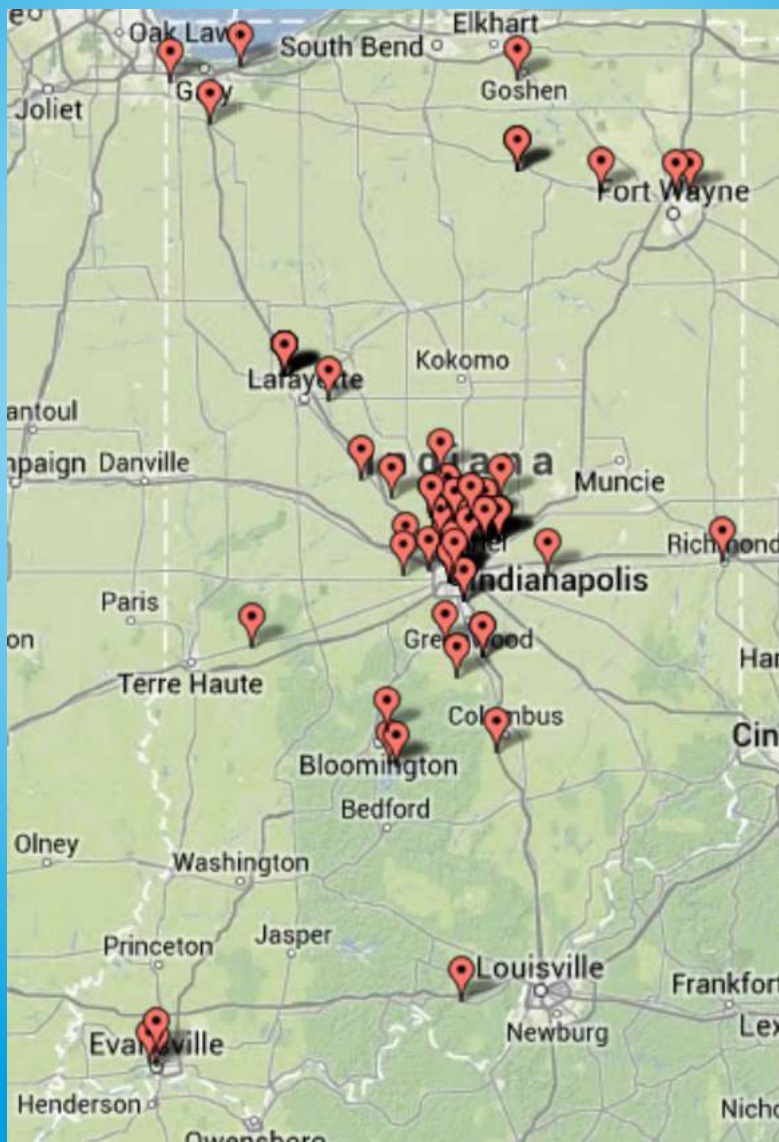


AMWA

Indiana Chapter Newsletter

December 2016



American Medical Writers Association Indiana Chapter

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Newsletter

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Coming Attractions

April 21-22, 2017

AMWA Indiana Chapter Conference

The Columbia Club

Indianapolis, IN 46204

Links

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Please let us hear your voice!

Let us know if there is anything we can do to help you benefit professionally from your AMWA membership. Volunteering to help our chapter or national association is a great way to have fun while meeting some wonderful people, improving yourself and the profession, and becoming and being the leader you were meant to be. Join our LinkedIn group, come to the chapter events, or click on the name of a chapter officer or committee chair above to join the conversation about medical communication and our chapter.

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Find AMWA members near you by searching the AMWA member directory by city or zip code.

This map of the locations of our 80 chapter members was created with [BatchGeo](#).



Lessons Learned from Volunteering

In June 2015, when Laura Town (AMWA Indiana President 2015-2016) asked me if I would serve as AMWA Indiana's President-elect, I felt honored but unsure that I was up to the task. I was honored that other AMWA colleagues had selected me to serve in this role and yet I worried that I didn't "know enough" about the chapter or AMWA to volunteer for this role. While I had years of volunteer experience in my local community organizing parent group meetings and events for families who had children with special needs, I knew very little about governance of our chapter or the national association.

That was over a year ago, and I've learned many lessons from volunteering in my local community and serving as President and Member Resources Chair for the Indiana chapter of AMWA. I'd like to share some of these with you in hopes that some of you might consider volunteer opportunities in your future.

