



BE YOUR OWN IT DEPARTMENT

Moderator

Faith Reidenbach, ELS, CMPP

Principal, Caley-Reidenbach Consulting LLP, Corvallis, OR

Speaker

Jeanne McAdara-Berkowitz, PhD

Principal, Biolexica, Longmont, CO

By Kelly Schrank

For freelancers who want to focus on the core of their business, dealing with the technologies required in a modern medical writing business can seem daunting. Jeanne McAdara-Berkowitz, PhD, was quick to say that if you are not comfortable with many of the information technology (IT) tasks, it is worth your time and energy to pay someone else to do it. She happens to enjoy computers and technology, she said, which was evident in her excitement during discussions. Her knowledge was also adequate to cover for the IT professional who was unable to make it at the last minute.

Dr McAdara-Berkowitz began by discussing computer maintenance tasks that she believes should be done monthly.

- Perform a defrag (puts everything back where it belongs).
- Run the Check Disk (for PC, or Mac equivalent).
- Clear out caches (Web browsers and computer files).
- Reboot every so often.
- Keep equipment clean (specifically, vacuum fans in desktops).
- Keep software up to date (specifically, keep up with patches).
- Run auto updates.
- Keep security software up to date.

She followed with a discussion of disaster recovery, stressing how important it is as professionals to protect the clients' privacy and their work. She recommended the use of online backup services, so the freelance could "set them and forget them." Because it is cost-prohibitive to back up everything, she suggests backing up only data, not the operating system or the applications. An external USB hard drive in conjunction with the backup program within the operating system or included with the external hard drive are fine for this purpose. This process will get a back-

up copy of data quickly, but she cautioned not to use this external hard drive for anything else to limit the chance of corrupting it with other files (photos or personal files).

Dr McAdara-Berkowitz also stressed the importance of keeping the computer's hardware safe from different types of theft. If a business laptop or phone is lost, GPS-enabled tracking software may be able to help find it. Technology also exists to wipe your iPhone clean if it is stolen, so that names, telephone numbers, and e-mail addresses will not be compromised. She believes all such professional devices should be backed up frequently and password-protected and encrypted with strong passwords. She added that a password needs to include letters and numbers as well as symbols (if possible) and should definitely be "stronger than your dog's name." Furthermore, passwords and login names should be different for each account. She acknowledged that it is a challenge to track several passwords and login names, which is why she recommended programs such as Secret Saver and Wallet; these password manager programs store usernames and passwords and securely automatically populates Web forms.

Dr McAdara-Berkowitz switched gears and began a discussion of the Cloud: "the most recent stage in the evolution of data and storage." She used the following analogy: in the past, we would have photo albums to store all of our photos, but you had to carry the books with you. Now, with digital photography and digital storage, you can store photos on servers, so anyone on the network can access photos from many "form factors" (ie, gadgets like smartphones, tablet computers, and computers). All of these servers decentralized across the country comprise the Cloud.

No discussion of the convenience of the Cloud would be complete without a discussion of its safety. Dr McAdara-Berkowitz knows this is a new frontier for many people, so she recommended that people assess their personal comfort with risk before proceeding. She offered this advice: use reputable vendors, virus/spyware protection, firewall software, and updated operating systems and software.

She discussed some other ways to be secure:

- Be hypervigilant
- Use secure and unique passwords
- Make sure that Web sites are secure (look for https:// instead of just http://)
- Do not transfer information on public networks
- Check the "from" e-mail address of unsolicited e-mails to make sure they are actually from the company they claim to be

She provided some examples of Cloud storage, backup, and sharing options: Dropbox, Carbonite, YouSendIt, and filesanywhere. Dr McAdara-Berkowitz also likes Evernote, which she described as the “digital equivalent of tearing out articles to read later.” She has some recommendations for task management applications: Remember the Milk is a simple option, Things is a medium-level option, and Daylite is a complicated option for managing your tasks.

Dr McAdara-Berkowitz ended with a slide that asked “Who’s going to pay for all of these toys?” and discussed two ways to answer this question. A freelance can spend money to make money either by earmarking a percentage of upcoming projects for toys/tools or by considering the money spent as an investment in productivity, the ability to provide great services, and enhancement of the business image.

