of the journal planned to submit

Preparing your manuscript
- Word choice
- Sentence structure
- Paragraph structure and emphasis
- Structure of paper

Submission
- Writing cover letter and preparing submission forms
- Informed consent and animal rights issues
- Analysing letters from the editor-in-chief
- Techniques of answering reviewers

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Croatia

Our experience at the *Croatian Medical Journal* (*CMJ*), a small scientific journal from the scientific periphery, has shown that language is not the main problem of articles submitted to our journal. Although the majority of articles come from transitional or developing countries, and from authors who are not native speakers of English, there are other, more substantial problems to deal with. In 12 years of experience, the *CMJ* editors have recognized four layers of the scientific article which present problems for authors [1]. The basic layer is planning and performing the study and the mistakes made in this stage can often be irreparable at the manuscript stage. Other layers are the narrative, scientific reporting style, and the language, all of which can be improved through the process of peer review and manuscript editing. This is why the *CMJ* staff decided to organize a course on planning and writing research articles. As our experience showed that planning is the weakest point of submitted articles, great attention is paid to planning the study and to study design. The course, which is open to physicians, residents, and postgraduate students, was first introduced in December 2002 and has been organized 20 times so far. Like the Danish course (see page 8 of this issue), it is conducted in the participants' mother tongue and has incited great interest not only in Croatia but also in some of our neighbouring countries.

We cannot systematically assess the effect of our teaching but we know that our pupils have subsequently published more articles and have advanced further in their career than their colleagues who did not receive such tutoring [2].

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Holland

Most of the medical schools in Holland offer some sort of training in writing English. These courses are, however, often very limited because of low budgeting. In contrast, the Academic Medical Center (AMC) at the University of Amsterdam has long recognized the need to publish in English and the shortcomings that many of its PhD students have in writing. Several years ago, I was asked to help redesign a course to teach PhD researchers how to write citeable journal articles. This course is unique in that it offers the participants not only lecture sessions, but also considerable individual coaching and editing on their own articles. The course has been running for more than 2 years now and has received excellent evaluations from the participants and department heads. I regularly receive e-mails from past participants announcing the acceptance of their articles in renowned journals. We are now developing a course on oral presentation. You can read more about these courses at http://www.amc.uva.nl/index.cfm?pid=1259 and http://www.amc.uva.nl/index.cfm?pid=2855

Utrecht is another enlightened university where a colleague has been working on a permanent contract for the past 11 years teaching English in the Department of Medical Genetics. This has opened up other freelance projects for her throughout the university. I have approached various medical schools, and other university departments, with proposals to start courses in scientific writing. Unfortunately, budgets and politics often stop these initiatives before they get started. Most of the universities now have what they call their 'language centre'. These are usually commercially oriented organizations within the university that try to sell courses, at a profit, within and outside the university. University policy usually dictates that all university departments must first approach the language centre for any language courses before looking elsewhere. Only if the language centre cannot deliver a course is a department allowed to hire a freelancer. And the language centres, of course, always say that they can provide a course in scientific writing, and then they look for a freelancer to give it.

This raises several problems. One, language centres usually have little experience with scientific writing, and they consider it to be just a grammar course with special words. Second, because they are commercially oriented, the language centres hire freelancers who are willing to work for very low pay. These are often beginners in the field and, again, they have little idea about what makes scientific communication effective. This also precludes any individual feed back and editing. Third, the medical schools and the students also have the idea that their problems are primarily English grammar.

Many people in Holland pride themselves on their English—they learn it at school and hear it all day on TV and radio. And, indeed, most of my students speak and write English at an upper intermediate level. At the PhD or

professional level, however, they have problems getting their ideas on paper. Usually, their problems are not English problems, but communication problems. They do not know how to focus on their scientific messages, eliminate flab, and clearly show the value of their research—but this can apply to UK and US researches too.

Many Dutch university courses are now taught in English because of the many foreign students that Holland attracts and wants to attract. If you look at the AMC course list (link above), you will see that most of them are in English. This does, however, put an extra burden on professors; they cannot be as free and creative in a second language, and they often have to oversimplify.

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Iran

Iran is a country with a little over 40 medical schools and 110 accredited medical and health-related journals. Many of the medical journals in Iran are published in Farsi (Persian) with English abstracts but there are also journals published in English only, one of which (*Archives of Iranian Medicine*) is currently indexed in Medline.

Presently, academic promotion regulations require that a certain percentage of articles published by faculty members be published in English journals (national or international).This situation as well as a trend towards publishing in high impact factor journals has led to two major problems for academia in Iran. The first problem is that academia must become acquainted with the general principles of scientific writing and the other problem is to acquire adequate skills to write in English. Some steps, mostly through government initiatives, have been taken to alleviate the first problem. Interested individual academics in various universities and research institutes like myself, (associate professor of dermatology at Shiraz University of Medical Sciences, and member of the Iranian Commission on Medical Journals) and Dr Farrokh Habibzadeh [director-at-large of the World Association of Medical Editors (WAME) and an editorial consultant to the *Lancet*] have presented many scientific writing workshops throughout Iran. Others have also contributed and one can say that most of the academic staff, if not all, receive some form of training in this field. However, the second problem, that of achieving adequate English writing skills, has not been dealt with on a large scale within the country. English medical writing courses are not offered widely at universities and this has led to submissions of manuscripts with poor English. Various native English speakers or non-native speakers who have studied in English-speaking countries or have undergone a good training in English writing skills in Iran, are working with different journals inside the country to help edit texts of submitted English manuscripts. Also, some universities have set-up consultation centres where English text editing is offered to academia. There are a few private organisations that offer assistance in English text editing and medical writing to their clients.

In conclusion, it seems that although there has been much movement in promoting the general principles of scientific writing amongst academia in Iran, more work needs to be carried out to upgrade English writing skills. It seems essential that while this progress is being made in the ranks of faculty members and researchers, a parallel initiative should be initiated at the level of medical and post-graduate students.

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Japan

I have been involved with editing and translating medical texts from Japanese to English since 1970 when I first became associated with Tokyo Medical University. The International Medical Communications Center (IMCC) of Tokyo Medical University was first established 16 years ago with the express goal of promoting flow of information from our institution into the international literature. I started the first course that I know of in Japan specifically for English for Medical Purposes (EMP) about 27 years ago at another medical school before returning to Tokyo Medical University.

At the Tokyo Medical University, IMCC (http://www.tokyo-med.ac.jp/imcc/index.html), we teach at the undergraduate (6-year MD) and the graduate level. At the undergraduate level, we are implementing a new curriculum that includes a project that has been heavily funded by the Ministry of Education, specifically for EMP. The centrepiece of the course is for the third and fourth year students as they begin their organ system-based clinical lectures. We work in close cooperation with the clinicians responsible for each of the organ sections. Chapters contain the essential vocabulary identified by the clinician in English and Japanese. The second part of each organ section consists of clinical concepts which are written by the clinicians in Japanese. We translate them into English and make exercises concerning comprehension. There is also a patient-doctor interview related to each organ system, and the *New England Journal of Medicine* has given us its permission to use any introductions from original research papers, which are selected by the clinicians. We then produce exercises to confirm comprehension. Beginning a couple of years ago, in my capacity of Vice Chairman of the Japanese Society of Medical English Education, I proposed implementing an examination in competency in EMP. This year we will have our first pilot test in April and September, and a full system should be in operation by next year. Medical writing will be included in the exam for the highest level qualification, beginning in 2008.

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>>> Around the world: Teaching medical writing to doctors and scientists

We have also contributed to a site devoted to education in medical writing (www.ronbun.jp). In addition, with Brian Harrison as the first editor, Hiromi Kobayashi and Eiko Harrison, we published a 3-book series on Medical English Communications in Japan. This year it should appear in Korean and I would like to get the English version out next year.

I was prompted to set up the communications centre by seeing medical investigators here, especially 37 years ago, extremely frustrated by their inability to break through the wall of the language barrier into international publication. I think the level of writing has improved enormously in Japan, but I do not know to what extent our courses have been of use. I have given lectures extensively throughout the country, mainly at universities, sponsored by various pharmaceutical companies, and these have generally centred on the Uniform Requirements (www.icmje.org), how to handle comments from referees, how to make oral presentations, and many of the topics you can see on our homepage.

The courses in writing in the graduate school only started last year. So, it is very hard to judge their impact. Most of the graduate students do not necessarily feel they have to publish in English although they are probably aware that Asia in general is becoming more and more caught up by the Impact Factor aspect of the various journals to a degree that is not seen in the West.

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Venezuela

I teach (English) medical reading and writing at the graduate school of medicine at the University of the Andes, Mérida, Venezuela. The medical graduates I teach are studying a specialty such as cardiology, internal medicine, urology, anaesthesiology, etc. The course is part of the university curriculum and is compulsory. If students do not pass the course with a minimum of 15/20, they cannot graduate in their specialty, but they do not receive a separate certificate/qualification for the course itself.

The course was an initiative from the university and started 25 years ago. Reading courses used to be offered at the undergraduate level in our medical school but they are not any more, for budgetary reasons, and, unlike some other schools (e.g. engineering), the graduate school of medicine does not require that entrants have a reading knowledge of English.

My course concentrates on reading comprehension of medical literature (75%) and on writing research articles (25%). The priority is reading because the students generally have a rather poor level of English. I wrote a 'medical reading textbook' that is used in several Latin and Central American (medical) universities. Recently I have noticed that more and more medical graduates have an English certificate obtained from other national universities' language centres. This means that they have passed an English for Medical Purposes (EMP) reading comprehension test. They are therefore able to read the scientific literature written in English before starting their graduate studies at our school of medicine and are exempted from the course I run.

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Reed-Elsevier's hypocrisy in selling arms and health

Do Reed Elsevier's priorities lie in promoting health or death and suffering? In an article published in the *Journal of the Royal Society of Medicine*, Richard Smith points out the absurdity of Reed Elsevier simultaneously promoting arms sales by running arms fairs and publishing health journals, which aim to improve health. He quotes the Global Burden of Disease Study which predicts that by 2020 deaths from war and violence will overtake deaths from infectious diseases. In suggesting how influence might be brought to bear on a company with a non-existent conscience, Smith points out that the scientific and medical part of Reed Elsevier's business is the most profitable and this is "because of the extraordinary value of the science it publishers. But the value of that research is created not by Reed Elsevier but by the scientists and academics who produce research, peer review it, and edit most of the journals". Smith suggests that if those researchers were to go elsewhere, the company would promptly pull out of its arms exhibitions, but who will take the lead?

http://www.rsmpress.co.uk/KA07-02-09.pdf

Scientists and the lay press

In an article in the *Journal of Clinical Investigation*[1] the journal's science editor, Brooke Grindlinger, advocates that scientists should consider relations with the press part and parcel of their responsibilities. Scientists should present their work to show how it effects everyday life and use simple language devoid of jargon. Journalists in turn must gather the facts, present them accurately and remain aware of their social responsibility. An example of inaccurate reporting of one of the journal's research articles was given. The research in mice suggesting that marijuana use could lead to ectopic pregnancy and/or impaired fertility was interpreted in *Seed Magazine* as meaning that marijuana could be an effective contraceptive.

1. Grindlinger B. Can I quote you on that? J Clin Invest 2006;116(11):2832.

Tips for teaching medical writing

By Elizabeth Wager

Much advice that applies to writing an article also applies to teaching people how to write articles. Perhaps this is predictable, because both depend on good communication. So this article will contain headings which should be familiar to medical writers, but with something slightly different underneath.

Know your audience

Get as much information about participants before the session as you can, preferably at the very initial planning stage. If you can't get detailed information about participants beforehand, then use the first part of the session to get as much information as possible. Find out their interests, and imagine yourself to be the doggy writer facing the cat editor in the cartoon. It's no good talking about *The Lancet* if your audience only cares about the Common Technical Document. Find out their level of experience, and try to discover what they want from the training. If the briefing or training agenda has been set by a distant manager, you may find that participants actually need or expect something different. This refocusing requires tact and diplomacy (especially if the manager attends the training session) but is worth attempting to avoid wasting everybody's time.

Sometimes it is difficult to get the right people to attend training. I heard a great example from another trainer who was asked to run courses in a very old-fashioned and hierarchical academic department. The sponsors knew that the more senior members actually needed the training most, as they were hopelessly out of date, but they also knew it would be a disaster to suggest that the professors should attend the same course as their students. Their solution showed a subtle appreciation of human psychology. They ran two sessions. The first was for the professors, who were asked to attend in order to approve the material that would be used for their students. The second was for the more junior members of the department. In this way, both groups benefited from the training. The professors could attend their own session with no loss of face (and were probably less inhibited about asking questions because the risk of appearing uninformed in front of more junior department members was reduced) and the students could have a session focused on their needs.

If you are training a very mixed audience, try to engage as many sectors as possible. Even an apparently uniform audience will contain people with different preferred learning methods so use a variety of techniques to suit as many people as possible.

Stick to the (time) limit

Never over-run. Plan agendas in detail, but then be prepared to implement them flexibly. There is no point spending time discovering what participants want from a session and then ignoring their needs and sticking to your preplanned routine. Have spare material if you worry that you won't have enough, but the usual problem is cramming too much into a short space—just like writing an abstract.

Remember that attention spans and energy levels vary throughout the day. Plan enough breaks so that participants are comfortable—full bladders and low blood sugar levels are not conducive to concentration. If you are planning an all-day session, try to put something energising after lunch. I try to schedule practical exercises or small group work for this notorious post-prandial period, as even the liveliest speaker may struggle to hold a group's attention. If the training room has to be dark to allow slide projection, the temptation to doze off may be just too strong, so turn on the lights and engage participants in a lively discussion instead.

Avoid abbreviations

As with abstracts, remember to avoid or explain jargon and abbreviations. Medical writing jargon seems to exist in small niches and I am always surprised by the lack of a common language between writers based in drug companies, those working in communications agencies, editors/writers working for publishers, and investigator-authors. Even with a group of experienced writers, don't assume that everybody will be familiar with acronyms such as IMRAD (i.e. Introduction, Methods, Results and Discussion) or even EMWA.