1. **Networking:** Whether you are an experienced, full-time medical writer who has resided in Indiana for years or someone new to the field of medical writing, Indiana, or AMWA, volunteering with our local chapter or the national organization is the #1 way for you to meet other medical writing professionals (and friends), grow your professional network, and possibly find a new job or client. As a freelance writer working from my home in Bloomington, Indiana, the growth of my professional network as a result of volunteering for our chapter is priceless. Because I'm serving as President for our chapter, I've also had the pleasure of meeting leaders from other regional AMWA chapters.

2. **Leadership/Project management:** Planning meetings and events, leading meetings, setting and prioritizing goals, carrying out and delegating tasks, working with other chapter leaders, and making decisions on behalf of the chapter. These are the types of leadership and project management skills that you can gain by volunteering for our chapter.

3. Learning: I learn something new from each and every volunteer experience, no matter how small. After volunteering for our chapter, I've learned about new software applications, resources offered by AMWA and our chapter, and requirements for operating nonprofit organizations. These are just a few examples. By networking with other medical communication professionals and carrying out tasks, you will learn new skills and information that you may be able to apply in your current or future job.

4. Perspective/Appreciation: Have you ever attended an AMWA conference and thought something could have been done better—better food, venue, or speakers? Ever wish that the chapter would work with local companies to provide internships or special events? Have some ideas for a networking event? There is no better way to put your perspectives and ideas into action than by volunteering, and this gives you a much greater appreciation for the effort involved in planning such events or services.

I hope that I've inspired you to consider volunteering in the future. **The sustainability and vibrance of the Indiana chapter of AMWA depends on each and every one of you!** We have plenty of opportunities, both short- and long-term. If you have any interest, please don't hesitate to contact me or any of the Executive Committee Members. Thank you!

Esther Brooks-Asplund

Esther Brooks-Asplund (esther.asplund@att.net)
AMWA Indiana President (2016 – 2017) and Member Resources Chair

Esther owns Hoosier Medical Communication Services Inc., which provides clinical and regulatory submissions for the pharmaceutical, biotechnology, and device industries.

Report: 2016 AMWA Annual Conference Highlights

Nicola Parry, DVM, MSc, DipACVP, ELS

(nicola@parrymedicalwriting.com)

Roxanne Khamsi (Chief News Editor at Nature Medicine) won AMWA's 2016 Alvarez Award and opened the conference sessions on the first day with her presentation *What to Leave Out & What to Keep In: Inclusion and Exclusion Criteria for Medical Writers*.

Highlighting how the gap between patients and experts can be huge, she encouraged writers to use direct language whenever possible, especially when writing patient materials. Choose short, simple words over technical terminologies (eg, in mice instead of in vivo), she advised.

Simple can also be more powerful when it comes to a scientific audience—apparently, papers with shorter titles receive more citations. Roxanne referred to a 2015 publication in Royal Society Open Science in which Adrian Letchford and colleagues shared this intriguing correlation after analyzing the titles of 140,000 of the most highly cited peer-reviewed papers published between 2007 and 2013.

She reminded writers not to overestimate their readers' knowledge, and to avoid using words and acronyms that might have double meanings and could therefore be misinterpreted by different readers. For example, while a scientist audience may interpret the word "enhance" to mean "increase", a patient audience may interpret it to mean "improve". In concluding, Roxanne stressed that long words trip up readers, and that writers should introduce concepts before technical terminologies.

Simple can be
more
powerful

Lori De Milto, Cyndy Kryder, and Brian Bass presented *Make Your Freelance Business a Perpetual Feast*.

According to Lori, freelancers need to do a better job at following up to acquire more work prospects. She reminded us that, up to 90% of the time, prospects aren't ready to hire a freelancer when a freelancer first reaches out to them. She also noted that, in marketing, 80% of sales are made after at least 5 marketing contact attempts. As a consequence, Lori stressed that follow up is crucial and should be an ongoing process. She also added that someone who's already expressed some work interest in you (even if you haven't worked for them, yet) is a much better prospect than someone who's an unknown. After you make your initial contact with a new potential client, Lori suggested waiting about 3 to 4 weeks to follow up if you haven't received a reply from them—she then recommends ongoing follow up once every 2 to 3 months, thereafter. In these follow up emails, you don't always have to ask for work, she said—you can also give them something (share a news release or some resource that's applicable to their work; or send a holiday card).