Kelly Schrank works from her home in Syracuse, NY, as a medical editor for Med Communications.

BECOMING A MEDICAL WRITER: TRAINING AND TRANSITIONING

Moderator and Speaker

Barbara Gastel, MD, MPH

Professor, Texas A&M University, College Station, TX

Speakers

Scott Kober, CCMEP

Director, Content Development, Institute for Continuing Healthcare Education, Philadelphia, PA

Naomi L. Ruff, PhD, ELS

RuffDraft Communications, Duluth, MN

By Jennifer L.W. Fink, RN, BSN

One of the most popular questions at AMWA is, “How did you get into this field?” moderator Barbara Gastel, MD, MPH, told the audience. Because most people come to medical writing via another career, the session included strategies to help attendees transition into medical writing.

Gastel, Scott Kober, CCMEP, and Naomi Ruff, PhD, ELS, discussed three distinct paths to medical writing: from medicine, from science, and from journalism. All agreed that networking and continued education are keys to transitioning to a career in medical communication.

The Myth of the “Perfect Medical Writer”

Kober has a degree in journalism and came to medical writing after 6 years as a sports writer. He encour-

aged those without a background in science or medicine to reject the idea of the ‘perfect medical writer.’ The ideal candidate listed in many job descriptions simply does not exist, he said, and many companies are willing to consider candidates with less-than-ideal backgrounds.

Journalists bring a variety of skills to medical writing, Kober said, including the ability to work under deadline pressure, familiarity with style guides, and interpersonal skills. He advised journalists interested in medical writing to do the following.

- Master the beat. Hone in on a specific area of expertise and learn everything you can about the technical requirements of your “beat.”
- Communicate with readers. Network—with readers and colleagues—via LinkedIn, Facebook, Twitter, and AMWA listserves and meetings. Set up a professional Web site.
- Reject the pica pole. Unlike journalists, medical writers often do not get a byline. Are you prepared to do 90% of the work for 10% of the credit?

Moving from Bench Science to Medical Writing

Dr Ruff has a doctorate in neuroscience and moved to medical writing after she realized she had little chance of getting a faculty position. She discussed the transition from bench science to medical writing and offered the following advice to potential medical writers.

- Assess job skills objectively. You probably have more skills than you think. Are you good at organization? Proficient with computer programs, statistics, or graphics? Comfortable with certain scientific or therapeutic areas?
- Add or brush-up on skills as needed. What style and standards are used in a chosen field: AMA, CSE, or AP? Become familiar with the appropriate style guide. Consider taking workshops at AMWA and elsewhere.
- Do the homework. Read relevant books and journals, and talk to others in the field.
- Collect clips and samples. Hold on to your published articles and posters. Consider keeping a few unedited samples around as well; some clients like to see your unpolished prose. If you plan to write for the lay public, volunteer to write for a newsletter or your university’s alumni magazine.
- Carry business cards. Scientists do not often need cards. Medical writers do. You never know when you will meet someone who can connect you to a job.
- Keep up connections with scientists. They can clue you in to important advances and may need to hire a writer or editor.

Passion, Hard Work, and Persistence Pay Off

Dr Gastel trained as a physician but found that medical writing was a rewarding way to meld her dual interests in

medicine and communication. She told would-be medical writers the following.

- Choose a job that passes the “3 am test.” Are you passionate enough about medical writing to stay up late writing?
- Consider doing one or more internships. Internships, Dr Gastel said, can help a writer develop connections and areas of expertise.
- Work hard, treat others well, and consistently do your best. Doing so will set you apart from the competition.
- Always keep learning. Medicine and science are ever-changing fields.
- Be open to unexpected opportunities. Very few careers progress according to plan. A diversion may instead be an opportunity.
- Become active in professional organizations, such as AMWA. Network. Learn. Take advantage of educational opportunities.
- Share what you learn with those who come after you. All medical writers were once new to the field; all learned from experienced writers.

Dr Gastel also told the audience:

- Do not worry about what you will do forever. Focus on what you want to do next. Each step can be a baby step toward your larger career goals.
- Do not try to become rich. Do good work, and a reasonable income will follow.
- Do not try to become famous. Do good work, and high regard will follow.