Have a clear structure

Explain the programme and timing to participants at the outset. Present material in a logical order. Switching around will cause confusion and make the training less memorable. The old adage 'tell them what you're going to tell them, then tell them, then tell them what you've told them' is a good one.

Develop your own style—but don't over-do it

Memorable trainers usually have idiosyncrasies, just as a strong personal writing style develops its own voice. But, exactly as in writing, an overblown or pretentious style will simply annoy your audience. As in writing, remember the purpose is to communicate, not to show how clever you are.

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>>> Tips for teaching medical writing

Use variety but avoid gimmicks

Vary the pace of your training and the learning methods (e.g. lectures, exercises, group work) but avoid gimmicky techniques for their own sake. I can recall a ghastly session I was once forced to attend, in which participants had to dive under an enormous multicoloured sheet of fabric (apparently called a 'play parachute'). This caused much embarrassment to the less physically fit attendees and even the more agile as several people ended up under the parachute so collisions were inevitable. As I write this, I can clearly recall my annoyance at the stupidity of this technique and the sapping effect it had on group morale (no doubt exactly the opposite of what it was intended to do) but have no idea what the course was meant to train us.

Plan your work carefully

Think about all the material you need to deliver a professional training session. Participants appreciate clear handouts and reading lists. Trainers are divided about the merits of providing copies of slides at the start of sessions but this is the technique I prefer, especially when working with non-native English speakers. I find that non-native speakers particularly appreciate having written copies of slides to reinforce the spoken message. Native speakers also appreciate copies as it facilitates note taking and saves them from frantically copying things. Others argue that participants may be distracted by reading the handouts during the session—but I do not find this is a problem. Even reading lists can be useful during a talk if the presenter mentions references or useful resources for particular topics.

It is good practice to include a formal evaluation, especially for longer courses. Some organizations prefer the trainer to use their own evaluation forms, as these are also used to record attendance. If you value honest feedback, consider ways of making evaluations anonymous. This is particularly important if colleagues have to evaluate one another's performance, or if junior people have to rate more senior ones. However, for large, mixed audiences (i.e. not all from one company or institution) this may not be a problem.

Having delivered the same course in several countries, I have noticed cultural differences in the willingness to criticise, so you may need to take this into account (especially if feedback is overwhelmingly positive). Of course, it's possible that my workshop was more or less relevant to the different audiences, but I find it hard to believe that it really suited the Greeks that much more than the Americans. If you think your audience will be reluctant to criticize, try asking them to list the sessions (or speakers) they found most relevant/interesting/useful and also those they found least relevant/interesting/useful. This can help plan timetables or emphasis for future sessions.

Permission for republication of the cartoon that appears in the print version on this page does not extend to the electronic version.

Learn from others and from your own successes and failures

Just as good writers are usually avid readers, good trainers should be alert to new ideas. Attending other people's workshops can be helpful, even though you feel familiar with the subject area. Remember to respect other trainers' material: imitation may be a form of flattery, but plagiarism is as unacceptable for training material as it is in a publication. If you want to use or adapt material from somebody else's workshop, always seek their permission first.

Just as science writers can gain from reading a variety of writing styles (from classical poetry to the backs of cereal packets) so trainers can get inspiration from unexpected sources such as television or drama. Almost anything that gives insights into human behaviour can relate to training (well, that's my excuse, and I'm sticking to it)!

As with any endeavour, practice makes perfect, and some sessions will go better than others. Learn from your experience. Take participants' evaluations seriously. Change your style, techniques, materials or timetable in response to suggestions and criticisms.

Keep up to date

Out-dated material is a disaster for several reasons: (1) it is a disservice to participants, who expect trainers to be up-to-date; (2) material that looks well worn or out of date sends a dispiriting message that the trainer doesn't care, and this will rub off on attendees; (3) if the trainer is bored with the material, then trainees will probably find it boring as well. So, do everybody a favour, and make sure you have recent examples and refer to the latest guidelines.

Make your material learner-centred

The most effective writing is reader-centred, i.e. takes account of the readers' perspective and their needs. Similarly, good training should be learner-centred. People relate best to things that are familiar or relate to them directly, and they also appreciate a trainer who takes the trouble to tailor material to their individual requirements. Working with mixed groups makes this difficult but try to focus your training as far as possible on the particular interests of your audience. When working for individual drug companies, find out which therapy areas they work on and take your examples from these. When training healthcare professionals, focus on their specialty. Make examples (of journals, good and bad writing styles, tables, etc.) as relevant as possible. It can be tempting simply to recycle a successful presentation, but watch psychiatrists eyes glaze over when you try to explain impact factors with a list of cardiology journals.

Show respect and cultural sensitivity

Just as good medical writing avoids sexist or racist language and anything that might stigmatize patients, so trainers need to respect their audience and understand cultural differences, especially if working a long way from home. Women working in Moslem countries need to plan their wardrobe carefully and dress modestly. In fact, all trainers should think about their appearance, wherever they are working, as scruffy dress may send a subliminal message that the trainer can't be bothered, while wildly flamboyant dress (for men or women) may mean that trainees remember the outfit but not the message. Take advice from local organisers about times for starting and stopping sessions and for mealbreaks. There is no point insisting on an 8:00am start if this means many participants arrive late or bad tempered. I once ran a course in Egypt and did not allow time for Friday prayers, so my carefully planned agenda nearly got scuppered. People learn best when they feel refreshed, relaxed and comfortable. It is therefore a false economy to try to squeeze too much material into over-long sessions.

Aim to educate and to entertain

A well-written article should be a pleasure to read, and training should be fun. The trainers' attitude will affect the group. Enthusiasm and confidence are infectious, but so are boredom and apathy. Seek out opportunities to develop your experience and you will usually be rewarded. Good trainers recognise that they are always learning and that every new audience provides new insights.

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English FAQs:

Can I write 'the patient was under (treatment with) hydrochlorothiazide' or 'the patient was on (treatment with) hydrochlorothiazide'? Which is better?

This is not a big issue. Let's look at 'on' first: I think this is a very brief and neat way of expressing this idea and often use 'on' this way. It may sound a little spoken, but it is so compact that it deserves more frequent written use. Whatever, without modification by a time clause or phrase, it implies a long course of treatment. There is no need to say 'on treatment with'. The same applies to 'under', but this sounds more spoken. I encounter resistance to both from users of American English, who seem to prefer 'The patient was taking …', which is also a good solution.

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Confessions of a workshop leader: Teaching medical writing

by Alistair Reeves

Confession 1: I never wanted to be a teacher

"I suppose you'd like to teach, then?" A question I often heard after studying modern languages (German, French and Spanish) in the 1970s. "No, definitely not!" was always my answer. My passion is language, but still, 30 years on, I cannot entertain the thought of teaching a foreign language to a group of children or adults. I came late to 'teaching' medical writing after translating, writing and editing in the pharmaceutical industry for 20 years. Actually, I don't like the word teaching to describe what I now do as part of my work. My only similarity with the passionate teacher, Miss Jean Brodie [1], is that for me, what I do now is best described by the word from which education is derived: 'educere', to lead out. 'Educo'—'I lead out' was what she claimed to do (despite other questionable aims), and that is my only claim too.

After a few in-house events and being asked to give a workshop at a very early EMWA event in the mid-1990s, I discovered that this type of teaching is fun, and that passing on and exchanging experience with new and seasoned medical communicators was much appreciated—by me and by them. My first try was daunting, exhausting, and—for me—very instructive.

Now, a veteran of countless EMWA workshops, seminars for 'Management Forum'[1] and training events of other organizations such as the British Institute for Regulatory Affairs, in-house courses, and one-on-one intensive training sessions, I suppose you could say that I teach medical and scientific writing to regulatory writers, medical writers, vets, physicians, research scientists, in fact, anyone involved in this branch of writing. But I still think that all I do for most people is to stimulate an interest that is already there. Most of my training is done with people who want to write (and some who have to). I try to highlight certain aspects of the use of English in our context that make text preparation easier and make texts more acceptable to the reader, all based on my own experience of writing and editing. The major focus of my training activities is therefore the language and not the content, although these two are, of course, inseparable. By this I mean that I don't train on 'How to write a clinical study report' according to a guideline or a template, but rather, what language you can use to best get the message across depending on the type of document you are writing or the idea you wish to or need to convey.

Confession 2: I was badly prepared for my first few attempts

I was badly prepared in many ways. I had no idea what the participants were expecting—and I didn't even know if they knew what they were expecting (this was before the days of the EMWA needs analysis, see box), and I had enough material for three three-hour EMWA workshops at my first event. The participants were as exhausted as I was afterwards, and not only because I ran over by 45 minutes and it was the 'graveyard' slot after lunch. I had a whole suitcase full of copies of handouts for the participants (again before the days when EMWA copied them for us). I now know that the volume of the handouts is not an indicator of the quality of the session. Susanne Geercken and I present the 'Medical and Pharmaceutical English' workshop for EMWA, and have honed down the content of our workshop from an original 10 or so subject areas (a breathless event) to about 5, and we critically discuss the content and number of subject areas every time we give the workshop, based on the needs analyses received. So I quickly learned how important it is to find out what participants are expecting, and introduced the needs analysis for myself after the first couple of events, before my EMWA days.

And what participants expect depends on the type of course. For in-house events, clients sometimes expect a 'quick fix'. By this, I mean that there is sometimes some expectation, especially from management, that after your training sessions, the participants will magically be able to churn out perfect regulatory documents and publications, in terms of both content and language. I am always refreshed when I come across a manager or a training officer in a company who realizes several things: (i) there is no quick fix; (ii) he or she has to have spoken to the participants beforehand to establish what they want; (iii) not every participant actually ***wants*** to be there; (iv) you cannot teach medical writing in one day. A gratifying comment after in-house sessions is: "I actually didn't expect this to be very interesting, but it was, and it really helped me!"

The needs analysis and preworkshop assignment is no problem at EMWA training events: the participants have to return them if they want credit. So they do, and participants have high expectations that they will go away from workshops having learned something. For in-house events, it is

1 Management Forum is a commercial provider of training events and seminars. The German branch of the organisation (Forum – Institut für Management) is now owned by Springer Science and Business Media, Heidelberg, Germany and is commercially separate from the British branch (Management Forum) based in Woking, England.

different, although just as important, and reminders often have to be sent out. I generally have to badger the training officer and say: "Look: if I don't know what the participants want, I can't tailor it to their needs, and they will not learn anything and will give bad evaluations, which is not in your interests or mine. This is their opportunity to ask specific questions and they should use it, because I will try to answer every question". I generally get feedback from about 50% of the participants, some rather sparse, but at least it builds a bridge between you and the participants before you start.

Those who attend courses organized by training providers such as Management Forum also often say that they don't know what to expect, and their expectations are not as high as EMWA workshop participants. After doing a regular event for administrative personal assistants in Germany and the UK ('The Language of the Pharmaceutical Industry'), I suggested in 1999 to the organizer in the UK that Barry Drees, Stephen de Looze and I put together a three-day medical writing event, based on a similar two-day event we had been doing in Germany since 1996. These two seminars offer very much more than those I do by myself, covering the content of different documents, journal publications, data presentation, statistics for medical writers and language aspects in three sessions of 2–3 h each day for 2 or 3 days. They have no needs analysis, and inevitably the ground covered is not as extensive as at a 3 or 3-5-h workshop with a needs analysis, preworkshop assignment, exercises and postworkshop assignment, and does not have that 'personally tailored' touch. There is a lot of general discussion about the business of medical writing at these events, because at the outset, quite a few participants are not even sure if they are medical writers. The demand is obviously there, as we already have three such events in our schedules for 2007—and enquiries are streaming in, including, for the first time from India, where medical writing is evidently beginning to grow as a profession as it did in Europe 15 years ago, and in the USA long before that.

Most participants comment that these events have given them great encouragement, many go on to join EMWA, sign up for the EMWA Professional Development Programme, and quite a few organize in-house courses in their companies based on these events.

Confession 3: I am fussy about the room and the arrangement of the seating, and I think trainers should be

I don't think I've reached the 'prima donna' league on this one, but I make sure the organizer knows what I expect as far as seating is concerned. I generally make sure that I arrive about an hour or so before the event (or even the day before) to familiarize myself with the room, and so that there is time to make any changes. If I can't manage this, I prefer to delay the start a little to get things right. If this is necessary, I involve the participants in rearranging the seats and tables, and it breaks the ice a little. If you want to do group exercises, you soon learn that U-shaped seating is no good, and that pillars in the room create unexpected problems. My first EMWA workshop was given in a hotel room with a huge mirror across the back wall, so the whole time I was distracted by my reflection waving a pointer, seeing all my slides in reverse, and a back view of all participants. Never again!

Confession 4: I don't like introduction rounds

This is a difficult one. I will never like them, and always feel with a large group that they are a waste of precious time, especially if you have only half a day. If the event is not an in-house event, they can be useful because often nobody knows anyone, but at in-house events, the people usually know each other already. I never do introduction rounds at EMWA or in-house events. I usually just introduce myself, give a brief summary of the results of the needs analysis, and ask if there are any other points people would like to cover. For smaller, non-native speaking groups, introduction rounds can, however, be useful to assess the level of English. If I feel this is necessary, I make sure I get participants to say more than just 'I am Sabine Schmidt from Quality Assurance'.

Confession 5: I have learned not to overextend myself

If you know the audience is enthusiastic, it fires you on. After a successful 2-day event in Hungary with an incredibly responsive audience, who even said: "What? Another break?!?", I rashly agreed some time later to do a 3-day event, all on my own. I ***just*** managed to keep performing well until the end of the third day with a steadily weakening voice and waning concentration, but kept surreptitiously looking at the clock on the third afternoon, and was ready to be carried out on a stretcher by 17:00—not good for me, or for the participants. Two days on your own are enough.

Confession 6: I tried at first to lecture, and didn't appreciate the importance of audience involvement

Your session lives from you, but also from your participants. Any possibility of involving them must be exploited. You should have asked at least 3 or 4 questions in the first few minutes. Even if you have to wait for an answer. Those 30 seconds feel like an eternity—but you can help them to answer! At in-house events, it is sometimes the first time that a participant has been expected to put a sentence together in English in front of colleagues, and this can be very daunting. Give the participant time and keep other people quiet! And the great thing when giving writing training for our sector is that these interactions also take place in English, so they are useful to the participants too.