Cyndy stressed that, although networking is extremely important, too many writers spend their time working each evening after conference sessions. She recommended a 3-point strategy. Before the meeting: prepare clients for your absence; contact colleagues to schedule a get-together; review the program and highlight your “must attend” events; and polish your elevator speech. At the meeting: never eat alone; talk to strangers; and put away your electronics (barriers to communication) when you're with colleagues. After the meeting: Send an “it was nice to meet you” email to new contacts; fulfill any promises you made (to email resources or samples, etc); and schedule a future call or meeting with new connections. Some of Cyndy's networking pearls of wisdom? The time to look for work isn't when you need it—you need to have a pipeline; give more than you get; leave colleagues feeling inspired, not exhausted; and follow up, follow up, follow up!

**Networking is
extremely
important**

Get your clients to work for you

Brian emphasized the need for freelancers “to get your clients to work for you.” It’s important for freelancers to identify their best clients, he said, because these are the “low-hanging fruit”: you can take advantage of these great clients by getting them not only to give you more work, but also to refer you to their colleagues. Your great clients will “work for you” if you give them even more reason to love you; for example, a small gift of your time can go a long way, he noted. Give yourself away just a little—maybe by not charging for a simple document revision. Brian also reminded freelancers that clients often pigeonhole their writers. If you typically work on the same type of project for a client, he recommended that you should ask the client what else they do—and also tell them what else you do. Brian also shared a couple of pearls of wisdom: “Charging by the hour punishes the proficient and rewards the inefficient,” he emphasized. He also reminded freelancers to “be easy” (to get in touch with); don’t leave clients hanging if they contact you—if a client needs you and you’re not there, you teach them to need someone else: “It only takes a minute to be a hero.”

Scott Kober, Debra Gordon, Michelle Dalton, and Tracy Bunting-Early shared solutions for challenging freelance experiences in a session on *Complex Case Studies for Freelance Writers*.

The panel shared some great take-home messages. 1) Tracy said that, when dealing with clients who wish to pre-book your services on an hourly retainer basis, a good general rule of thumb is to devote no more than one-third of your working week to any one client. 2) When you are working on a project that involves more than one agency, Scott and Deb say to expect your work time to increase—for example, expect your time investment in a project to double if two agencies are involved; be sure to price your project fee accordingly in these cases—it should increase as the number of people reviewing your work increases. 3) Have you been asked to take on a project that the client describes as an “update”? “In my experience, there is no update—it’s always a re-

write,” Deb said. 4) When providing estimates for projects, always be aware of scope creep (be specific in the estimate so you can increase the fee at a later date, if additional work looks to be involved); and avoid deciding to underprice your work (to be more attractive to the client) because you’re banking on more work coming through from the client at a later date. 5) If you’re communicating with a client about a specific issue, and you’ve already made it past two emails on the subject—it’s time to pick up the phone! It’s up to you to take control, and making a phone call will significantly improve clarity of communication. 6) Deb also recommended that, if a client tells you they had a bad experience with another writer, you should ask them what went wrong.

Ruwaida Vakil gave a presentation on *Social Media and Marketing: Developing Efficient Tools and Techniques*.

She reminded the audience of the importance of using visuals to better engage on social media: “The average person’s attention span is 8 seconds,” she said, adding that “a post with great visuals achieves 180% more engagement than a standard text-based post.” Even a simple stock image will help. She also emphasized the importance of engaging professionally in social media: “Don’t get into a Twitter fight!”

Ruwaida shared ideas about what to share on social media for marketing purposes; she suggested that writers should repurpose their own materials to share as resources—redeveloping content in different ways for different platforms. This could take the form of things such as digital newsletters, or blog posts (maybe using materials created from previous presentations).

For Twitter, Ruwaida highlighted that writers should focus on 5 key strategies: Build (your community with relevant followers), value (tweet content that is relevant to your followers), engage (with your audience), grow (your base of relevant followers), and be genuine. With respect to tweeting, she recommends that writers

**Use visuals on
social media**

should follow the 4-1-1 rule: for every 6 of your tweets, 4 should be retweets (of relevant posts from others), 1 should be self-promoting, and 1 should be some other tweet that is relevant to your followers (not a retweet, but maybe one you've put together yourself from an interesting article, or a useful resource, etc).

Ruwaida also shared a couple of pearls about LinkedIn: She recommended that writers should aim to complete their LinkedIn profiles to a level of at least 95% completion. She also said that some freelancers might find 'LinkedIn ProFinder' to be a useful tool; this is a type of bidding tool where clients share available projects for different services.