Although it can be tough to break into medical writing, all three speakers urged persistence. “There are many ways to get in the door,” Kober said. “You just have to keep kicking.”

Jennifer L.W. Fink is a registered nurse-turned-medical writer. She writes for both consumer and professional audiences.

BETTER PRESENTATION BY DESIGN

Moderator

Karen Blackburn, MS

Medical Writing & Scientific Communications Specialist, i3 Statprobe, Ann Arbor, MI

Speakers

Stephanie Roberson Barnard

Communication Consultant, Business Image Consulting, Wilson, NC

Scott Kober, CCMEP

Director, Content Development, Institute for Continuing

Healthcare Education, Philadelphia, PA

Barbara Kristaponis

Graphic Designer and Medical Grant Writer/Editor, New York, NY

By Carol R. Krcmar, RN, MN

Making Presentations Effective

As a presentation coach, Stephanie Barnard emphasized that the most important thing to remember when planning an oral presentation is the audience. Think about who is listening to your talk and what they want to learn. Barnard’s seven deadly speaker sins include the following.

1. Saying too much
2. Not meeting the needs of the specific audience
3. Not having a clear purpose to your presentation
4. Lacking clear organization of content
5. Speaking with a monotonous voice
6. Reading the talk
7. Using unnecessary or unclear visual aids

Adult learners learn through repetition: repeat the primary message of the talk at least 6 times and use prompts to emphasize the primary point. Barnard suggested using stories to illuminate specific ideas and to connect with the audience. But, she cautioned, be sure to rehearse your stories, especially those with a punch line. She suggested several other ways to improve the delivery of a talk and engage the audience.

- Ask questions.
- Move around, and lean into the audience.
- Use gestures and make eye contact with the audience.
- Use pauses.
- Rehearse the talk, even if you are familiar with the content.

A Primer on Prezi

“Just as I was feeling confident with my PowerPoint skills, along comes a new Cloud-based presentation software called Prezi,” said Scott Kober, who admitted to being artistically challenged. Kober presented a primer on Prezi (www.Prezi.com) as an alternative to PowerPoint.

Prezi was developed by a Hungarian architect as an architectural visualization tool. Using the free Prezi Web-based software, one can create, show, and share prezis (presentations) free online or download finished prezis to present them offline. Numerous users can brainstorm using Prezi online, but not simultaneously. Two Prezi packages allow the user to work offline, but require the purchase of a license. The option of storing data on a personal computer, as opposed to storing data in a Cloud, may be advisable for users concerned about data security.

How does Prezi work? Text, images, videos, and other presentation media are placed on the canvas and can be

grouped together in frames. Users then designate the relative size and position between all presentation objects and can pan and zoom in and between these objects. For linear presentations, users can construct a prescribed navigation path. Kober suggested that the first-time user of Prezi review “how to” videos on YouTube before putting mouse to canvas. He cautioned that using Prezi is not as easy as depicted in most video clips. In contrast to PowerPoint, it is essential that the user map out the story to be told and the desired flow of the presentation before starting.

Will Prezi be the tool of choice for future slide presentations? Kober is not so sure. It takes time and patience to learn to use Prezi effectively. Using excessive zooming can make an audience dizzy and wise use of layout is advised to avoid excessive visual stimulation. Also, because Prezi uses images to present a thought or idea, few words appear, which might be daunting for some presenters accustomed to using words as prompts for speech content.

Graphic Design and Semiotics

Barbara Kristaponis is a woman of many and sundry talents. She is a writer and designer of videos, has experience in grant writing, and has worked as a freelance camera-woman. Her varied background was reflected in her presentation.

What was Kristaponis’ message to would-be presenters? Think outside the box: use novel concepts to make a talk thought-provoking. For example, the triad of thesis, antithesis, synthesis, attributed to German philosopher Georg Hegel, is a useful framework for developing a presentation and is commonly used in political speeches. In this triad, thesis is an intellectual proposition; the antithesis is a negation of the thesis; and the synthesis solves the conflict between the thesis and antithesis by reconciling their common truths, thus forming a new proposition.

