UPCOMING MEETING
An Evening with Medical Examiner, Paul Hoyer, MD — September 13

AMWA-DVC will kick-off the 2005-2006 meeting season with a joint Pa.-N.J. program that will include a talk by Dr. Paul Hoyer and a tour of the Camden County Medical Examiner’s facility in Pennsauken, N.J. Following the tour, we will dine at the renowned New Jersey steakhouse, The Pub.

Dr. Hoyer is the Camden County Medical Examiner. He will speak about what can and can’t be learned through an autopsy and why death statistics in the United States are less accurate than they should be. During our tour, he will show us the equipment that the medical examiner uses to perform autopsies.

The Pub, a long-time favorite with area residents, is famous for its grilled steak and seafood as well as its extensive salad bar offerings. Attendees will have a choice of New York strip steak, grilled salmon, or charbroiled half-chicken, salad bar, soft drinks, and coffee or tea.

The meeting site and restaurant are convenient to members from the Philadelphia area as well as Central and South Jersey. Both are less than 10 minutes from the Ben Franklin or Walt Whitman bridges and less than 20 minutes from the N.J. Turnpike or Route 295. Complete directions will appear in a broadcast email, which will be sent to all members.

Details
• Tuesday, September 13: 5:30 p.m. Networking (at Medical Examiner’s facility), 6:00 p.m. Dr. Hoyer’s talk, 7:00 p.m. Dinner (at The Pub).
• Camden County Medical Examiner – 2276 43rd Street, Pennsauken, N.J.
• The Pub – Airport Circle, Pennsauken, N.J.
• Cost with advance registration: Members: $40, Nonmembers: $45, Students: $10.
  At the door: $10 more, SPACE PERMITTING.

Registration
• Registration details and deadlines will appear in a broadcast email.

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Go Ahead, Dial the Number! You Are Ready for the Interview

By Bernice Schacter, PhD

For some of us, talking to strangers is not just what our parents warned us against as children, but a daunting part of our adult lives—and receiving an assignment to conduct an interview may produce even greater anxiety. Luckily for attendees of the AMWA-DVC’s June 29 dinner meeting, Keith D’Oria, managing editor of Physician’s Weekly, a hospital-based medical news service that provides clinicians with medical news, technological advances, practice management, clinical updates, and CME, provided a lively look at what he’s learned about that most prickly of interviewees—the physician.

D’Oria’s roles as managing editor for Physician’s Weekly, and editor for their new Patient Education Center, regularly requires him to interview physicians about medical advances. He has learned how to prepare for and carry-out the interviews in a way that conserves the physician’s and his own time while getting the copy he needs. D’Oria noted that physicians may not appreciate an interviewer’s needs. They may give nonresponsive, long winded, or laconic answers—or go off on convoluted stories about their last golf game. D’Oria emphasized preparation. Learn all you can on the topic and the physician before the interview. He urged using all resources, including informal networking contacts. A big part of preparation is developing a plan for the story, and if you are working as a freelance, make sure you know what the client wants. He emphasized using reliable sources—“Beware of the Internet”—and getting full published articles rather than just relying on abstracts, which may have little data or draw conclusions not entirely supported by the data.

Interviewing Technique

Consider everyone’s needs: writer, physician, and audience. Understand and communicate that you understand the physician is busy, important, and has valuable insights to share. “Stroke the ego.” Clearly communicate what you need to accomplish with the interview, as well as the process of preparing and editing the article. Focus on framing questions that preclude yes or no answers. For Physicians Weekly’s audience of physicians, the questions generally address how the medical advances under discussion will overcome barriers to care. If consumers are the intended audience, D’Oria suggested focusing on information patients can use to prevent a medical problem, or can use to ask their doctors questions. He also suggested asking the interviewee where patients can find more information on the topic.

During the interview: pay attention, ask questions if you don’t understand, and record the session. D’Oria didn’t recommend delegating the task of transcribing the interview—by working on the transcript and using your notes you may be able to clear up many questions.

Have the physician review your draft of the article. Often the physician will expand on the story and improve it—he or she is the expert—even though you may have to sweat the word count. D’Oria also urged sending a note soon after the interview to thank the physician and confirm the timelines for the article. These courtesies and the offer of a printed copy of the article will often add this physician to your list of informal resources, which you can use for future articles.