Vicki Foster, MSPH, Principal Medical Writer, PAREXEL International, Raleigh, NC, presented the roundtable session, *Outsourcing Medical Writing: The View from Both Sides*.

Do unto others

During the session, Vicki and the attendees discussed various topics that writers should be aware of when companies outsource writing projects to them. Communication was a recurring theme: someone emphasized the need to “do unto others” (communicate with others in the same way that you'd like to be communicated with); one attendee, who outsources work to freelancers, also stated that she prefers writers to “ask more questions upfront” before starting a project—she noted that this strategy reduces the problem of freelancers delivering inaccurate content at the end. Writers also need to be aware of their abilities and should say no to extra work if they are overloaded; they shouldn't overextend their time—it is important to remember that many projects, such as conference deliverables, have a hard deadline.

In a session on *Best Practices in Writing Test Items*, **Lori Alexander** shared key points in the National Board of Medical Examiners (NBME) guidelines on writing test questions for the basic and

clinical sciences. Some of Lori's pearls of wisdom: construct questions based on meaningful content—focus on common conditions, not rare disorders.

Each question should have five components: 1) Stem (presents the problem to be solved; includes only relevant details—just enough to answer the question; written in present tense); 2) Lead-in question (a prompt to elicit correct response; avoid using the “you”); 3) Answer options (correct response and plausible distractors); 4) Rationale for each answer option; 5) References (data to support the rationales).

The educational objective for each question should define the testing point of the test item, should involve a measurable verb (eg, “identify”, rather than “understand”) as the first word, and should focus on a single idea or concept.

Each test item should be based on one of six cognitive levels: knowledge, comprehension, application, analysis, synthesis, and evaluation.

Some things to avoid: making the stem too wordy; using “you” in the lead-in question; using absolute words (always, must, never); words indicating possibility (may, can, could); negative terms (not, except) in the lead-in question; vague terms (seldom, sometimes, rarely); more than one possible correct answer; disguised “true or false” items (ie, questions such as “which of the following statements about graft-versus-host disease is correct”); overlapping answers (“both A and C”, “all of the above”, “none of the above”).

When listing answer options, writers should list them according to an implicit order or grouping: alphabetic order, degree or level of severity, sequence, length of option, or numeric order. Create answer options in the same category (eg, all drug agents, all surgical treatments, etc). Be sure that ranges of numbers do not overlap (especially for percentages). Avoid including one excessively long answer option (it's usually the correct one).

Each test question should have 5 components

\$200 (or More) an Hour? Yes, You Can do it!, said **Debra Gordon, Michelle Dalton, and Scott Kober**, in a session that aimed to help freelancers learn the how and why of project pricing, as well as to share tips and tricks to work more efficiently (faster)—a key component to increasing your hourly rate.

Deb emphasized that every freelancer needs to set a financial goal: for instance, if you want to earn \$150,000 gross next year ... then, if you aim for a 48-week work year, you will need to earn \$3125 per week, or \$625 per day—which breaks down to \$125 per hour for a 5-hour workday. She suggested using the website doubleyourfreelancing.com/rate/ to help with some financial goal-setting. Deb also raised the age-old dilemma of “hourly vs project-based” fees, stressing that charging per hour significantly limits your potential to increase your annual income. She also reminded us about the need to track our time when working on projects—this increases understanding of how long certain types of projects tend to take, and eventually makes it easier to develop quotes for clients, she said.

Michelle discussed the issue of productivity. As a solution to improve productivity, Michelle tries to focus on one thing at a time. It’s easy to distract yourself at home, so close the office door, work on one task only, and turn off your phone and email, etc. She also mentioned “research” (such as PubMed searches, etc) as one area in which it is important to know when to stop! To avoid running down rabbit holes (and sucking away time) while researching, she sets timelines for herself for completing specific parts of a project. Setting daily milestones, etc, like this helps keep you on track, she noted—especially with larger projects. Various Web-based/software resources can help you manage your time: these include [Freedom](#), [RescueTime](#), [SelfControl](#) (Mac), [Fanurio](#), and [Write or Die 2](#).