As someone familiar with film techniques, Kristaponis strongly suggested incorporating images into oral presentations to help convey the desired message. For example, she discussed using the Russian filmmaker Eisenstein’s film-montage techniques, whereby an image is used to call to mind a desired response from the audience (ie, showing a sleeping baby to evoke calmness and relaxation). Another approach is to use two disparate images, in the same vein as the idea of thesis and antithesis, to evoke a third image in the mind of the audience. The use of visual images can intensify and focus the message of a presentation.

Carol Krcmar is a freelance writer and editor in Munich, Germany.

DIAL 911: EMERGENCIES IN MEDICAL WRITING

Speakers

Anne Jacobsen, MPH, CCMEP

Freelance Medical Writer, Port St John, FL

Scott Kober, CCMEP

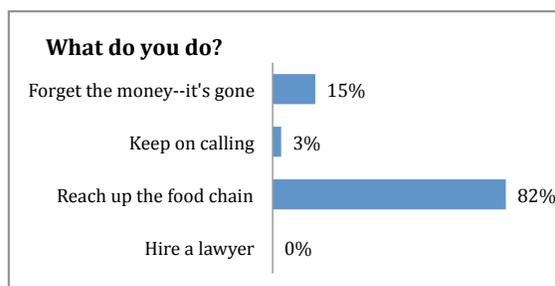
Director, Content Development, Institute for Continuing Healthcare Education, Philadelphia, PA

By Elizabeth Friedenwald

All medical writers can tell stories about when they had to use CPR to resuscitate an ailing project or to distract a difficult client. Saving projects, business relationships, or payments are all favorite war stories on listserves. Although the need for actual CPR may be a bit of an exaggeration, some medical writers work in isolation without the social support found in an office. Scott Kober, CCMEP, representing the client perspective, and Anne Jacobsen, MPH, CCMEP, representing the freelance perspective, hosted a session focused on seven emergencies common to medical writing. Each scenario was introduced by a call from a troubled freelance or client. The audience then used an audience response system to vote on four potential solutions. The session was very interactive, with audience members offering comments and additional solutions throughout the session.

Scenario 1: The Disappearing Client

A client is 3 months late on a payment of \$5,000. The primary contact has stopped responding to your e-mails and phone calls.

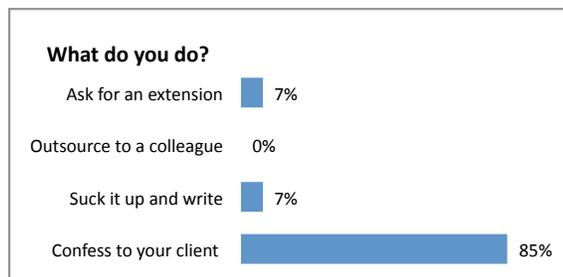


A small proportion of the audience felt that, after 3 months, freelancers should probably just forget about the money; however, the vast majority felt that it was most productive to reach up the food chain and contact the client’s boss or a different department. Jacobsen noted this strategy usually works, especially since freelancers often work with editors who are not in charge of the finances. For bigger projects, pre-agreed payment milestones might

protect a freelance from larger financial losses. No one hired a lawyer in this scenario, as most of the audience felt that hiring a lawyer was an expensive choice and would likely mean the end of the business relationship.

Scenario 2: In Too Deep

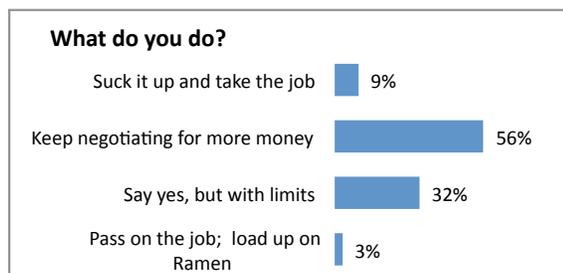
A new freelance agrees to a project for a repeat client in a therapeutic area that is new to her. The turnaround is very quick. She now realizes that she is in over her head and that she will not be able to produce a good draft in the time allotted.



As a client, Kober would prefer that freelances be honest and straightforward and discuss the situation. The audience agreed. In fact, this situation could be used as an opportunity to build a relationship with a client. If the topic is new to both the client and the freelance, the client is likely to be sympathetic.