Part of my needs analysis is that I expect clients or associations to send me samples of typical, but different types of

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>>> Confessions of a workshop leader: Teaching medical writing

texts formulated in English at least 2 weeks before the event so that I can edit them with 'track changes' in Word and go through these—projected on the screen—at the event. I expect the authors of the texts, as far as possible, to be present. This automatically raises interest and always leads to a livelier event. I don't expect the authors to defend their texts, but there are reasons, often based on misconceptions (even going back to 'rules' learned at school, or other myths [2–5]) for choosing a particular word or formulation in English. This offers the participants the opportunity to explain why they wrote something in a particular way, and guarantees a high degree of audience involvement. I also explain that I am not in the business of pointing out embarrassing or humorous errors. It is just a learning experience for all.

If a potential client is unwilling to supply sample texts, I will not do a training event for them. I once did, and used a set of texts interesting to me, but quite clearly not interesting to the participants, as there were no questions, just rather tired looking nods for a couple of hours. I soon realized that in the absence of any discussion with the authors, all the pressure was on me, and that I was going to finish very much earlier than planned. So I called a break and asked the organizer if I could edit a company text on screen, 'so the participants saw how the editing process worked'. Not ideal, as I had to sit down at the laptop and type everything there and then, but it saved the day—and led to some participant involvement, as I, of course, kept asking them what they would change, while typing furiously with my head down. This also taught me to always have a few modules in reserve (exercises and presentations) on the laptop, in case things go too quickly.

Confession 7: Sometimes you have to be a bit of an actor

I am not into games, gimmicks or jokes; I just can't do them. It is great if you can get the audience rolling around in the aisles, and will probably make your point all the more memorable. But I have sometimes been surprised that the way I expressed something raised a laugh or caused some controversy—and I try to remember this, use it the next time, and try to make it sound as spontaneous as it was the first time. If you are not a naturally talented presenter, this needs practice. But like anything else, it can be learned to an acceptable extent.

A cultural comment: English cartoons can fall absolutely flat with non-native speaking audiences. Especially because I am concerned with language training, nothing is worse than having to explain why the 'Dilbert' that had you and your colleagues in hysterics, and typifies what you have been talking about, is actually ***funny***. As enthusiastic and gratifying as my Eastern European audiences have been, I had to give up on explaining one cartoon to them. So I won't be doing cartoons for them any more.

Confession 8: I don't like giving out handouts before each session, but it is usually unavoidable

You want the information you are communicating to come directly across to the participants and you want them to look at your slides and not be distracted. I ask a lot of questions when training and want to get answers, so there is no point in providing handouts with the answers at the beginning of the session. I have tried to find a middle-of-the-road solution for this by handing out a selection of the slides and saying that participants will be given a set with the answers at the end. The assessment forms usually include a few complaints about this, and I still haven't found a good solution. I did once try not handing anything out until the end and was approached by a large deputation in the break, begging me to let them have handouts! Whatever, the handouts should be high-quality and concise, and not just cobbled together, because they are often widely circulated when the participants get back to their companies, and are certainly a calling card for the trainer. Am I alone in preferring single-sided copies?

Confession 9: I am not an expert in English grammar and cannot churn out rules

Even though the focus of my training is the use of English in our context, and I was probably amongst one of the last school years in England to have formal grammar training in English (by this I mean including parsing sentences, which I actually enjoyed[2]—everyone else thought I was barmy), I am not an expert in English grammar. My interest in the inner workings of the English language and the effects that can be achieved by use of language have certainly been stimulated by studying other languages, and by daily contact with non-native speakers of English for almost the last 30 years. But I am often as frustrated as my students that I cannot say each time "The rule here is …."—although maybe this would just be too boring!

One of the pleasures of training non-native speakers is that I learn rules from them and they remind me of certain areas where many native English speakers have become sloppy. For example, you will hardly ever hear or read 'whom' these days from a native speaker, and I am a prime offender! I think one of the most effective ways of training writers who have to produce large amounts of documentation in English is to edit texts for them and go through the texts explaining why I have made the changes, giving ***reasons*** and not rules. Because an author's writing patterns repeat themselves and they often make the same errors (whether a native speaker or not), this is very instructive for both sides. These intensive sessions with authors from different language groups have made me aware of typical errors, and this helps in structuring one's approach to more general sessions with people from different language groups.

One of the most important messages to get across is to keep it as simple and concise as possible, and whilst it is possi-

2 This may have been a familial predisposition: I discovered rather late in life that Sylvia Chalker, editor of the Oxford Dictionary of English Grammar and a leading UK grammarian, who sadly died in December 2006, was my second cousin. It was always a great pleasure to meet her and share many animated discussions.

ble to train writers on some general aspects of this, nothing replaces being shown how to get an idea across using a string of monosyllabic or simple words where previously such horrors as 'therapeutic armamentarium' reigned supreme in a complex sentence starting with a long subordinate clause, and containing misplaced adverbs, perhaps even an unintentional double negative, and the wrong subject-verb agreement (once you find the subject). All things that can happen to native speakers of English too!

All the examples I use are real-life examples for this reason. Those of you who regularly go through texts in this way with colleagues will be aware that it is rewarding but tiring, and most writers reach their limit after about an hour or so of this sort of explanation. But my students tell me that with this method a lot of what I say sticks—more than in general sessions.

Confession 10: I never thought that teaching medical writing had a future

It obviously does have a future, and there is still a long way to go. Apart from the pioneering work done by EMWA in professional training, the courses offered by commercial training providers, the small group of freelance trainers in Europe, and the few courses we hear about that form part of medical training at some universities, those wishing to improve their writing skills in Europe still do not have many options open at present. We see from this issue that impressive efforts are being made in many countries.

I have more enquiries for courses than I can satisfy, including an increasing number from Eastern Europe. So I am looking forward to devoting more time to training in the future, and can even imagine developing a more extensive course together with other trainers and an academic institution after a few more years of experience.

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The EMWA Workshop Concept

EMWA credit workshops at EMWA training events count towards a qualification as part of the EMWA Professional Development Programme (EPDP; for details see www.emwa.org). To qualify for credit for a workshop, participants must be enrolled in the EPDP, and for each workshop, complete and return a Needs Analysis and Preworkshop Assignment before the workshop, attend the workshop, and satisfactorily complete and return a Postworkshop Assignment.

The criterion/criteria in British/American English

Which is correct?

The criterion need to be fulfilled *or*
The criterion needs to be fulfilled *or*
The criteria needs to be fulfilled

The COD has the following comment on usage of criterion:

"The singular form is criterion and the plural is criteria. Do not use criteria as if it were a singular, as in 'a further criteria needs to be considered' say 'a further criterion needs to be considered' "

So the second sentence is correct in British English.

But www.merriamwebster.com has the following comment on usage of criterion:

"The plural of criteria has been used as a singular for over half a century. <let me now return to the third *criteria*— R. M. Nixon> <that really is the *criteria*— Bert Lance>. Many of our examples, like the two foregoing, are taken from speech. But singular *criteria* is not uncommon in edited prose, and its use both in speech and writing seems to be increasing. Only time will tell whether it will reach the unquestioned acceptability of *agenda*."

So the third sentence is becoming correct in American English.

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Freelance and Small Business Survey 2007

Attendees of the Lyon Conference in 2006 will remember that questionnaires were handed out to freelance members, and I was hoping to be able to update the very successful Freelance and Small Business Survey in 2003. Unfortunately, I received only 17 responses (63 in 2003—probably because I sent out reminders galore and really got behind everyone to return their response, which I did not do in 2006). An effective evaluation of only 17 responses was not possible, and I have destroyed all the questionnaires received. I think it is important to do an update, and would like to do this in 2007 via the web, as was done for the EMWA Salary Survey in 2006[1], which elicited a very good response. I shall be looking into this, and all freelance members will be informed when the questionnaire is available for completion, although this will not be until May 2007 at the earliest.

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It's not the teachers, it's the learners

By Tim Albert

Tim Albert offers some advice on how to deal with those who get in the way of a straightforward transfer of knowledge and skills

Teaching medical writing is, as we all know from reading this journal, a piece of cake. The difficult bit is dealing with the taught. After 16 years I bear the scars from 1,000 courses and some 15,000 trainees, and am delighted to have the opportunity to share with you some of the main types—and how to deal with them.

The lost

Well, they're not so much lost as on the wrong course. They are the ones who give you that leaden feeling in the pit of your stomach when you realise that what you plan to give is not what they want (or rather think they want, which is not quite the same thing). This happens more frequently than you might imagine. When you advertise a course on how to write a scientific paper, for instance, a large majority seem to be expecting a course on critical appraisal or English grammar and spelling, and get terribly upset when you tell them that these aren't the core skills that they are going to need (those core skills being time management, clear thinking, understanding of structure, market analysis and–very important–upwards negotiation skills). The only thing you can do with this group is make sure that they have written information telling them clearly what to expect; if they turn up, of course, it is already too late.

The deeply traumatised

They have been sent on a writing course because 'they can't write'. (This is not always true, of course: often they write much better than the people who have sent them, but that is another story…). What they need is a quick (and measurable) definition of what 'good writing' actually is, and lots of support during the course.

The worried well

Similar to the above group, but not so depressed about it. They usually come with a pile of their previous writing, which they think is worthless even though it has been published/ got their £50,000 grant/ increased the uptake of inoculations by 10% etc. They need to be constantly told that it's not the minutiae that are important, but the overall effect. If they achieve what they set out to achieve (e.g. publication) then they can't be doing badly.

The pilgrims

They come from afar, expecting miracles. Disabuse them at the earliest opportunity.

The train spotters

Their greatest love is to gather data, and play with it. Their greatest heroes (and heroines) are those who can criticise other people's data the most. And their greatest hobby is going on Cochrane Collaboration conventions. Unfortunately they have lost sight of the fact that data is useless until/ unless it is passed on to their audience in an intelligible way. You can try to persuade them of the importance of being clear about their messages and their audience. But there is probably not much you can do to change their mind: interestingly, even offering them evidence for your point of view rarely succeeds, thereby suggesting that it is all down to different belief systems in the end.

The delegators

These are delightful people, who may also come to the course bearing gifts. They also come bearing manuscripts, which they expect you to finish off for them. They are easy to deal with: agree to edit their manuscripts, but quote a realistic price.

The lion kings—and queens

They are senior writers with plenty of experience (though not necessarily the right kind of experience). Others in the course look up to them, and they are happy to bask in this glory. They come on the course not because they have something they want to learn, but (as one recently put it) 'to see what other people are learning'. When they disagree with a point you are making they will make that known, thereby throwing the course delegates into complete confusion as to whom to believe. The real remedy is probably assassination. Failing that, try not to get involved in disputes.

Jolly but useless

They normally sit near to the presenter, and spend a lot of time smiling and nodding positive reinforcement. They persistently say what a great time they are having, but then give a rotten evaluation and clearly don't do any writing as soon as the course is over. There's nothing to do about these because they don't declare their hand until it is too late.

The text maniacs

A new phenomenon. They spend most of the course texting messages from under the desk (and assuming that no-one can see them). Remedy: ask them if they would like to go outside so that those on the course don't disturb them.

The late

Some people are late for very good and unanticipated reasons. But others are late on purpose, and usually contrive to be late when returning from a break by exactly the same amount of time. On my very last course one of the delegates came up with a suggestion: get the group to agree that anyone who is late has to sing a song. We tried it and it worked.

The absent

As every trainer knows, the people who need training are generally those who stay away. There is no solution to this problem.

The little treasures

These are the ones who will sit quietly when they are being spoken to, discuss issues cogently when they are not, and show clear signs of learning at all times. They are unfailingly courteous. They give a score of 10 out of 10 in the evaluation, with a THANK-YOU in big letters. Three months later they will email along the lines of: 'You probably won't remember me but I was on your course the other day. Thanks to your inspiring teaching I have completed the article, and received a letter from the editor of the New England Journal today saying that they will publish it. Your inspiring course has changed my life and I will be forever grateful'. I have to admit that these are not as common as one would like. But they should be cultivated. They are after all the ones who make it all worth while.

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Is 'because' a lost cause because it incorporates the terrible word 'cause'?

"We have the impression that *because* is gradually disappearing from medical writing. Could this be because it incorporates the terrible word *cause*?" So wrote Goodman and Edwards in the second edition and now again in 2006 in the third edition of their book *Medical Writing a Prescription for Clarity*. Although they appreciate a natural caution among scientists in attributing causality 'because' pleads 'not guilty' to this allegation, invoking in its defence the generality of its definition in the *COD*: 'by reason of', 'on account of', 'for the reason that'. 'Because' also has the advantage of being one rather than three words. Three more examples of writers' efforts to avoid the terrible word are 'accounted for', 'due to' and 'in view of'. Often the totally unnecessary phrase 'the fact that' is added to each of these to boot. Then there is 'on the grounds that/of' and 'as a consequence of '. All these phrases can usually be replaced by 'because (of)'. To add insult to injury one of these 'because' substitutes, 'due to', is blithely used in medical writing as if it were an adverb rather than an adjective—but here I have to throw in the towel because correct use restricted to an adverb is already a long lost cause.

Most people can see the sense, once it has been pointed out to them, of using a single word rather than two or six (e.g. 'because' instead of 'by reason of the fact that'). What is more difficult to dislodge from their psyche is 'since'. 'Since' is a stealthy word. Intent on escaping observation, it slips by unnoticed, a persona I would find obnoxious in any guise. I'm not alone, try using it in other than a temporal sense in a manuscript you send to *Blood* and you will find a red line and an editor after my own heart. Webster's Revised Unabridged Dictionary (1913) is against me though and in descending order of strength describes 'for', 'since' and 'as' as synonyms for 'because'. Thus it claims 'because' is the most emphatic, 'for' is not quite so strong, 'since' is less formal and more incidental than 'because' and 'as' is more incidental still (for examples of sentences with the different uses see http://dict.die.net/because).