**Try to focus
on one thing
at a time**

Scott shared some secrets about how to become the “Go-To Freelancer” for your most important clients. He noted that,

according to a recent survey (reported by Brian Bass and Cyndy Kryder in their Sept 2016 edition of *Pencil Points*), some of the most important qualities that clients seek in a freelancer include *dependability/reliability, affability, flexibility, and commitment and engagement* when involved in a project. Based on these qualities, Scott emphasized the need for us to go above and beyond for important clients: when possible, do small things (even for free) that are of value to them; give unanticipated/unusual tokens of appreciation/congratulations; show interest in your client's professional (and, maybe eventually, private) life; and always shine the spotlight on them, especially in front of their boss. He also discussed the importance of convincing yourself, as well as your clients, that you are valuable (and therefore worth \$200 per hour). Good negotiating tactics are critical, here, he stressed: it's especially important to price yourself with confidence with new clients, because once you set a rate for a first project, it leaves you little room to increase your rate in the future. Scott suggests first determining the minimum rate you're willing to accept for any given project—but don't tell them this! Then, determine your value to the client—how easy will it be for them to find someone else for this specific project? Do you bring anything special to the table, for instance? Always be willing to walk away if the client makes a lowball offer. When it comes to negotiating, he advises doing so on project scope, not on fee—if they offer a lower fee, tell them how much of the project you can complete for that amount.

Nicola Parry is a veterinary pathologist and freelance medical writer in Lafayette, IN.

**Negotiate on
project scope,
not fee**



William Pietrzak, PhD (bill@pietrzakmusculoskeletal.com)

The AMWA Medical Writing and Communication Conference in Denver was a great opportunity to reconnect with old friends, make new friends, and learn additional skills. With regard to the latter, I attended two Workshops as I pursued my Regulatory & Research Certificate.

The first, *Reporting Association, Correlation, and Regression Analyses* by **Tom Lang**, provided a basic understanding of the “interconnectedness” of measured variables in scientific and clinical studies. Tom’s Workshop was unique in that it focused on giving medical writers enough information to understand the subject matter without expecting them to perform the actual mathematical analysis, eg, to properly integrate biostatistical results provided by others into the medical writing deliverable.

The second was *Fundamentals of Ethics and Practical Applications* by **Art Gertel**. As medical writers, we share in the moral and ethical responsibilities of the work we produce. Art did an excellent job of illustrating the moral dilemmas that can arise with medical research and provided useful guidance on how to navigate through this rough sea.

William Pietrzak owns Musculoskeletal Publication and Analysis, Inc. and is an adjunct research professor of bioengineering at the Chicago campus of the University of Illinois.

Find updates to chapter and community events on our [Web site](#)

Treating Exertional Angina

David Bell, PhD (bell@ipfw.edu)

Exertional Angina

Many of us have heard stories of middle-aged men who, in spite of being overweight with less than ideal health habits, do not show signs of heart problems. They feel fine resting or doing little activity, but as soon as they play a game of touch football or have to shovel heavy snow they find themselves clutching their chests, feeling intense pain and suffocating pressure. Too often, they may then collapse and need to be rushed to the nearest hospital, only to die before they get there. The chest pain experienced in these situations is called exertional angina (referred to as angina in this article).

Most individuals suffering these events have underlying coronary artery disease (CAD), a form of atherosclerosis that affects the larger arteries that deliver blood to the heart muscle itself. Atherosclerosis is a disease that can impede blood flow to tissues because plaques (abnormal accumulations of cholesterol, fats, and dead and living cells on the inner surface of arteries) protrude into the space inside arteries through which blood flows.

In particular, angina indicates that the heart's demand for oxygen is exceeding its supply, which results in heart muscle malfunction, deterioration and the sensation of pain in the chest. Within seconds of this oxygen deficit, the heart muscle stops contracting. After an hour, muscle cell integrity fails and heart cells start to die. This is a dire situation because the heart is not capable of replacing dead cells with new cells.

The causes of angina place certain constraints and requirements on the type of therapeutic intervention that can be used to try to correct the imbalance between oxygen supply and demand in the heart. Any therapy used at the onset of an anginal attack must act fast and, if possible, be easily available to



Angina indicates that the heart's demand for oxygen exceeds its supply

Treatment for angina cannot involve increasing blood supply to heart muscle

individuals so that they can self-administer therapy; they have precious little time to wait for an ambulance or drive to an emergency room. It would seem logical that correction of a blood flow that is too low for the existing oxygen demand of the heart would involve nothing more than administering a fast acting-agent that would increase coronary blood flow.