Scenario 3: Lowball Offer

A freelance with good scientific experience is just beginning to break into the business. A client has offered her a project that will require 100 hours of work for \$4,000. She really needs the work, and the client has promised more lucrative work in the future if she proves herself.

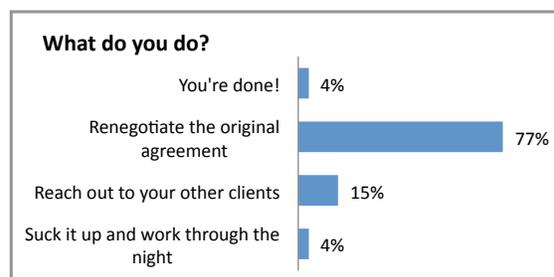


The potential benefits and disadvantages of a lowball offer is a common topic on AMWA listserves. Keep in mind that the dangling carrot—future work at a better rate—might not work out, and that saying no for a lower rate might lead to higher offers from the same client at a later date. However, as Kober stressed, the decision must be based on personal circumstances and if a writer is not busy, it may be in her best interest to take the job. The

majority of the audience agreed with Jacobsen, who commented that she would continue “negotiating for wiggle room”; for example, trying for a longer deadline that allows time for other projects that may come up, or a smaller deliverable.

Scenario 4: Timeline? What Is a Timeline?

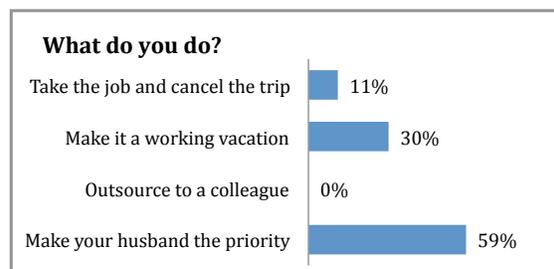
The original timeline for a project has been completely blown after the client started the project very late. Now the client is asking for revisions to be turned around quickly, and another project for a different client is starting soon.



Most of the participants thought that the freelance should renegotiate the timeline. However, both Jacobsen and Kober preferred just getting it over with and finishing the job. Jacobsen said she is used to “projects crashing up against each other” and she would not involve her other clients in this botched timeline. From the client’s perspective, it is too late to renegotiate because the project is already running late, said Kober. During a discussion of this scenario, a proportion of the audience was concerned that just finishing the project would reward the client’s bad behavior and one audience member suggested that it would be better to request additional fees.

Scenario 5: Love vs Money

A freelance has a romantic weekend planned with her husband. A client offers big bucks to complete a last-minute project by Monday morning. The husband will be very disappointed if the freelance cancels the trip.

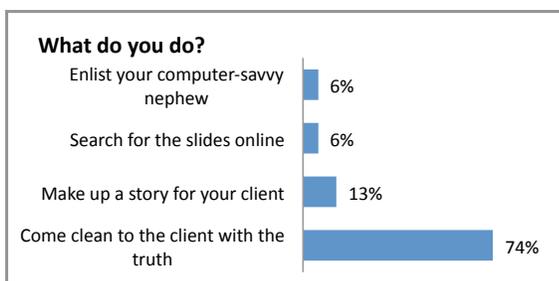


The majority felt that it would be best to make your husband a priority. However, Jacobsen confessed that she would not have had the courage to say no until recently. She now believes that sometimes it is important to say no

to a client. One audience member added that she never brings up her personal activities and situation; instead, she just says she has a prior commitment because clients seem more willing to interrupt a family activity than a work commitment. Kober suggested caution about setting a precedent of cancelling personal commitments for projects, because clients are more likely to approach freelancers with rush projects who are known to be willing to cancel plans for work.

Scenario 6: At the 11th Hour

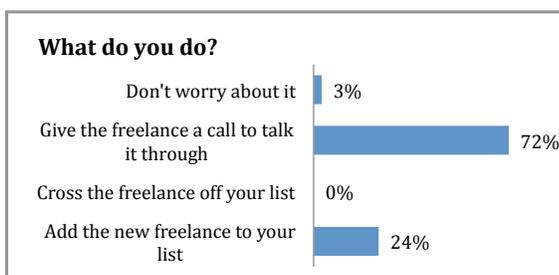
A freelance is given 4 weeks to write a short paper about a slide presentation given at an important congress. The project is easy and can be done in 8 hours. She starts working on it 3 days before it is due and discovers that she cannot open the slide presentation.