'For' is more Shakespeare than medical writing so I will concentrate on 'since' and 'as'. I can do no better than to quote Goodman and Edwards again "*As* and *since* may introduce ambiguity by implying a temporal relation. (Some editors reserve since as a temporal descriptor, but many writers don't appreciate this nicety.)" It's the bit in brackets that I like. Goodman and Edwards give the example 'As I gave the injection, the patient collapsed', which can mean either he collapsed because of the injection or he collapsed while I was giving it to him. Replacing 'as' with 'because' avoids this confusion. Another example they give 'Since I had given the injection, the patient had collapsed' is similarly ambiguous.

I do not deny that usage of 'since' and 'as' to mean 'because' is generally accepted but I fail to fathom why anyone would want to use these sneaky ambiguous words in the stead of something as clear and upstanding as 'because'.

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Investigative medical writing: Marrying medical writing and journalism

by Catherine Mary

Are there different kinds of medical writers? Without a doubt. And maybe it's due to Darwinian pressure that some evolve into being *"investigative medical writers"*. Let's call them so. Their speciality is writing reports and, to do so, they have developed intellectual curiosity, intuition, an investigative mind, and a *healthy dose of scepticism*. Their preferred subjects are somewhere between science/medicine (public health, environment, etc) and society. They write for those who control the stakes: politicians, corporate players, opinion leaders, and experts.

"Investigative reports" are written according to specifications

The requirement to write the reports according to specification is what makes them fundamentally different from an investigative journalist's articles. This is not an independent process. However, this needs awareness about the interactions between science, policy, and society, and requires confronting the points of views of different stakeholders through a multidisciplinary approach, in order to build a view of global policy. For example, I regularly write reports on influenza international conferences in a strategic marketing perspective. The reports are not directly linked to a product itself, but to how a marketing strategy fits the evolution of both scientific knowledge and public health issues. Reports are between 6,000 and 8,000 words in length and are organized according to a plan that highlights the main trends in the field that the client is interested in. Investigative reports are thus synthetic. Only results useful for the clients are treated in detail.

Sensitive subjects require communication and perception of the stakes involved

Explaining hot subjects like influenza pandemic preparedness requires making sense of the factors that influence strategies: virus epidemiology, present scientific knowledge, technologies and regulations, industrial and political stakes. The approach needs to deal with different points of view and to predict how the situation will evolve. If, for example, a new mathematical model predicts the effectiveness of a particular strategy, one needs to remain sufficiently sceptical as to the relevance of the problem put forward, the model and the data used, as well as the implementation issues (for example, whether a particular country would be ready to deploy all the measures that are required for the strategy to be effective). A decision then has to be made as to whether the study merits an entire paragraph, a few lines, or indeed should be ignored. It's also important to know who the experts are, to know in which capacity they are speaking: for themselves or in the name of an organisation or corporate group.

Investigative reports have a variety of uses for the client

The client may use the reports for internal communication: they enable the client to place its sales strategy in a global context, whilst explaining the role of the different players. The market and policies evolve very quickly in some fields and strategies must adapt to these changes. An example is the market for flu vaccines and remedies, which is highly influenced by the epidemiology of bird viruses and its impact on research and development as well as on prevention policies. Regular reports also serve as pointers to understand these developments. They detail new studies and provide instructive elements that can be used for promotional or communication media. In addition, they can be used by the client for external communication aimed at specific audiences such as opinion leaders or policy-makers or as part of communication material for upcoming conferences.

Attending a congress is the ideal situation to put together an enquiry

All the players are there and with new results being presented and discussed, concepts emerge. It's also an event the client can take advantage of to communicate. This requires organisation and experience: making sense of the programme in advance, organising note-taking, identifying the different speakers, and knowing how to spot key ideas among a multitude of interventions. During these intense days, notes are not enough. They need to be completed by obtaining as much information as possible during the congress (surveys, newsletters, and other documents handed out by exhibitors, and abstracts). Often, it is possible to make arrangements with the client to pick up PowerPoint presentations or shorthand transcriptions. Writing up starts as soon as possible. While the notes are still fresh, the outline of the conference can be written up. Once back in the office, all the different pieces are brought together, like a puzzle, and slowly the structure starts to form. The different parts are more or less easy to write up, depending on the relevance of the speaker. Extra work is often required, such as reading articles, editorials or doing the interviews again. The writing takes shape, it becomes more concen-

trated and the text comes to life. Readers are not necessarily experts. They know the subject but want to understand quickly, to grasp the key points. They need to be kept in suspense. The style must be narrative and not descriptive like a scientific article.

Investigative medical writing can represent an opening for a medical writer

Investigative medical writings offers an opening for a medical writer who wants to evolve and who has a taste for communication—a journalistic skill. In her article, Jo Whelan explains very clearly how to acquire this [1]. To write investigative reports, some expertise in science or medicine is essential. As a trained virologist who has become a journalist, I often work in the field of infectious diseases. It is strategically better for investigative medical writers to specialise in a limited number of fields to gain credibility.

To start out, it is best to write reports on short conferences, like symposiums. Corporate institutions organise these within the framework of congresses and sometimes use reports to promote their products to opinion leaders. In general they supply PowerPoint presentations, which reduces the risks inherent in note-taking. Medical writers who have communication skills can thus train themselves in real situations and gradually become specialised in a particular subject to develop their investigative skills. Finally, it takes between 120 and 150 hours to write a 6,000 to 8,000 page report, preferably spread out over 1 or 2 months.

Being an investigative medical writer is not every medical writer's cup of tea. But for those who want to give it a try, it's a fascinating experience. Through being immersed in public health issues, the writer secures a position as a privileged observer of the process by which scientific knowledge is transformed into a political decision, changing our daily lives for better or worse.

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Medical writers: Those who think they can write stuff without the right stuff

Believe it or not this is the definition provided by Guernsey McPearson, alias Stephen Senn, whose Devil's Drug Development Dictionaries as well as other amusements can be accessed through www.senns.demon.co.uk/gmcpw.html. Professor Senn has been described as a "statistical demi-God". He has a strong background in the pharmaceutical industry and some of his research interests include design, analysis and interpretation of clinical trials, ethics and meta-analysis.

The following are a selection of his definitions including another for medical writers:

Medical writer: hacks who think they can present subtle statistical concepts that they don't understand so that others can.

First author: 1. The most important opinion-leader Marketing could find. 2. A physician who is prepared to stick his or her name to the mess that the medical writer has made of the statistician's report. 3. One who received top billing and presents a large bill.

Medical Statistician: one who won't accept that Columbus discovered America because he said he was looking for India in the trial Plan.

Type I Error: consulting the statistician.

ACE inhibitor: the statistics department.

NICE: 1. A fine town on the Mediterranean, once Italian now French: very nice. 2. A sixties pop-group, rather short lived: quite nice. 3. National Institute for Clinical Excellence: a means of reducing the price of drugs and raising the price of pharmacoeconomists: not at all nice.

EMEA: the latest Brussels' sprout. Goes well with turkey.

Phase IV study: a cynical trial.

Me-too: sixth drug in its class.

Innovation: fifth drug in its class.

Genetic engineering: the son also rises... if daddy is the CEO.

Laptops: so called because they are executive toys for lapdogs.

Learning curve: an example of the sort of pathetic vocabulary favoured by those who never got very high on theirs.

Cmax: what your girlfriend missed while you were pursuing areas under the curve.

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Conference highlight reports for marketing purposes: A cross between medical writing and journalism

by Anita van den Oetelaar and Hélène van Moorsel

Further to the article by Catherine Mary in this issue of *TWS*, we would like to report on another cross between medical writing and journalism. As an in-house (Anita) and a freelance (Hélène) medical writer for a communications agency, we are involved in the writing and editing of conference highlight reports which are used to communicate the latest results from company-sponsored trials as presented at national and international medical congresses. In practice, this means that we mainly report from industry-sponsored symposia and related poster and abstract presentations. Our highlights mostly address post-marketing research and other drug-related information, but there has also been an increasing demand for covering news on other topics related to the therapeutic area of interest, such as genetic research, pathophysiology research, diagnosis and assessment, or non-pharmacological interventions. Pharmaceutical companies use our conference highlights for mailings to their target groups of specialists, as handout material to be distributed by their sales representatives, or as stand material at exhibitions. Most of our reports are distributed worldwide; translations in a variety of languages are therefore not an exception.

To be involved in 'our kind' of writing, you have to like travelling. We report from medical meetings around the world, and personal attendance at the meeting to be on top of the data is a must. We fully agree with Catherine that covering a congress is intense and programmes, especially those of meetings in the United States, can be loaded. To find our way around, we scan a congress programme in detail before we leave, and if needed, consult our sponsor for a detailed briefing prior to or at the meeting. Abstracts and symposia details are often available on the internet in advance of a congress and provide at least some insight into what to expect and to prepare for, and how much time the writing-up will take.

Whenever allowed, we use audio or video recordings to collect the information in order to reduce the risks incurred with note-taking. Video recordings or access to slides will also help in smoothing the review process once the draft version is finalised. In addition, we collect any other material that might serve as input to the report, such as poster handouts, press releases, articles and monographs. All our reports are reviewed by a colleague writer or editor before being sent off to the sponsor for comments and/or approval. This colleague is responsible for a careful re-check of facts and figures against the original source materials, such as abstracts, posters, slides or research articles.

In our view, a good conference highlight report is defined as one that conveys the sponsor's key message clearly and concisely by way of new and exciting data. The information should be complete, consistent, accurate and referenced, and provide a level of detail and transparency that allows the reader to assess the content critically and in perspective. The report should be written in a way that interests the clinician but at the same time meets the marketing standards of the sponsor and the formatting requirements of the publisher. This, together with structuring the data as gathered at the congress, can put a great demand on the writer's creativity. The vast majority of our reports cover only those clinical trials that are funded by the sponsoring company, but occasionally we are asked to include studies from other pharmaceutical companies as well. This raises the question of balance. Although there may be some pressure to leave out data from studies with less favourable results, it would always be our advice to clients to review all relevant data as presented at the meeting. This balanced approach adds to the credibility of the report, and hence to the value of its general message.

Over the few past years, we have been experiencing a shift from heavy promotional, one- or two-page newsletters to more in-depth, educational summary reports. Today, our reports are between 2,000 and 4,000 words and include 4-6 key figures or tables. Their style is narrative, and we try to include at least some quotes from opinion leaders in which they put the information in perspective. In the organisation we both work for, this change away from a newsletter format to more educational reports initially led to a debate whether writers should have a background in journalism with an interest in medicine (as they used to have until that time), or whether it would be best to start working with writers with a science degree with an interest in journalism. At the end of the day, it was concluded that both types of writers are needed to be able to produce newsworthy as well as in-depth and scientifically sound reports. For example, the work of 'true' journalists is greatly appreciated when sponsors request a report with coverage of breaking news from studies with high media exposure. Writers with a science background (like ourselves) are mostly deployed when topics drift away from the clinical arena and become more theoretical. It needs no further explanation that regardless of a writer's background, a prerequisite is the capacity for accurate and responsible reporting in a way that is appealing to a medical specialist audience.

What specific skills do you need to write congress reports for marketing purposes? The core writing and analytical skills are no different from those required for other types of medical writing. However, your style must be more journalistic and narrative. For those who would like to read more about medical journalism, we recommend the article

by Jo Whelan about journalism and science writing published in *TWS* [1]. To be involved in congress reporting you also need to be flexible and practical. Travelling puts demands on your social or family life and assignments may come at the last minute. Moreover, collecting the information can be quite challenging due to all sorts of practical and technical problems that will call for instant solutions. Your resources may vary at each congress, and audio recorders and cameras have a tendency to break down or run out of batteries at the most inconvenient time. Good social skills are a must to successful networking at a congress, as this is the place to meet current and future clients.

Do we like our jobs? Yes, we do! Over the past few years, we have followed the rapid development of scientific and clinical knowledge in a wide variety of therapeutic areas. Within certain limits, this has enabled us to select and to become more expert in areas of our personal interest. We have also been able to see many parts of the world (although we will not romanticise the travelling part), to meet interesting people from the fields of medicine and science, and to establish valuable relationships with new colleagues.

After reading all this, you may conclude that our way of report writing and that of Catherine Mary are essentially the same. From the 'investigative' perspective, this is certainly true. However, more so than with Catherine's approach, we need to focus on the sponsor's product and marketing strategy, and we constantly find ourselves in the area of tension between pharmaceutical marketing and medical science. Reporting at these crossroads appeals to a writer's ability to bring together two perspectives that by some are thought to be irreconcilable. In our experience it is possible by combining in-depth knowledge, good communication skills and creativity to produce conference highlight reports that are appreciated by all parties involved, marketeers as well as clinicians.

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The English-to-American Dictionary

I was not allowed to read Enid Blyton's books as a child because they were not considered literary enough—resulting in my hardly ever reading anything. And this was even before the lady was accused of racism, homoerotism and sexism. These later accusations led to her books being edited for modern children, who know about these things. Hence, gollywogs have been replaced by white goblins, Noddy no longer shares a bed with Big Ears and Dick and Fanny are now called Rick and Franny. Did Enid Blyton deliberately try to subvert young children by using these terms and scenarios? As a random test I decided to search the Internet to find out when 'fanny' was first used as an indecent word. Yes, I know this was a fairly pointless exercise. I did not find the answer anyway because I became side tracked when I stumbled upon the English-to-American Dictionary[1]. This dictionary is compiled by Chris Rae, a Scot, who after spending some time in America, realised that many words used by the Americans have different or rude means in common British usage and vice versa. With his dictionary he sets out to explain the meaning of common British slang words to enlighten naïve intercontinental travellers and also save them from embarrassment. He points out where different words are used for the same thing or the same words have different meanings on either side of the Atlantic. Some examples are given below. The button 'Links' also lists some interesting slang as well as British versus American English resources.

filth *n*. I ought to mention at this juncture that just because words are in this fine tome doesn't mean to say that I use them regularly. That said... *filth* is used in the UK as a slightly-less-than-complimentary moniker for our fine police force.

flog *v*. As well as the normal meaning of this (to beat viciously), in the UK this is a slang term for selling something—a bloke in the pub might *flog* you a dodgy car stereo, but you're less likely to find Marks and Spencer announcing in the press that from next week they'll be flogging a whole new ladies wear range. Americans might use "hawk" instead.

frog *n*. I suspect that including racist terms in here is going to start me getting a barrage of abuse. To Brits, I'm afraid to say, 'frogs' are French people. Of course, they are also little slimy green amphibians. Frogs, I mean, not French people.

one *n*. This is a rather antiquated British way of saying 'I'. You'd more likely hear your grandmother say "in my day, one didn't spit in the street" than your local crack dealer say "since Dave the train got knocked off, one's had to raise one's prices".

peckish *adj*. A person described as *peckish* is a little hungry. Only a little hungry, mind, not ravenous—you wouldn't hear people on the news talking about refugees who'd tramped across mountains for two weeks and were as a result a little peckish.

wonky *adj*. Possibly best described as a light-hearted way of saying 'not quite right'. You might say "My plans for the evening went a bit wonky"; you would not say "I'm sorry to tell you, Mr. Jones, but your wife's cardiac operation has gone a bit wonky".