However, the treatment for angina does not, and effectively cannot, involve increasing blood supply to affected heart muscle. The reason for this counterintuitive statement resides in how the heart controls its own blood flow, which in turn, explains why individuals with CAD often have no warning signs of the disease during rest or light physical activity, but instead develop angina during more strenuous physical exertion.

The control of blood flow from the large visible coronary arteries on the surface of the heart to that organ resides in very small blood vessels downstream, called arterioles (10-100 microns internal diameter), imbedded deep in the heart muscle. The walls of all arteries contain circular layers of muscle; when this muscle contracts the artery narrows (called vasoconstriction) and when it relaxes the artery widens (called vasodilation). When the heart becomes more active, such as during exercise, the circular muscle in arterioles relaxes, causing vasodilation, which then lets more blood into the heart tissues. The amount of vasodilation and increased blood flow the healthy heart can muster with increased demand is quite large and is called coronary dilator reserve.

In CAD, plaques that narrow the lumen of the coronary arteries tend to restrict blood flow. When this happens, small arterioles downstream compensate by vasodilating and thus keep blood flow at its original rate. Arteriolar vasodilation thus mitigates any potential problems caused by flow restriction upstream by plaques in the coronary arteries.

However, arterioles do this at the expense of using some of the heart's coronary dilator reserve. Further progression of CAD results in more compensatory loss of that reserve as the arterioles

continue to dilate in an attempt to counter the narrowing upstream. The individual will be able to maintain normal flow to their heart, at least at rest, and will not experience angina as long as the arterioles have room to dilate. In these latter stages of CAD, the arterioles may only have a small dilator reserve left. Once that last bit of reserve is used, the arteriolar muscle is relaxed as much as it can and the arteries can dilate no further. In this state of little coronary reserve, the individual with CAD may be fine at rest but with exertion may need a magnitude of arteriolar dilation that is beyond what is available. This will create an oxygen demand for which blood flow is inadequate and angina will result.

Treatment

Nitroglycerin, a mainstay therapy in the treatment of angina, is a vasodilator drug available in the form of a small tablet that when placed under the tongue can be rapidly absorbed into the blood stream. It is effective within seconds and reaches its peak effect within a couple minutes, making it an ideal agent for patients to use on their own for the treatment of an anginal attack.

From the discussion above, nitroglycerin cannot alleviate angina by increasing oxygen supply (blood flow) to the heart. Angina does not occur until the arterioles are already dilated as far as they can go. Instead, nitroglycerin works to reduce oxygen demand in the heart. Nitroglycerin rapidly dilates arteries throughout other organs in the body and especially dilates all the veins as well. These veins return blood to the heart from all the organs in the body. By dilating systemic arteries and veins, nitroglycerin allows blood to be more easily moved out of the heart chambers (mainly the large pumping chambers called ventricles) and into the peripheral circulation. This is called unloading the heart. Unloading reduces the volume of blood in the ventricles which in turn reduces stretch, tension, and stress on the ventricular muscle. It is this stress that the heart must overcome in order to contract and pump blood that determines cardiac oxygen demand. Thus nitroglycerin alleviates angina by reducing stress on the ventricular muscle, thereby reducing

**Nitroglycerin
alleviates
angina by
reducing the
heart's
demand for
oxygen**

Beta blockers and calcium channel blockers also treat angina

oxygen demand to match the available blood supply, rather than increase blood supply to meet current demand.

Patients with CAD who suffer bouts of angina can benefit by having prophylactic drugs in their system to reduce the probability of having an ischemic event in the heart. Transdermal, slow release, nitroglycerin skin patches are used in this manner. However, one of the problems with nitroglycerin in the management of ischemic episodes in patients is drug tolerance that renders it less and less effective with repeated use. Some doctors even recommend that patients remove their nitroglycerin patches overnight for this reason.

Drugs that do not elicit drug tolerance are also available to help reduce the risk of an ischemic event in patients with CAD. Beta blockers and calcium channel blockers are examples of drugs that reduce blood pressure, heart rate (beats per minute), and the force with which the heart contracts. Because these factors are major determinants of cardiac oxygen demand, these agents, like nitroglycerin, benefit patients with CAD by reducing oxygen demand in the heart with the bonus that they can provide such reductions 24 hours a day.

David Bell is Associate Professor of Cellular & Integrative Physiology at the Fort Wayne campus of the Indiana University School of Medicine.

Save the Date

AMWA Indiana Chapter Conference
April 21-22, 2017