Jacobsen would try all four strategies, starting with using a tech-savvy relative and searching for the presentation online. It is most likely that the freelance will need to confess to the client in the end, and then she will need to make sure that it is a really good article and is delivered on time. Kober agreed with Jacobsen but added that a writer admitting that she had started so late may make a client feel that her project is not getting enough time and attention.

Scenario 7: Sneaky, Sneaky

A reliable freelance submits a high-quality promotional slide deck to you, the client. He inadvertently includes an e-mail trail that reveals he had farmed out the project to a different freelance.



Most of audience thought that the client should talk it through with the freelance. Kober added that he believes

that this is a breach of professionalism to outsource without the client's knowledge. He does not want to have his projects subcontracted, because he wants to vet the freelances himself.

Providing insight into how freelances cope with challenges, this session proved to be very interactive as audience members contributed stories from their own experiences. Not surprisingly, the audience responses showed that most medical writers have similar strategies for these emergencies; however, the discussion showed that choices are shaped by experience as well as by which side of the paycheck you are on.

Elizabeth Friedenwald is a freelance medical writer with her own company, Communications Nexus, Inc, in Portland, OR.

OUTSOURCING: OPPORTUNITIES AND TRENDS

Moderator

Jeannine Hanson, RN, MS

Global Regulatory Writing Senior Manager, Amgen Inc, Thousand Oaks, CA

Speakers

Alice Curry, PhD

Senior Manager, Medical Writing, Takeda Pharmaceuticals, Deerfield, IL

Mary-Margaret Lannon, MS

Director, Medical & Scientific Publications, Takeda Pharmaceuticals, Deerfield, IL

Christina M. Rogers, PhD

Senior Director, Medical Writing, RPS Inc, Fort Washington, PA

Kathy Spiegel, PhD

President, Spiegel Consulting Inc, Grass Lake, MI

By Pilar Wyman

The pharmaceutical industry has increasingly turned to outsourcing medical writing. In this session, panelists from different perspectives presented the [prevalent] models for pharmaceutical outsourcing.

First, moderator Jeannine Hanson, RN, MS, explained why there is so much outsourcing these days: There is a huge demand for regulatory writing and for safety documents. Expertise is not always available in-house, with workload fluctuations due to reprioritization of work, acquisitions and partnerships, unplanned events, and personnel issues. Strategic decisions are also a factor, as are desires for continuity of service and work. Hanson cau-

tioned that good vendor relationships are crucial for successful outsourcing.

Christina Rogers, PhD, focused on logistics: writing skills, location, training requirements, and duration or completion of a contract. She shared several scenarios demonstrating different team arrangements. In summary, she recommended needs assessment, planning, and being as flexible and proactive a service provider as possible.

Alice Curry, PhD, discussed regulatory writing. Although increased legislation has resulted in an increased workload, cost containment is still a priority. Dr Curry said that, in her experience, personal recommendations are vital when it comes to hiring subcontractors. She added that even though preferred providers must be worked with sometimes, location can be a factor, and exploratory work is often carried out, referrals and personal contacts are the main drivers in hiring and outsourcing. Fit – between companies and individuals – is what everybody is seeking. Even when the needs are many, hirers prefer working with known providers.

Mary-Margaret Lannon, MS, a former freelance, added, “It is all about transparency.” She suggested identifying personal resources, and stressed the importance of networking. Job boards and online sites such as LinkedIn are being used increasingly, she noted. With regard to agencies versus independent writers, she said “either can work beautifully,” and when it comes to experience requirements, she pointed out, “it depends.”

To get your foot in the door, Lannon recommended networking, continuing professional education and training, and working with medical communication companies. “Educate yourself,” she advised. Build your networks to better ensure that fit—between writers and clients—a step that will result in win-win relationships.