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1. http://english2american.com/dictionary/f.html

Funding academic research: Two sides of the coin

By Moira Cockell

Academics working in the life sciences have traditionally relied on their immediate colleagues and peers for help with the editing stages of their funding applications and research reports, but there is a climate of change in the air. Throughout Europe, competitive mechanisms for the allotment of funds are currently attempting to better integrate the enterprise of basic research within the interests of society as a whole. To get published and obtain funding, academic scientists need to devote more attention than ever before to explaining the broader relevance and impact of their discoveries. These changes pose new challenges for scientists who do basic research. Can they maintain their intellectual rigour, the freedom to question accepted theories, the room to pursue curiosity-driven investigations, while accepting that their paymasters are correct to evaluate their work in terms of its contribution to society's needs? Will their investment in the marketing aspects of their profession come at the price of less time spent actually doing research? Medical writers have developed skills and methodologies that could help basic researchers in the biomedical science disciplines to rise to the challenges they face.

Science and society or science in society?

The pursuit of science for its intellectual value used to be the exclusive realm of the gentleman scientist of independent means. Today, largely thanks to public funding, the idealistic dream of a career spent pushing back the frontiers of knowledge, has come within the reach of intellectually motivated young men and women from all social strata. However, in exchange, society rightly expects that its citizens should have a say in evaluating what they get in return. The post war explosion in the size of the scientific workforce reflects a broad consensus in present-day society, that economic growth and scientific pre-eminence are inseparably linked. Like it or not, the principle reasons that basic research receives significant funding from the public purse are economic.

Throughout Europe, the US and Japan, as well as in the developing and emerging economies of Asia, attaining the targets for research and development (R&D) expenditure is an important factor of economic success. All governments recognise that the contemporary 'knowledge society' is a complex system that can sustain itself only by continuing to generate technological advances. The effectiveness of industry's expenditure on applied research and development depends on the continued flow of basic research findings. It also requires that academia furnishes the private sector with a steady flow of trained scientists and engineers. In return, the pursuit of academic research on today's 'industrial' scale, relies on the transient passage of graduate students, post-doctoral researchers and junior group leaders, through the laboratories of its universities, technical schools and research institutes. Academic research in Europe is largely carried out by a work force employed on fixed short-term contracts and innovation is stimulated by fierce competition for limited funds and the constant turnover of personnel. At the educational, institutional and governmental levels, a sustainable research policy depends on keeping the training pipeline flowing smoothly.

The changing composition of the funding landscape

However, many academics pursuing basic research in the life science disciplines perceive that the flow of resources is being diverted towards more applied research. They claim it is becoming ever harder to find the resources to maintain a research group with the critical mass to make progress in a chosen area of study and feel deeply frustrated at having to spend an increasing proportion of their time on the search for funds. A recent survey backs up their subjective impressions, with evidence of long-term public sector under-funding in European countries [1]. Statistics from many national funding agencies as well as from charities and industrial foundations tell the same story; in recent years, the total number of applicants has increased significantly more than the funds available, while the proportion of quality ratings has remained stable or improved. The inevitable result is that the percentage of highly rated applications that are funded from such sources e.g. [2, 3] continues to decline. Incidentally, this also means that reviewing time allotted to individual grant requests has shrunk in recent years. For instance, assessment of European Molecular Biology Organization (EMBO) postdoctoral fellowship applications for the year 2004 reputedly allowed for an average of less than five minutes inspection per applicant in the first round of selection.

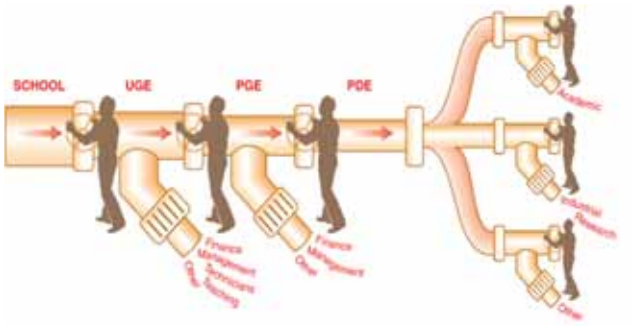
Over the last two decades, the European Union (EU) has become a major player in the distribution of research funds. Its funding policies reflect a general trend that is set to continue at both the national and international levels. In every research discipline, the emphasis has shifted to supporting translational research, i.e. the flow of intellectual capital from academia to the wider world. Nowhere is this shift more obvious than in the expensive, post-genomic, systems biology era of biomedical research.

The overall target for European R&D spending by 2010 is to attain 3% of GDP, with two thirds of that figure projected to come from private sector contributions. Some academic scientists fear the trend as a dangerous one that threatens to stifle curiosity-based research. Pragmatists see it as an opportunity to strengthen problem-driven fundamental research in the areas of most urgent concern to humanity. Many academics are simply still bamboozled by the administrative hoops they are required to jump through in order to construct, submit and execute an EU funded project.

European Framework Programmes

The main political instruments for the EU funding of research and development are called the Framework Programmes (FP). FP6 has overseen the distribution of 20 billion euros during its four-year term of activity. Its successor, FP7 recently entered its implementation phase having completed the two-year long procedure for adoption and approval by the European Parliament in November 2006. During its seven-year lifetime, it will administer EU budgeted research funds of 54 billion euros. In conjunction with the Competitiveness and Innovation Framework Programme, FP7 will focus on measures to reorganise the currently fragmented manner in which the bulk of other research funding provided by EU industry, international research bodies and the 27 Member States with national research policies, is spent. The political aim is to foster the EU industrial sector's ability to compete in R&D with the US and Asia. A major part of the plan to achieve this involves developing a more coordinated life sciences funding approach and improving interaction between the academic and private sectors. In theory, the goals of FP7 appear laudable: encourage sharing of resources and information; eradicate duplication of effort; avoid lack of critical mass, coordinate evaluation and distribution of resources to favour interdisciplinary approaches. However many academics remain sceptical, arguing that economies of scale achieved by polarizing basic research into 'Networks of Excellence' and 'Technology Platforms', will lead to large infrastructures from which it will be difficult to disengage when they become obsolete.

The future of European basic research funding does not look particularly rosy for the foreseeable future, but given that its status inevitably depends upon other economic indicators this should not come as a shock to us. Whether the increasingly structured EU policies will succeed in stimulating the new wave of private investment that is hoped for remains to be seen. In practice the changes in spending mix between the public and private sector are already upon us and they are not about to disappear. To avoid the distribution of the available funds becoming a lottery, scientists throughout academia urgently need to respond by better structuring of their approach to project management and the acquisition of funding. For academics used to the single-minded pursuit of their specialist interests it seems a daunting task, but those who have been most successful in exploiting the funds awarded in FP6, provide organisational models for what works best. There are also plenty of lessons to be learned from what hasn't worked.



(reproduced from [1] with permission)

Figure 1. The Training Pipeline: Key stages are identified as valves in the pipeline, allowing appropriate skills to be drawn off at appropriate stages. Action to tighten or loosen the pressure at these key decision pointswill affect flow positively or adversely.

UGE - Undergraduates, **PGE** - Postgraduates, **PDE** Postdocs

Future challenges and opportunities

The FP7 programme is a complicated entity. Understanding how to deal with it demands an input that tends to put many academics off proceeding further, at least while they feel they still have options to try for other funding sources. It is easy to be turned off by the jargon and the acronyms that abound even in the best online guides to EU research funding [4, 5]. Trying to grasp where concepts such as the European Technology Platforms (ETPs) and Joint Technology Initiatives (JTIs) fit in the overall scheme can make one feel like a confused elderly person who keeps asking "exactly where is the internet?" Nevertheless, in return for a small investment of time spent exploring some of the key information, there has been potential to influence the prioritisation of funding since the earliest stages of the political process. Academic researchers were invited to step out of their ivory towers and participate in the political debate about what gets funded. How many afforded themselves the 'luxury' of doing so is another matter.

Specific portions of the FP7 budget are allocated to four sub-programmes, through which the funds will be distributed. The 'Cooperation' sub-programme will assess requests for funding under nine different thematic areas (including Health), Some health-related research projects will also qualify for submission within the three other sub-programme categories ('Ideas', 'People' and 'Capacities'). Other funds have been set aside for the development of technology platforms, around 30 of which have been created to date. Among those related to the biosciences sector, the IME (Innovative Medicines for Europe) and NanoMedicine (Nanotechnologies for Medical Applications) platforms have been charged with developing strategic research agendas and mobilising additional investment in their area from public and private resources. Such technology plat- >>>

>>> Funding academic research

forms will primarily be led by captains of industry, but the decision-making teams are also composed of influential representatives from academia, regulatory authorities and other stake holders. In certain cases it is estimated that the scale and timeframe of a public-private partnership's strategic research agenda requires a dedicated legal structure to achieve high risk, long term aims. In such instances, the European Technology Platforms will oversee the creation of Joint Technology Initiatives such as the one now in the process of creation for 'Innovative Medicines' [6]. The JTIs will be expected to compete for EU funding through the 'open competition' mechanism of the FP7 structures.

With the exception of a small number of individual awards granted through the medium of the recently created European Research Council [7], both the submission of FP7 applications and the execution of successfully funded Framework Programme projects will impose an enormous administrative burden. The risk of application failure is so high that the enterprise is not one to be taken on lightly. Based on the statistics for FP6, approximately 80% of FP7 applications received are likely to be rejected. Superimposed upon the obligate requirements for scientific excellence and the need to fit within the remit of tightly pre-defined guidelines defining the research topics that are eligible within each call for applications , there are quota assessments based on broadly political criteria. To be considered for evaluation, projects must involve research partners in a minimum number (usually three) of the different Member or Associate Member States. The more countries represented in a scientifically excellent consortium, the better its chances of being favourably considered. To be in with the best chance, a proposal must also gain consistently high evaluation scores for criteria such as transdisciplinarity of approach, gender balance of applicants and should demonstrate an element of academic-private industry partnership.

One of the major changes between FP6 and FP7 is that individual research consortium members will now have to draw up and administer legally binding contracts with each other as well as with the EU. Another is that many logistical and administrative tasks associated with funding application submissions will now be outsourced to third parties instead of being managed by EU staff. The project proposal and the subsequent progress reporting, needs to coordinate and harmonise the technical inputs from many people, each with expert knowledge in a different area. Throughout the many stages of the application and the reporting procedures there are mandatory templates for different document submissions. As the processes of application and intermediate reporting become increasingly geared to online submission, it is rapidly becoming obligatory to do so. The guidelines for completing applications correctly, amount to a paper mountain several meters high. The penalty for not completing all the paperwork within the tightly defined deadlines after publication of a call, is immediate rejection of the application. Simply put, both the benchmarks and the target audience for evaluating FP7 applications are somewhat different from the ones that most basic researchers have much experience of. Many academic scientists view the prospect of acting as an FP7 project coordinator with trepidation, having neither the time nor the inclination to invest in blending and distilling multiple inputs into a formally styled synopsis that is concise, accurate, comprehensible and appealing to reviewers from a broad spectrum of expertise. This remains true despite their growing acceptance of the need to communicate the value of their work outside the realm of their peers. In brief, academics (at least in the biomedical sciences) who are tempted to act as project coordinators are beginning to recognise that they can benefit from the help of intermediaries with analogous skill sets to those of medical writers with experience of the pharmaceutical industry and its regulatory procedures.

An affair that reflects badly on all players

"What have we learnt from Vioxx?"[1] is an article that should be read by everybody working in the pharma industry or in biomedical publications. See also 'NEJM "failed its readers" by delay in publishing its concerns about VIGOR trial' in *BMJ* 2006;333:116.

1. Krumholz HM, Ross JS, Presler AH, Egilman DS. What have we learnt from Vioxx? *BMJ* 2007;334:120-3.

Do you know the feeling?

"Once or twice recently I have looked up a word in the dictionary for fear of being again accused of coining, and have found it there right enough–only to read on and find that the sole authority is myself in a half-forgotten novel".

Thomas Hardy

Worth reading

EMWA member Diana Taylor has spoken at industry conferences in the USA and Europe. Since 2003 she has led seminars and workshops on medical writing and communication across Europe. Her work from Sofia to San Francisco has been crystallised in *Healthywords* a recently published book that promotes the means towards a betterment in communications across the drugs industry. (*"The analysis and reflection is mature and reveals a lot of knowledge and good judgement. Impressive"*, sample feedback from City University, London).

Book details are readily available through the Internet search code: HEALTHYWORDS.

Who will pay?