News from National

By Lori De Milto and Scott Metsger

Profile of AMWA Members

Primary job functions
• Writing/editing 1,994 (+1,472 who selected this as the secondary job function)
• Pharmaceutical 1,284
• Freelance 922 (+824 who selected this as the secondary job function)
• Under 300 each: research, PR/ advertising/marketing, education, and management

2005 Membership Assessment
February 2005, 881 responses, 17% response rate (highest responses only listed)

Employment
• Self-employed/freelance 33.9%
• Pharmaceutical/biotech 20.8%
• University or medical school 9.6%
• Communications firm 6.4%
• CRO 3.6%
• Government agency 3.2%
• Publisher 2.7%
• Advertising agency 2.4%

• Under 75 each: Web/multimedia and translating

Length of time in biomedical communications
• More than 10 years 34.2%
• 6-10 years 22.1%
• 3-5 years 9.6%
• 1-2 years 9.1%
• Less than 1 year 6.2%
• Not currently in medical communications 8.7%

Highest degree
• Master’s 34.9%
• Bachelor’s 28.6%
• PhD 24.6%
• MD 4.8%
• PharmD 3.5%

See News on 4.
Financial Trends in the Healthcare Industry. What is on the Horizon?

By Darlene Grzegorski and Peggy Stansfield

Ira Ross, executive director of Morgan Stanley, spoke to AMWA-DVC members at the N.J. Spring Meeting about market forces affecting the healthcare and pharmaceutical industry. Ross has 40 years experience in the financial services industry. He has been a portfolio manager at Morgan Stanley since 1980.

Ross began his talk with anecdotes of his extensive experience working in the financial services industry—an industry where “you can constantly learn.” Ross described the stock market as a “slice of life” that reflects our larger culture. He explained that despite extensive analysis of businesses, you can still get it wrong. “It’s a highly psychological enterprise.”

Ross encouraged the audience to consider reinvesting the dividends their stocks pay out, let it work for you the way compound interest works in a bank savings account. Ross noted that 40% of the Standard and Poor comes from reinvestment, and generally the market moves higher.

He summarized the history of the market from 1960 to 1982 and pointed out that booms are followed by busts because “we can’t leave [well] enough alone.” Ross likened investing to driving in the mountains. He advised listeners to actively follow their investments and not just set them on cruise control.

Ross discussed the “easy money” environment of the late 1990s, the Y2K bug, the deregulation of telecoms, as well as investment strategies. Ross gave his perspective on the current real estate market, Alan Greenspan’s economic stewardship, and noted that the stock market stopped going down in the fall of 2003.

Ross then turned to the healthcare industry, which he described as “running into buzz saws” because of news about the COX-2 inhibitors. For years pharmaceutical stocks have been considered growth stocks, but now the industry has reached a point where clinical trials are not generating anticipated results. This is the price of discovery: science can’t produce at regular intervals. Ross felt pharma stocks were too cheap last year; he commented that United States’ free-market driven stocks were cheaper than in countries with socialized medicine. He believes that there is true long-term value in biotech and medical equipment stocks.

Darlene Grzegorski is a senior project manager/medical writer at Educational Resources Systems, Inc.
Peggy Stansfield is a freelance writer.

Dial from 2

When Things Go Wrong

Sometimes, even with the best planning and well-crafted questions, the physician may provide insufficient information and you will have to ask more questions or include queries in the draft sent for review. You may have to go to other resources, even interview another physician. Plan for this.

Or the interview may go great, but your request for the review goes unanswered; again use your resources, including requests to the physician’s assistant, the institution’s media reps or an interviewee’s colleague to get a response. If all else fails, ask another physician to check your article. Remember that network you built?

D’Oria stressed that from the beginning to the end of the interview process: plan, prepare, and use every resource to assure the integrity of the article. By following Keith’s advice, that talk with a stranger—the physician on the other end of the line, won’t be so daunting and will provide the copy you need.

Keith and his colleague, Martha L. Henkel, senior editor of the Patient Education Center (www.patienteducationcenter.org) also briefly described the online resource provided by the Medical Group Management Association.

Bernice Schacter, PhD is a biomedical writer and consultant.
NEWS from 2

AMWA Membership

- 3-5 years 25.1%
- Less than 1 year 19%
- More than 10 years 18.8%
- 6-10 years 18.7%
- 1-2 years 18.5%

Main reasons for joining AMWA

- Career development/resume 34.8%
- Educational opportunities 16.2%
- Networking opportunities 14.3%
- Employment opportunities 12.7%
- Curriculum certificate 9.1%

Main reasons for retaining AMWA membership

- Networking opportunities 17.9%
- Educational opportunities 17.7%
- Employment opportunities 14.1%
- Career development/resume 9.4%
- Curriculum certificate 6.9%