Kathy Spiegel, PhD, gave a current freelance’s perspective and discussed the various contract models currently in use: direct to pharma, through a CRO, and through a third-party vendor. Contracts can be either master service agreements, project-related statements of work, or project-related contracts. In addition, contract payments can be supplied hourly, by project, a combination, or as full-time-equivalent payments. A medical writer can work onsite or offsite, or a combination of the two. Roles and responsibilities can vary and should always be clarified ahead of time, she advised.

“Be honest,” she added. “Build trust,” and “you will get the expertise. It’s difficult to start out as a freelance.” Consider being a Project Manager for yourself, she concluded.

Hanson added, jokingly, “We say we want you to have multiple clients, but we’re lying.”

Pilar Wyman is a freelance medical indexer in Savage, MD.

SPACE-BASED RESEARCH AND THE FUTURE OF HUMANS IN SPACE

Moderator

Jim Hudson

Medical Writer, Medical Writing Associates, Simi Valley, CA

Speakers

Paul Root Wolpe, PhD

Senior Bioethicist, NASA; Emory University Center for Ethics, Atlanta, GA

Kevin L. Ferguson, MD

Director, NASA Medical Support Team; Departments of Emergency Medicine and Anesthesiology, University of Florida, Gainesville, FL

By Parvathy Hariharan, MS

Medical Challenges of Space-Based Research

Kevin Ferguson, MD, started the session with a discussion of changes in human physiology in space and the training procedures undertaken by astronauts. He began by describing the Challenger disaster, in which most of the emergency air packs of the astronauts were found to have been activated. “... (It was a) valiant but vain attempt to keep the pilot conscious,” he said. Even the Columbia space shuttle disaster was “not salvageable,” he said, emphasizing that NASA should be prepared for similar situations in the future.

Since these disasters, astronauts have been trained for numerous contingencies that simulate different disaster scenarios. Such training involves intensive full-day courses beginning at 6 am, Dr Ferguson said. The medical personnel involved in contingency training include doctors, nurses, and paramedics who are trained in special techniques, such as how to intubate an astronaut wearing a helmet. These personnel are equipped with a complete medical kit containing intravenous fluids, cardiac life support, a locked narcotics box, and a handheld ultrasound machine.

According to Dr Ferguson, the problem in space flight is that people do complex things in severe environments. “Space is probably the most severe environment, and so we need to do things (to simulate similar conditions) in the next best severe environments like microgravity and high pressure. We need to test to see if our devices work in this environment,” he said.

Space flight causes changes in human physiology, and this poses several problems. For example, on earth, the heart pumps blood to the head because of gravity. In space where there is no gravity, an even amount of blood circulates to the head and the feet. The heart recognizes this

difference and adjusts when an astronaut is in space. But when the astronauts return to earth, they may experience dizziness when standing up. Medications to improve vascular tone are then used, Dr Ferguson said.

Another potential problem for astronauts on space missions is that they lose 1- 2% of bone mass per month in space—approximately what most people lose in a year on earth—increasing the risk of fractures and kidney stones. Other medical issues that need to be addressed during long-term space missions include differences in sensorimotor, sleep, and circadian responses; the effects of radiation; the impact on microorganisms; and the psychological state of the astronauts.

All these issues mean that many decisions must be made. A trip to Mars is long, and water, waste, sweat, and urine need to be recycled during the entire time, Dr Ferguson said. Accordingly, food, water, medications and other supplies must be carefully planned and organized.

Ethical Perspectives of Space-Based Research

Dr Wolpe introduced himself with the disclaimer that he was speaking as an academic and not as a representative of NASA. To begin his discussion of ethical perspectives, he noted, “Some questions are unique to longer-term space environment.” He added that in space programs, the fundamental ethical concerns are unlike those on earth—they are not related to money or access to basic resources. “So for an ethicist, the questions are pure,” he said.

One question in space-based research is how to maintain the confidentiality of the medical status of astronauts. Do the astronauts have a right to the confidentiality of their personal medical information? Dr Wolpe showed an interesting slide listing the limited rights of the astronauts regarding their personal medical records. He then replaced the word “astronauts” with “terminally ill end-stage cancer patients” and asked the audience whether the limited rights were ethical in this case.