Until now there has been a major problem with the idea of incorporating an intermediate tier of administrative help for preparation of funding applications, project reporting and project management. With most 'traditional' research funding being specifically earmarked to pay for salaries, consumables, or large infrastructure, there has been essentially no money available in academia to pay for such administrative services. At least one aspect of the problem is on the way to being resolved. A novelty in FP7, is the allocation of 7% of the total sums awarded for administrative costs of the successful applicants. However these funds will only be paid upon satisfactory completion of research contracts that often have a timeframe of several years. The issue of how to pay for writing services that can facilitate success in the first place is a problem that can only be resolved on a case-by-case basis. It is one that will require ingenuity, a pioneering spirit and the recognition that professional writing skills can only bring added value to sound projects of high scientific quality. There are hopeful signs that institutions wishing to seriously encourage their tenured staff to seek EU funding will be prepared to support some of these costs in future. The next problem encountered is likely to be where to find the highly skilled help that is required. Researchers in Switzerland, an associate member of the FP7 programme, have only recently acquired the right to act as coordinators for EU funded grants, and there still seems to be a dearth of interest from people with the scientific background and the writing skills to fit the bill. In fact throughout Europe there are very few schemes specifically designed to feed this branch of the training pipeline.

Are the EU policies an imaginative, holistic solution to fostering the progress of research and increasing its value to the community at large or is there nothing more behind them than a slick and expensive propaganda exercise? If, as scientist-writers we want to make it work, it's up to us to tailor solutions to the organisational problems that stand in the way of success. We need to learn the value of a whole range of communication skills and use them to promote the pursuit of knowledge without it resulting in a dumbing down at the cutting edge of science.

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7. http://cordis.europa.eu/news/focus/home_en.htmlEuropean research Council Work Programme 2007 (draft version published by the Scientific Council of the ERC on 28 10 06) http://erc.europa.eu

English FAQs:

Is it wrong to write: 'The hydrochlorothiazide patients (or group) had a mean BP of …', or do I have to say: 'The hydrochlorothiazide-treated patients had…', 'The patients in the hydrochlorothiazide group had …', or 'The patients treated with hydrochlorothiazide had …'?

Using a drug name (or therapeutic method) adjectivally to describe a patient group is not wrong. On the contrary, it is an expedient way of describing one of the groups in a clinical trial. Adding the suffix '-treated' after a drug name or placebo used adjectivally in this way is also not wrong, but it does not enhance understanding, lengthens the text unnecessarily, and insisting on it is pedantic. Being constantly faced with '-treated' when it is perfectly obvious that the patients were treated is also very wearing on the reader. In the mountains of documentation we produce, every opportunity to be concise (while always preserving comprehensibility) should be exploited. The other two solutions are, of course, also perfectly acceptable, but they are very much longer.

Alistair Reeves
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English FAQs:

Is 'in the pipeline' jargon?

When you are speaking, use 'We have the following products in the pipeline' as often as you want. When writing in our context, I always prefer: 'We have the following products under (or in) development'.

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Sicut

Often authors are encouraged to use an English rather than a Latin word in scientific writing but sometimes there is no exact equivalent of the Latin word in English. The Latin word sicut, known better by its abbreviation sic., is such an example. Roughly it means 'thus, so, just as'. It is usually written in italics and printed in square brackets after quoted words to indicate that a mistake made in the quote was originally made by the writer or speaker being quoted.

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Who's watching whose ethics? Slanted reporting of the medical writer's role in the *Neuropsychopharmacology*-Cyberonics case[1]

by Karen Shashok and Adam Jacobs

Medical writing got some attention from the lay press, science mags and blogs during the summer of 2006, but it was mostly negative in slant, and mostly based on a misunderstanding of how medical writing can work under ideal circumstances.

What was the problem?

An article published in the News section of *Science* on 4 August 2006 [1] caught the attention of one of us, who felt that the item passed judgement unfairly on the role of Sally Laden, a professional medical writer. Ms Laden had been involved in the preparation of a review article that was published in a pharmacological subspecialty journal without proper disclosure of the authors' conflicts of interest. The review article suggested that vagus nerve stimulation with a device manufactured and sold by Cyberonics [2] is a potentially useful treatment for depression [3]. The news item in *Science* seemed to suggest that the medical writer, whose role was explained in the Acknowledgements, had behaved unethically.

Which journal was involved?

Neuropsychopharmacology, the official publication of the American College of Neuropsychopharmacology, is published by Nature Publishing Group (NPG). Doctor Charles B. Nemeroff was editor-in-chief at the time of the "Sally Laden affair" and also one of the named authors of the article in question. A few years previously the eminent and powerful Dr Nemeroff, an expert in treatments for depression, had been involved in a similar incident over undisclosed conflicts of interest relating to an article in *Nature Neuroscience*, another NPG journal [4]. He was accused then of choosing not to declare to the journal his many financial ties with pharmaceutical companies that market some of the products mentioned in that review.

For the review article that appeared in *Neuropsychopharmacology*, Nemeroff recused himself (as is appropriate) from editorial review. When asked later why his (and the other co-authors') conflicts of interest were not published, he answered that their omission had been due to an oversight. And what an oversight it was—eight of the nine co-authors of the item were, at the time, both members of the journal's editorial board and members of Cyberonics' advisory board [5]. (The ninth co-author was, as noted in the byline, a Cyberonics staff member.)

Medical writers support good publications practices

The European Medical Writers Association works hard to convince editors and the public that medical writers should not be assumed to practise blind obedience to the pharmaceutical and medical device industry. Moreover, guidelines are available for the industry regarding appropriate, public recognition for medical writers [6,7]. Nowhere in the Instructions to Authors or Authorship Disclosure Form for *Neuropsychopharmacology* [8] is there any mention of appropriate acknowledgement in the manuscript of writing or editorial assistance. We assume, then, that the medical writer was mentioned in a laudable attempt to uphold professional standards of transparency, accountability and responsibility for medical writers. Ironically, this attempt earned Ms Laden some undeserved and widely publicized criticism, rather than praise for upholding professional ethics.

Did the pundits overreact?

The pharmaceutical and medical device industry is rightly now a target of frequent journalistic scrutiny. Medical writers are sometimes presented as wishing to abet their employers' commercial objectives by misleading editors, prescribers, and the public about the benefits of Big Pharma's products. *Science*'s reporter may have been swept along by the current fashion of assuming that everything connected with the industry is unethical, and she quoted Drummond Rennie—well known for his critical stance against pharmaceutical company involvement in research publication—as saying "It is very bad scientific and ethical practice to have a nonauthor write the first draft."

In fact, Ms Laden's role, and the fact that the authors maintained final control over the content, were reported in the Acknowledgements section in these words [3]:

> We thank Sally Laden for editorial support in developing early drafts of this manuscript. We maintained complete control over the direction and content of the paper. Preparation of this report was supported by an unrestricted grant from Cyberonics, Inc.

Ms Laden was quoted in *The Wall Street Journal* as saying "This was not a ghostwritten project. I was just the facilitator." *The Wall Street Journal* noted that she developed the

1 This article has also been published on www.emwa.org where it includes a copy of the follow-up email sent to *Science* on 1 November 2006 and the article's reference list.

first draft "with materials from the company's advisory board meetings" and that the manuscript "went through many revisions based on edits and suggestions by the listed authors" [9,10].

So what was there to criticize? From published accounts and from the wording of the Acknowledgements, the evidence suggests that she did her job in compliance with current professional guidelines for good practice, and that her role was acknowledged appropriately in print. Some critics complained, however, that there was no explicit mention of the fact that her fee had been paid by Cyberonics, and insisted stubbornly that the paper had been "ghostwritten" [11-14]. It must have been a harrowing experience for Ms Laden to have her reputation trashed unfairly in major print and electronic media.

Attempts to offer the medical writer's point of view

Some of us wrote to *Science* [15] to point out that their article seemed to be shifting the blame away from the authors of the article and onto the medical writer. After all, the lead author of the contested article was also editor-in-chief of the journal, and most of the other co-authors were also members of the journal's editorial board. Moreover, all co-authors were either employed by Cyberonics or were members of the company's advisory board. Editors-in-chief have a responsibility to ensure that journal procedures relating to ethics issues are implemented consistently. Clarification of the co-authors' conflicts of interest appeared in a later Correction to the original publication [16], after journalists and others protested publicly about the blatant violation of publication ethics [9,10,14].

We never received a reply from *Science*, so after two and a half months we e-mailed the author of the News article and the Executive Editor of the journal to inquire whether they might wish to consider offering readers a more balanced account of the medical writer's involvement, and of efforts from within the profession to ensure high ethical standards of conduct. No reply was received. We then attempted to notify the journal that we intended to withdraw our letter from consideration and attempt to publish it elsewhere—but the automated answering service at the editorial offices of *Science* made it impossible to communicate with a human being, and their on-line interface for authors proved unsuitable for Letters to the Editor.

Having waited more than five months as of this writing for a reaction from the journal, and having taken all reasonable measures to avoid unintentional duplicate submission or redundant publication, we feel we can safely assume *Science* has decided not to publish our letter, so we are reproducing it here (see box). The e-mail in which we enquired about the fate of our submittal, and references for this *TWS* item, can be viewed in the online version of this article.

Copy of Letter submitted to *Science* on 15 August 2006

Transparency for industry-funded research

SCIENCE IS RIGHT TO BRING TO LIGHT this case of failure to publish a conflict of interest statement involving the editor-in-chief and members of the editorial board of a specialty journal *(1)*. Given the direct involvement of the authors in the journal (and presumably their long experience in these matters) it is disappointing that such an oversight was not spotted at proof stage. However, as professional medical writers and author's editors we take exception to the implication that the medical writer who helped prepare the manuscript was guilty of "ghostwriting" and that her involvement in developing the article was, of itself, inappropriate. The Acknowledgements section of the article suggests that the medical writer was appropriately credited, by name, for her work *(2)* whereas a true "ghost" must by definition remain hidden. The writer (Ms Laden) has also explained how the manuscript was developed "based on edits and suggestions by the listed authors" *(3)*. The process appears to have complied with the guidelines for professional practice of the European Medical Writers Association *(4)*—a document developed to ensure transparency and accountability on the part of both hired writers and named authors, and which is cited in the instructions of several journals including the *BMJ*.

The issue in this case is not whether Cyberonics hired a professional writer to develop the article. The issue is whether appropriate procedures were followed at the editorial office of *Neuropsychopharmacology*. We feel it is wrong to focus attention on the medical writer when the fault in this case clearly lies with the journal and the named authors.

Adam Jacobs,[1] Elizabeth Wager,[2]* Karen Shashok[3]

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Competing interests

AJ, EW & KS provide medical writing, editing and translation services for pharmaceutical companies and individual researchers. AJ and EW developed the EMWA guidelines. AJ is the immediate past president of EMWA.

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>>> Who's watching whose ethics?

Consequences for the editor, the journal, the medical writer...and good publications practices?

Doctor Nemeroff decided in late August 2006 not to stay on as editor-in-chief of *Neuropsychopharmacology* after that year [17], as the journal' reputation was being tarnished by the incident. Since the 2006 incident, the Editorial Policy section of *Neuropsychopharmacology*'s Instructions to Authors has added links to tables that list various types of relationships between editorial board members and commercial concerns which could give rise to conflicts of interest [18]. It's a step in the right direction, although readers of articles that appear in the journal may not realize they should consult the tables unless articles authored by members of the editorial board contain explicit notification that information about potential conflicts is available online. A clear description of authors' conflicts of interest in the article itself is a better way to alert readers to this source of potential bias.

Meanwhile, we wonder whether Ms Laden's unhappy experience will help or hinder attempts by medical writers to ensure appropriate acknowledgement of their role in preparing material for publication. Transparency and accountability are desirable, and the same ethical standards should apply to all. We hope that Ms Laden's experience will not discourage colleagues and their employers from trying to follow the EMWA [6], AMWA [19], and the Good Publication Practice guidelines [7], in efforts to ensure transparency. We also hope that editors and publishers will examine their own processes and consciences before pointing the finger at the medical writing profession when questionable behaviours come to light.

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We thank Elizabeth Wager for inspiration; this material could not have been written without the publications and guidelines she helped to develop for good professional practice.

PLoS Medicine asks: Are we publishing 'The Right Stuff'?

Needless-to-say the title of this editorial [1], coming from one of the top Open Access journals, attracted my attention. I am pleased that it did because it is an article worth reading. It refers to a major study on predicted trends in global morbidity and mortality published in the same issue of the journal [2] and asks whether the journal is publishing research studies that address the conditions relating to these causes. The study updates the Global Burden of Disease Study published in 1996 [3]. The leading causes of burden of disease in 2030 are projected to be HIV/AIDS, unipolar depressive disorders, ischaemic heart disease and road traffic accidents. Looking at the study as a whole the editors are satisfied that their journal has covered HIV/AIDS but believe they need to publish more research on cardiovascular disease, diabetes, mental health, road traffic accidents and chronic obstructive pulmonary disease. But only research that has been done can be published and the greatest global needs are sadly not those that receive the greatest attention. The editors remark that only 10% of expenditure on health research is devoted to the problems that primarily affect the poorest 90% of the world's population [4]. They conclude that although factors such as international conflict cannot be brought into the calculations, many institutions and individuals would need to 'do the right stuff' and develop constructive policies if optimistic projections are to be realised.

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This article raises issues that need to be discussed by all medical writers!

Medical writers are invited to write to *TWS* with their views on the extent to which medical writers are responsible for ensuring that authors comply with authorship guidelines issued by editor organisations (www.icmje.org, www.wame.org) and instructions to authors issued by individual biomedical journals. Views about ethics relating to medical writing in general are also welcome.

Ghosts exocised from Stanford Medical School

Stanford Medical School has introduced guidelines to regulate faculty members' interactions with industry, which include a ban on ghostwriting. Under the heading 'Disclosure of Relationships with Industry' individuals are prohibited from publishing articles under their own names that are written in whole or material part by industry employees.

http://med.stanford.edu/coi/siip/policy.html#iv

My journey to freelance medical writing

By Samina Hamilton

I've arrived! I own my own business. I'm running a limited company of … one. Yes, I am a freelance medical writer—ta da! OK then, no drum roll, but I would like to explain how I ended up here.

The timing of the November 2006 European Medical Writers Association (EMWA) meeting in Brussels was what you might call perfect. It was my first meeting as a freelancer, although not my first altogether. I had just taken the plunge on 1 October 2006 and felt poised, but for what I was not sure. I certainly felt different—liberated even—and I was keen to pick up as many tips and meet as many people as I could in three days. This was my chance to learn about freelancing from the experts. In engaging with my peers, I was struck by the varied routes possible to the same end, more or less. We all know the job comes in many guises—regulatory writing or medical communications; clinical research organisation (CRO) or pharmaceutical company; office- or home-based; full- or part-time; salaried or freelance. My own journey went something like this.

As a postdoctoral virologist in 1994, I woke up one morning and realised that as I didn't want to lecture, it was probably time to extricate myself from academia. I didn't see myself as a 'career postdoc' beavering away in the lab for years for the sheer love of it. I did, however, enjoy the logic and discipline of science and decided that rather than reinvent myself completely, I would take the path of clinical, as opposed to academic research. It turned out to be the best career decision I ever made, or rather fell into.

I joined a small, Berkshire-based CRO in 1994 as a field-based clinical research associate (CRA), working from home in Newcastle Upon Tyne in North East England. I worked long hours, driving thousands of miles a year, to visit investigators based across the north of England and southern Scotland. I facilitated the collection of accurate trial data through meticulous attention to detail and gained an applied insight into Good Clinical Practice (GCP) guidelines. I was keen to progress my career, despite having made a decision to stay in Newcastle, because of my husband's job with Northumbria police.

At the time, CROs did not employ field-based clinical project managers (CPMs). The feeling was that this job could only be properly performed in-house. My salvation was a supportive middle manager who realised my potential, coupled with my being a noticeable cog in a small company machine. I became involved with developing company Standard Operating Procedures (SOPs) and wrote all the manuscripts for publication that the medical writing group landed contracts for. Eventually, my support of the growing company was rewarded and the position of field-based CPM was borne.

The small CRO environment was a hard and fast training ground where the full range of project management skills was learned quickly. I regularly worked a 60-hour week, particularly when multiple studies were ongoing simultaneously.

Life for me moved on, and I became pregnant in June 1998. A few months on, I realised I couldn't keep up this pace of work and travel and also look after myself and our growing family properly. The company offered me the position of senior medical writer with the option to work part-time on my return from maternity leave, following the birth of my son. I came back to work in 1999 to find we had been taken over by a large CRO and I was now working for a global company with 2500 employees worldwide. It was the fastest route from a small to large CRO, and an invaluable career progression for me, although at the time it did not feel like it. Two years and a baby girl later, I was promoted to the position of clinical scientist. Over the sometimes turbulent following five years, I found myself in the position more than once of supervising the UK medical writing group in the absence of a manager. Later on, following re-organisation, I was charged with running the UK medical writing group. During this period, I honed my skills in business and finance. Success in this role, coupled with increased personal financial stability, convinced me that I could make a real success of freelancing.

First steps: It's all in the planning

Rather than tumbling into freelancing, unlike some of my other career 'decisions', this was more of a well-organised military operation! Too much was at stake for any other approach.

May 2006

I made my final decision to freelance in May 2006. With our youngest due to start school in September 2006, I would be free to start out on my own shortly afterwards.

I immediately did some 'back of an old envelope' calculations and we set aside 6 months' worth of emergency cash in a high interest account.

I proceeded to interview various candidates for the job of handling my accounts. I found an independent freelancer, Lynne, who understood my aspirations and seemed to fit the role perfectly.

I spoke to the three medical writing freelancers I already knew and asked if, in their opinion, there was sufficient available work to support a newcomer. I also subscribed to InPharm.com Job Alerts received directly in my 'in-box'. These began to roll in, sometimes thrice weekly. I was

>>> My journey to freelance medical writing

gaining a real feel for the type and volume of work that was out there. Having satisfied myself that the freelance market was in good shape and that I had the skills and experience to take a decent share of the cake, I bought a computer and started to investigate locally available resources.

Project North East (PNE) is a government-run agency which supports the start up of small businesses based in North East England. I was assigned a business counsellor, Christine, who immediately advised me to write a business plan. This extremely worthwhile exercise brought my goals into sharp focus. Alistair Reeves' (EMWA Freelance Coordinator) willingness to share with me the results of the EMWA 2003 freelancers' survey was particularly useful at this time. The sourcing of information, researching my market and detailed financial forecasting that went into developing the business plan, forced me to be absolutely realistic about my expectations and targets from the outset.

June 2006

PNE also rather helpfully offered me 30 hours of free information technology (IT) support, and so I met my 'IT guy', Jonathan. He not only ultimately helped with my office set up, but as a web designer, he encouraged me to consider my need for representation on the Web. At this point I realised that I needed to take a step back and at least name my company and brand it before launching into cyberspace.

I wanted to trade on what I saw as my greatest asset which was my established name as a medical writer. I developed clean, simple branding to complement my chosen company name 'Sam Hamilton Medical Writing Services'. Three days later, I had created my website text and Jonathan designed the site in a colour palette to match my branding. The resulting website was sleek, professional and instantly recognisable as mine.

I applied to Companies House for a certificate of incorporation using my chosen company name.

At the end of the month, I sent my letter of resignation to my employer. I was on a 3-month period of notice. By biding my time and not resigning immediately, I had assured myself a salaried month following my August summer holiday.

July 2006

My website went live in July 2006. Good timing for my first batch of announcement emails to old colleagues in the business who had moved on and up. My twelve years in the CRO sector, eight as a writer, meant that my contacts were now relatively widespread and a number were in key decision-making positions, luckily for me. With my web link in my email signature, prospective clients could not only see my experience and capabilities at a glance, but also a showcase for my writing ability.

I applied for a Newcastle City Council small business grant and was awarded 50% match funding for my anticipated hardware costs. The funding could not be back-dated, so I was glad I had held back on purchase of all items except the computer and basic software package. I set about buying all remaining required hardware and software over the internet which was by far the cheapest source for all products. Jonathan returned, and together we had my state-of-the-art wireless office up and running by early September.

I ordered my business cards—branded, of course!

September 2006

After a memorable and relaxing month in France with my family spent cycling, walking and generally recovering from the intense activity of the previous couple of months, I came home renewed and ready to meet further challenges head-on.

I opened a business bank account, having found one which levied no bank charges providing the account remained in credit.

I had preliminary dealings with the HM Revenue and Customs. I applied for a value added tax (VAT) number which would enable me to reclaim the VAT I had paid on my equipment purchases and offset this against any VAT I would be charging clients and handing on to 'The Revenue'. Throughout, I took advice from Lynne, so that I should not fall unintentionally foul of any tax-related responsibilities. I made arrangements for private healthcare and pension provision.

I reminded old colleagues of my impending start date, eager for the month to pass.

Open for trading

October 2006

On 1 October 2006, Sam Hamilton Medical Writing Services Limited was launched. I was lucky enough to have work from Day 1 with two contracts executed for October. I prepared slide packs for the business development team of a new medium-sized CRO which was borne from the merger of two smaller CROs. The company was to re-launch using my slides. Being a regulatory writer, I had not done this type of work before, and the change was refreshing. My other piece of work was a more familiar literature review.

I accelerated and diversified my business development activities and entered negotiations with a large pharmaceutical company over a potential preferred provider role.

November & December 2006

After EMWA Brussels, I followed up a number of leads and started to plan out potential business for quarter 1, 2007.

The preferred provider contract with the large pharmaceutical company was executed and I began work on my first report for them. Reporting this trial continues into January 2007 and beyond.

I focused my efforts too on developing a relationship with an expanding statistics and data management group, as I realised that at least a couple of preferred provider-type agreements could free me up from the more intense business development activities in the medium to longer term.

I set up spreadsheets and made sure my records of business expenditure and income were absolutely accurate on an ongoing basis, to ensure no panic arose when records were required for accounting.

I filed my first VAT return—it wasn't all that difficult.

Industry standards dictate that clients are invoiced at the end of the month and 30 days is allowed for receipt of payment. Finally, therefore, in the first week of December, I received my initial earnings from the business. Hurray!

I secured two pieces of unexpected work in December: a feasibility report for a university-based organisation and

part of a study report for a client experiencing last-minute resourcing problems… and all whilst keeping on top of the children's numerous end of term Christmas activities!

Quarter 1, 2007 holds some promise with a few good leads, but I am largely living from one day to the next. So far, I cannot quite believe my luck. It's been something of a whirlwind experience to date and I feel I'm still running on pure adrenaline. Whatever 2007 may hold, I'm secure in the knowledge that the 6 month stash of cash is still available…

So would I do it all again? Yes, like a shot! I have surprised myself by meeting each challenge as it presents itself, I have greater flexibility and I have gained a sense of real empowerment. I relish the prospect of the year ahead. If you would like to follow my progress during my first year of trading, look out for my articles in following issues of *TWS*.

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The Viennese coffeehouse

I can't let you come to Vienna without telling you about our coffeehouses. Vienna is famed for its coffeehouses, even Starbucks was inspired by the Viennese coffeehouse. Austrians consume an average of over 8 kilos of coffee beans per year each-much more than Italians. Alfred Polgar (1873-1955), dramatic, essayist and theatre critic, described typical coffeehouse habitués as people whose hostility towards man is as great as their desire to be with people who want to be alone. This is the joy of a coffeehouse, the concept of sitting there alone without feeling self-conscious and pleasing yourself by catching up with the news (newspapers and magazines kindly provided by the establishment), reading, writing, working or dreaming. We have the Turks to thank for all of this. When they scuttled away from their siege of Vienna such was their hurry that they abandoned huge sacks of coffee beans in their camps. A Pole, George Kolschitzky, claimed the bags of coffee as compensation for his services as a spy for the Viennese. He opened the first coffeehouse in Vienna (also the first in Europe) in 1683.

In the coffeehouses you will mix with students, working//business people, politicians, tourists and meticulously dressed old ladies (relicts of a frightfully old fashioned era), in fact with everyone. The waiter (Herr Ober) in his black tuxedo and bow tie will often be finer than the guests, to quote my husband.

I do not go to coffeehouses for cakes. If I feel like a cake I pop into Konditorei (patisserie) Heindl on Kärntnerstrasse for a Wiener Mädel (Viennese girl) torte. In a coffeehouse I order an apple strudel with Schlag (whipped cream) and at lunchtime a Vienna Eintopf (clear soup crammed with vegetables with a memory of meat). When I first arrived in Vienna I used to meet my German teacher regularly in a coffeehouse for lessons. Now if there is time to kill before an appointment a coffeehouse is the place to work. Whole manuscripts are regularly edited in coffeehouses. Nobody comes and asks you to move. The minute you sit down you become part of the furniture. After my Melange (ask for this if you want a cappuccino—Viennese 'Cappuccinos' are drowned in whipped cream) has arrived on its metal tray together with a glass of tap water waiters rarely bother to make further enquiries. Waiters can be terribly snooty. Don't be surprised if they ignore your efforts to attract their attention. Even when it comes to paying they ignore you until you shout 'Zahlen Bitte' (pay, please)—loudly.

I have my favourites of course. With the exception of Café Central[1] I avoid tourists' haunts. Café Central is such a beautiful building with its pseudo-Gothic vaulted ceiling painted in soft hues that any number of tourists could not deter me. Besides I have a sentimental attachment to the place. It reopened after 43 years of dereliction the very year I arrived in Vienna. I never tier of seeing Peter Altenberg, a poet, immortalised at a table by the entrance. There's a fair amount of mileage to be gained by watching tourists when they realise he is not for real. He was a regular patron and even gave the establishment as his postal address. To mention only a few of his colleagues Arthur Schnitzler, Adolf Loos and Oskar Kokoschka were regular guests and Trotsky, Lenin and Stalin sat together in Café Central. Sigmund Freud and Anton Bruckner preferred the elegant Café Imperial. This offers the Imperial Torte as a culinary delight, which competes with the Sacher Torte as a souvenir to take home with you. Otherwise when I am alone I go to Café Tirolerhof. It's nothing special but their apple strudel is good. For meeting business partners I invariably plump for Café Landtmann. It's central and has a respectable cliental of business people, politicians and journalists befitting the Biedermeire banquettes—naturally the waiters are of the snooty variety. Sometimes I meet friends in Café Schwarenberg, where the genuine atmosphere and small tables next to the window are appealing. Café Frauenhuber, a civil servant's haunt, is also a genuine article. By contrast Aida is a utilitarian coffeehouse chain, but many Viennese consider they serve the best coffee. A colleague regards her local Aida as her second sitting room.

Café Hawelka with its bohemian element is as tatty as it is famous, but far too smoky for me. Its owners have shown wisdom by resisting redecoration. Café Diglas although tastefully restored lost the intellectual and artistic clientele of its heyday through revamping. The Viennese are not too fond of change. Probably this is why the coffeehouse survives.

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1. All coffeehouses mentioned are in the first district

In the Bookstores...

A delightful book worthwhile adding to the bookshelf

By Wendy Kingdom

Martin Cutts. Oxford Guide to Plain English, (second edition). Oxford University Press, 2004. ISBN 0-19-861011-4. GBP 5.99. Euro 9.35.

The author of this compact book is the research director of the Plain Language Commission. We constantly receive written information from tax offices, insurance companies, lawyers etc. Many of these communications are distressingly difficult to understand. When you download software and are asked to read the licensing agreement, do you give yourself a headache by attempting to understand it or do you, like me, just tick the little box and hope for the best? Our lives are full of legalese and gobbledegook.

What does this have to do with medical writers? Well, judging by the number of times that I struggle to write the methods of a study report when the only information that I have is the protocol, rather a lot. And as for patient information leaflets, many of us really seem to think that we can write these by just copying chunks of the protocol or the Summary of product Characteristics and making some of the long words shorter.

The Oxford Guide to Plain English "is not about the writing of novels, plays, poetry or newspapers. It focuses on 'essential information'". Therefore, although the examples that are used in the book are mostly taken from everyday consumer affairs, it is easy to understand the lessons and to see how they can be brought into medical writing. For example, a bus driver took matters into his own hands when confronted with the company handbook. Instead of 'Ensure machinery for issuing and endorsing tickets is confirmed as in working order and is set in accordance with approved procedure', he wrote 'Check the ticket machine is showing the correct date and price'.