Using this demonstration, Dr Wolpe stated that suspending the privacy rights of astronauts, who are healthy volunteers, may not be a good idea. “These are very healthy people before you put them on Mars,” he emphasized. However, if astronauts do not share their medical information after participating in billion-dollar research programs, it is a lost opportunity to learn about human physiologic adaptations in space. Hence, this is a complex ethical issue that needs to be sorted out, he said.

Other ethical issues exist in space-based research. Health threats in long-duration space flights include progressive diseases, traumatic injuries, nutritional deficiencies, sleep disturbances, biohazards in spacecraft environment, a psychiatric or cognitive crisis, or failure of life support. Dr Wolpe spoke about many such scenarios. If more than one person gets sick and there is a finite amount of medication, who decides who should get the

painkiller? In another situation, if one person becomes sick, another person has to serve as caretaker, but both parties are now left out of the mission.

The most important question, according to Dr Wolpe, is How much risk is enough risk? To make decisions based on these potential risks, he stated that established policies and not ad hoc policies are needed. There should be a consensus regarding ethical principles, not only among astronauts and stakeholders, but also among the families of astronauts, he said.

Sending human beings on long-term space missions requires cooperation and coordination among several people and organizations, Dr Wolpe said. This was why such a mammoth task can only be undertaken by governments and not by private industries, he explained. “Goals should be articulated with a balance between individual health safety and mission safety. Acceptable levels of risk must be determined and not exceeded,” he said. “Before you make decisions, you need to pull up a toolbox of values.”

Parvathy Hariharan is a student in the graduate program in Science and Technology Journalism at Texas A&M University, College Station, TX.

SPEED NETWORKING

Moderator

Faith Reidenbach, ELS, CMPP

Principal, Caley-Reidenbach Consulting LLP, Corvallis, OR

By Whitney Smalley-Freed, PhD

Instead of being set up for a lecture, the room for this session was full of two-person tables with white tablecloths and a pink Post-it Note in front of one chair at each table. As we entered the room, we were instructed to sit at one of the tables with someone we did not know. Everyone immediately started talking with their table partners even though the session had not officially started. Faith Reidenbach, ELS, CMPP, gave a few guidelines; those who were sitting in front of the pink note should stay at the table and the others were to move to the closest table to the left. Reidenbach suggested that if we did not know what to talk about, we should start with what we were good at. Reidenbach added, “For example, I am good at hosting parties,” and everyone laughed because the session was similar to a party. We were given 7 minutes with each partner before switching to a total of nine partners. Topics of discussion varied from professions and backgrounds to hobbies and hometowns. Most people exchanged business

cards. People from all different professions participated in the event, including writers, editors, and project managers from industry, academia, and freelance businesses, offering a variety of interactions.

Participants had several reasons for attending the session. When asked why he participated in the session, Neil Andrews replied, “to meet people in the medical writing field and to network with them.” Neil was also interested in “talking to any recruiters or others who might know about job opportunities.” Another participant, Parvarthy Hariharan, “thought that a formally organized networking event would make it easier to talk to more people rather than trying to randomly strike up a conversation.”

Participants said they thought they gained something from the session. Jennifer Garcia, DVM, DACVIM, said, “It was a great way to meet a lot of fellow AMWA members in a short amount of time. It was also educational to hear others’ experiences as freelancers.” Dorothy McDuffie noted, “I was able to ask questions about freelancing and get good answers. For example, I asked one person about her Web site, and she gave me the contact information for her Web designer.”

Several suggestions were made for future Speed Networking sessions. Janice Deal said that the session should be scheduled earlier in the conference so that a “relationship could be developed further during the conference,” and Diana Lynnette Fisher said she “would love to see this session continue and expand.” Kristi Boehm suggested that the session could be divided into two groups: “newbies and veterans.” For the first half of the session, she said, newbies would move to veterans’ tables; for the second half, veterans could network with veterans and newbies with newbies. Some attendees suggested offering two sessions in case people could not attend the first one. Participants also suggested that beverages be available at future similar sessions. In general, the first AMWA Speed Networking session was a success, providing participants with plenty of contacts and helpful information.

Whitney Smalley-Freed, principal of Precise Medical Writing, LLC, is a freelance medical writer in Nashville, TN.