The book comprises 21 chapters, each on a guideline (not a rule) for writing in plain English. Thirteen of the chapters are on style and grammar, three are on plain English for specific purposes (e-mails, instructions and legal documents), two are on organising the information, and there is one chapter on each of the following topics: preparing and planning, management of writing, and layout.

In each chapter, examples are given of poor use of language with an analysis of what is wrong, and a step-by-step approach on how to make improvements. Bold text and line-through is used to illustrate where changes have been made so that the reader doesn't have to search the text for what has been done. To give a simple example, **'Work is required to be carried out on the flue and funnels'** is more vigorous if the useless words are deleted, i.e. **'Work is required ~~to be carried out~~ on the flue and funnels'**.

Of the 13 chapters on style and grammar, only one is on using good punctuation, so little of the book is taken up with the type of factual information that we have probably gleaned from elsewhere. However, good punctuation is an essential element of clear writing and inclusion of this chapter makes sense. There is a chapter on "Seven writing myths explored and exploded", though I think that Alistair Reeves has covered many of these in his 'Myths about English' articles for TWS[1]. Other chapters include average sentence length, using only as many words as you really need, use of the active voice, use of vertical lists and putting points positively.

What I found particularly interesting about the book was the humble assertion that the rewrites are not supposed to be "the sole or perfect solutions". Most of the rewrites have been tested on focus groups and they indicate that the revised wording is clearer and better understood by most people, but there is rarely unanimous agreement. In other words, there are no 'right' or 'wrong' ways to construct sentences or to choose vocabulary, but some constructions and words are more likely to be understood than others.

Few direct references to medical or scientific writing are given. However, a study is mentioned in which over 1,500 scientists were asked for their opinion of two pieces of scientific writing. Both pieces gave the same points in the same order but one used the guidelines for plain English and the other did not. Nearly 70% of the scientists preferred the first version and they also found it "more interesting" and "more stimulating". Three-quarters judged the writer to be more competent as a scientist and to have a better organised mind. Now there's a lesson worth learning!

This pocket-sized (11 x 17 cm) book is of about 200 pages and is, unsurprisingly, clearly written, well laid out, and easy to follow. Many of the examples are humorous, which makes it fun to read, and the general layout makes it easy to dip into for reminders about any of the guidelines.

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1. *TWS* 2006;15(1):22-4, 15 (2):58-60,and 15(4):139-40.

Webscout:

The art of medicine

by Joeyn Flauaus

Medicine and art go hand in hand. In both fields, a lot of creativity is required to be good as both artists and doctors need to digest all kinds of impressions before they can start drawing a picture, writing a poem or making a diagnosis. As a result of the combination of medical studies and fine art, we know about the status of a medic in society. For a long time both professions had to work closely together because the only way to document the developments in the science was by drawing or painting it (e.g. Rembrandt's anatomy lesson). Even today, medical artwork (in form of illustrations, graphic, 3D models etc.) is still needed for medical education, training and research.

Many artists also studied medicine, like James Joyce, Somerset Maugham, Anton Tschechow, Frédéric Bazille, Carlo Levi, and Adrian Berg. Below you find a selection of interesting links combining the world of art and science.

http://www.tate.org.uk/pharmacy

This site of the Tate Gallery in London presents Damien Hirst's mixed media installation 'Pharmacy'. This life-size recreation of a chemist's shop is the artist's ambitious statement on medicine. You can explore the artist's work by using the 360° panorama view.

http://www.virgilwong.com/

This site of the artist Virgil Wong revolves around his interests in medicine, technology and the anatomy of the human body. His installations and net art, films, drawings and paintings and photographs have been exhibited in museums and galleries around the world. The site includes an amazing collection of his work including videos and animations.

http://www.artandmedicine.com/

This site 'The Cabinet of Art and Medicine' is a resource for people interested in vintage medical photography and clinical portraits. It includes a journal, the complete translation and 52 plates of 'Klinische Abbildungen' by Heinrich Curschmann, a bibliography of the first medical books printed with photographs and poems of John Wood.

http://vesalius.northwestern.edu/

This site presents a free online annotated translation of Andreas Vesalius' Renaissance anatomical atlas 'On the Fabric of the Human Body' (1543, 1555), including Vesalius' beautiful and intricate drawings. You can search by keyword or browse by index.

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If you find a page that should be mentioned in the next issue, or if you have any other comments or suggestions, please email me at: **joeyn@trilogywriting.com**.

Journal price lash back

In a move reminiscent of the action taken by US institutions against Elsevier, Norway's biggest university libraries have cancelled their subscriptions to all Blackwell journals.

http://nyheter.uib.no/?modus=vis_engelsk&id=35023

Population or sample?

The use of English in our context has many lost causes, both spoken and written. Over the years, after losing the battle with my inner resistance, I have come to appreciate that magnanimous feeling of saying: 'When I started out in this business, no-one would ever have written that—but it has been misused, or has changed meaning in the meantime, and has come into common usage'. I now no longer fight against 'parameter' instead of 'variable'. Look them up, and you will see that they are actually very different. After much resistance, I have succumbed even to 'gender' instead of 'sex', although I never thought I would. I won't even start discussing this one!

One of the causes I am still fighting for, however, is the misuse of the word 'population'. As far as I am concerned, you draw your 'study sample', or just 'sample', from a 'population' with the characteristics defined by your inclusion and exclusion criteria, and you hope—with or without stratification—that your eventual 'study sample' will, be representative of the respective 'population'. Does anyone agree with me? If no support is forthcoming, my inner resistance to describing the people, or indeed animals, enrolled into a study as the 'study population' will probably also crumble. One more thing to make life easier!

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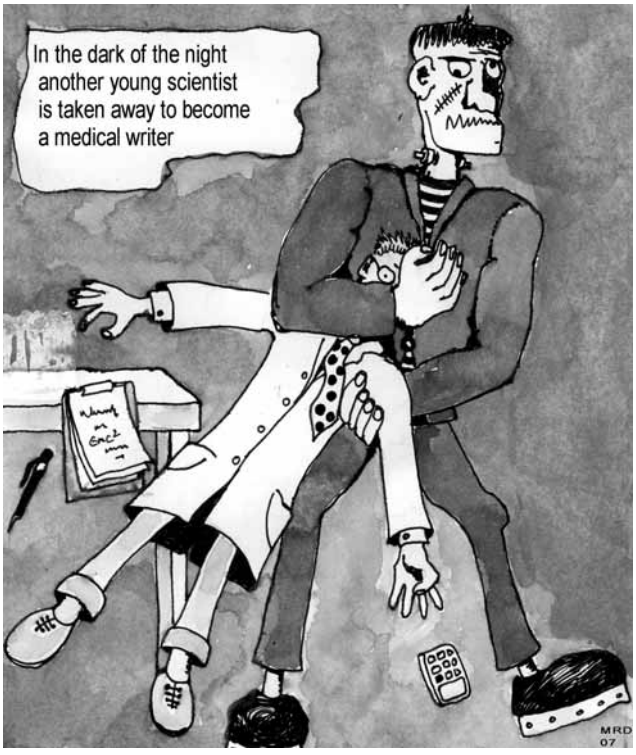
Journal watch:

Medical writers, ghost authorship, and the accessibility of absolute risk in articles reporting ratio measures

by Nancy Milligan

In defence of medical writers

Although it feels like somewhat of a rarity at times, in this issue we can report an article that has come out in praise of medical writers. Keith Dawes, a clinical research scientist and medical writer, writing in the *BMJ*, highlights the important role of medical writers in medical education, and drug development and marketing [1]. He describes the current status of medical writers as misunderstood and attempts to dispel the claims that medical writers are all devious and dishonest, employed by drug companies to hide or manipulate negative scientific data in order to promote a company's product. One of Dawes' key messages is that even though a medical writer may have prepared most if not all of a paper, its final contents are still at the discretion of the named authors or sponsor, who hold the ultimate responsibility for what is written. He finishes by suggesting that the industry should be sending out the message that using a medical writer is not bad practice and that in fact, medical writers can make a vital contribution to biomedical publishing because of their need to often act as intermediaries to balance the varying interests of authors and drug company sponsors.



Cartoon drawn by Mike Dawes and first published *BMJ* 2007;334:208

A new study on ghost authorship

In a recently published study, Peter Gøtzsche et al, investigated the prevalence and nature of ghost authorship in industry-initiated randomised trials by comparing a cohort of research protocols and their corresponding publications in peer-reviewed journals [2]. Ghost authorship was concluded if anybody who wrote the protocol, did the statistical analysis, or wrote the manuscript was not listed as an author, or as a member of a study group or writing committee, or listed in the acknowledgements. Out of 44 trials, they found evidence of ghost authorship in 33 trials (75%; 95% confidence interval [CI], 60–87%); this increased to 40 trials (91%; 95% CI, 78–98%) in cases where somebody who qualified for authorship was acknowledged rather than listed as an author. Interestingly, for most (n = 31) of the trials with missing authors, the ghost authors were identified as statisticians rather than medical writers, who have tended to be the focus of most previous investigations. This may be because of the limited information available to identify medical writers or the fact that many named authors are reluctant to admit to using one.

Liz Wager, a publications consultant, discussed these findings and questioned whether statisticians and medical writers should be considered authors [3]. She suggested that most guidelines now accept that a statistician's involvement in data analysis is enough to meet the criteria for authorship [4]; however, the role of medical writers is a little more ambiguous. EMWA's position is that medical writers usually do not qualify for authorship, but that their contribution should at least be acknowledged [5]. Likewise, the International Committee of Medical Journal Editors (ICMJE) suggest that authors should have made a contribution to the collection, analysis, and interpretation of the data in addition to the development of the manuscript [4]. Wager suggests that clear listing of specific contributions to research projects may have the advantage of allowing readers to make up their own minds about who was involved in each aspect of the project and therefore putting an end to ongoing debates about the rights and wrongs of ghost authorship.

Reporting of absolute risks in major medical journals

It is important to report the underlying absolute risks of ratio measures in manuscripts in order to judge the clinical significance of the effect. Lisa Schwartz and colleagues completed a structured review of 222 article abstracts, with ratio measures and study designs in which absolute risks

were calculable, from six leading medical journals [6]. The researchers were interested in whether the absolute risks were presented in the abstract or the main body of the paper, or whether they would need to be calculated. Overall, 68% of articles failed to report the absolute risks for the first ratio measure in the abstract (range, 55–81%); and only about 50% of these presented them elsewhere in the manuscript. In addition, in 29 (13%) of the articles that did not report absolute risks, they were not calculable from the data presented. Absolute risks were reported more often in randomised trials compared with cohort studies (62% versus 21%; relative risk [RR], 3.0; 95% CI, 2.1–4.2) and in studies reporting crude ratio measures compared with adjusted measures (62% versus 21%; RR, 3.0; 95% CI, 2.1–4.3). This study highlights the relative inaccessibility of absolute risks in manuscripts (which can exaggerate the perception of the effect), and therefore the importance of routinely including them when we write for publication.

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4. International Committee of Medical Journal Editors. Uniform requirements for manuscripts submitted to biomedical journals: Writing and editing for biomedical publication. Available from: http://www.icmje.org.
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6. Schwartz LM, Woloshin S, Dvorin EL, Welch HG. Ratio measures in leading medical journals: structured review of accessibility of underlying absolute risks. *BMJ* 2006;333:1248–50.

Some of many Internet chat-room abbreviations

IMHO	in my humble opinion
Omg	Oh my god
Brb	Be right back (I have to go to the toilet)
Np	No problem
Gtg	Got to go
TTYL	Talk to you later (I have to go and eat)

Anagrams for lazy days

Anagrams to give some thought to when you have nothing better to think about. The letters in the word on the left can be rearranged to product the result on the right.

Desperation	>	a rope ends it
The eyes	>	they see
The Morse code	>	here come dots
Election results	>	lies—let's recount
Snooze alarms	>	alas! No more Zs

What's AKA? Well, this is going to make you LOL

When I was asked what the AKA in brackets after a chemical name and next to another name meant, I didn't know. My first thought was that it was some obscure protein symbol that had hitherto escaped my attention. I could think of a number of explanations but they didn't quite fit: above knee amputation, American killifish Association, Australian Kite Association. The Oxford Dictionary of Abbreviations came to the rescue and in case there are others as ignorant as myself, which I doubt, AKA (AKA a.k.a) means 'also known as'.

But before you get too smug about it, how's your internet slang? What do you think LOL means? Little old lady? LOL, LOL. But if you think it means 'laughing out loud' or 'lots of laughs' you're out of date, mate. According to the Urban Slang Dictionary[1] it has become so overused that nobody laughs out loud when they say it. The dictionary suggests it should be redefined as 'lack of laughter'. This dictionary is a good resource for saving you making a fool of yourself and you can even receive a word of the day delivered into your email inbox every day. On the day of writing the day's word was 'hostage lunch'. This is defined as a meal purchased by the company, often pizza, and delivered for employees who bosses require them to attend a meeting or work over their lunch hour.

For more about LOL Wikipedia has an interesting analysis of the use of such acronyms[2]. One study has found that they are often misunderstood, especially in an international setting. 'ROFL' for example is not an obvious abbreviation for 'rolling on the floor laughing'. David Crystal is reported as noting that just like smiley grins 'LOL' can be less than genuine. There is no research on how many people are laughing out loud when they write it. Nevertheless apparently 'LOL' and 'ROTFL' have already spread to spoken language among teenagers in the US, thus expanding the expressiveness and richness of language according to some experts, while others just see them as being abbreviations for existing phrases and not enriching anything. Contrast language enrichment through such words as 'eeyorish', which means 'feeling down in the dumps' and entered the 2003 edition of the OED. Naturally we have Milne's donkey character in 'Winnie The Pooh' to thank for this.

Typos can also result in the formation of a new term, for example, 'the'. This originated as a typo of 'the', and often pops up spontaneously when typing fast. It has become so common, that it is now sometimes deliberately used. The same applies for the term 'like' (like), 'that'/'htat' (that), and 'whta?' (what).

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1 http://www.urbandictionary.com
2 http://en.wikipedia.org/wiki/Internet_slang

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