
The Write Stuff

The Journal of the European Medical Writers Association

Interpersonal Working Relationships



EMWA European
Medical Writers
Association

Autumn 2000

Vol. 9, No. 4



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***The Client from Hell: No Time, Not in the Mood – You Name it* 7** **Anne Bartz**

Yes, we've all experienced them in our nightmares and on late-night television, but do these medieval horrors still lurk the dark woods of the freelance world? Indeed, these clients have to be read about to be believed.

***The Contractor-Client Relationship* 9** **Adam Jacobs**

Adam writes about relations between clients and contractors from the contractor's point of view. Since he has worked in a CRO, an agency, and as a freelancer, he has had a chance to experience much of what contractors have to do. Here we will learn why some clients turn out to be from hell and why others are a joy to work with, and what both clients and contractors can do to make things run smoothly. [INT]

***Do you Have What it Takes to Work in a Team?* 12** **Diana Klein-Franke**

We have all noticed in the "Job Available" section of the EMWA website that many companies request (or require) the ability to work in a team. But what exactly is teamwork and what do you need to have to work in a team? Let's face it, even if you're a freelancer working for a client and thus in a team of two, medical writers always work in teams. This article will give you some pointers as to whether you have what it takes.

***Brief Setting: the Neglected First Step* 16** **Tim Albert**

One of the great mistakes we make when writing is to start too early, without really knowing where we want to end up. Here we learn what author Tim Albert (see following) recommends: that the first thing to do is to draw back from writing and think very carefully about what you want to do. This process is called "setting the brief" and Tim gives 5 basic steps on how to go about it. By all means, let your writing be a voyage of discovery, but look at the existing navigation charts before you set out. [INT]

***In the Bookstores . . . Practical advice about getting the words to flow* 18** **Karen Shashok**

Writer, editor, manager and trainer Tim Albert gives both amateur communicators and experienced writers and editors a concise, practical and entertaining guide to semicolons, polyfontophilia, advertorials, post-spelling-bee traumatic disorder, and much more in his new A-Z of medical writing.

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[INT] - this symbol indicates that the article also has been or will be published at the EMWA internet site:
<http://www.emwa.org>

Journal Insights

The Write Stuff is the official publication of the European Medical Writers Association. It is issued quarterly and aims to provide EMWA members with relevant, informative and interesting articles and news addressing issues relating to the broad arena of medical writing. We are open to contributions from anyone whose ideas can complement these aims.

Articles or ideas should be submitted to the Editor-in-Chief (see back cover for address) or another member of the Editorial Board.

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

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From the Editor's Desk: Interpersonal Working Relationships

by Barry Drees

Greetings fellow members,

Like many other things these days, the role of medical writers in the pharmaceutical industry seems to be changing. Gone are the days when medical writers could quietly sit at their terminals, working away in solitude and quiet obscurity. When I first started as a medical writer back in 1989, I was frequently asked in medical writing seminars why someone with such an outgoing personality like me had gone into a profession like medical writing. Apparently, the assumption was that being a medical writer required absolutely no interpersonal skills, since we worked in complete isolation. I always pictured the scene from the novel *1984*, where the protagonist received his assignments through a tube and when he was finished with them he inserted them into another tube, never once seeing another human being (and this was **before** he got tortured!). People seemed to think that having good interpersonal skills or an outgoing personality meant that one had to go into project management or marketing.

As I have discussed in this column on other occasions, things have changed! These days, all one hears about is the team aspect of what we do. In fact, last year's Drug Information Association meeting "Survival Strategies for Medical Writers" (TWS 1999; 8 [4]: 3-4) was dominated by presentations stressing the importance of interpersonal skills in working in teams to complete writing projects on time. Not only does one now have to deal with the actual person commissioning the work, but one is very often placed into large, multi-disciplinary teams where one must interact with a whole range of other professionals including experts in pre-clinical, medical, marketing, statistics, programming, project management, publishing, etc. Thus I am thrilled to present our theme for this issue of "Interpersonal Working Relationships", where we explore a few of these situations.

I was frequently asked in medical writing seminars why such an outgoing personality like me had gone into a profession like medical writing.

There tends to be a sense of fatalism about interpersonal skills however. Everyone seems to think that you are either born with them or the situation is hopeless. Having attended a fair number of team-building workshops over the years, as well as having gained a lot of experience working in teams both professionally as a medical writer and on backpacking or trekking expeditions, I've been amazed how effective a few simple principles can be to help build good teams and solve interpersonal conflict. Even if you are born with outstanding interpersonal skills, making every effort to be open and honest in communicating with your team members and making sure that everyone is working toward a common, well-defined goal can work wonders.

From the Editor's Desk

Probably the most essential thing for good teamwork is respecting the other team members and their contributions, even when their style or personality is different from your own. Just as a good coach or trainer recognises and respects the different ways each member contributes to a successful sports team, a good team leader knows how to motivate and get the best from each member of their team. And this holds not just for the leader, but for all team members. As Hilde Joosen wrote me in a comment on the "Celebrating Linguistic Diversity" issue, "building each other up is the key to success". I believe there is a strong link between the themes of this issue and the last issue. If we can move beyond just respecting diversity and strive to celebrate diversity, we can go a long way to improving our interpersonal skills and making ourselves better teammates or project leaders and thus better medical writers.

This topic also proved a winner in soliciting article submissions. In fact, the response was so great that we decided to expand it over two issues. Thus, we will look at working relationships themselves in this issue and we will examine the peculiarities of working with particular kinds of people and professions in the following issue. And

If we can move beyond just respecting diversity and strive to celebrate diversity, we can go a long way to improving our interpersonal skills and making ourselves better leaders

since one can learn the most about oneself through the eyes of another, the next issue will also feature a guest article from a statistician on working with medical writers.

And speaking of respecting differences, forging leadership skills, and promoting diversity, this brings me to some more exciting news about the next issue. For the first time in 2½ years, TWS will be edited by someone

other than me. Yes, the long-awaited moment has arrived for the new deputy editor, Judi Proctor, to step in and edit her first issue! Although I will still retain some oversight and will help Judi if she needs it, the next issue will be hers in terms of concept and article solicitations. I, for one, am really looking forward to seeing TWS with someone else's vision.

Finally, I'd like to share some news about the continuing recognition of the quality of TWS, which also might act as an inducement to members to submit pieces for publication. I was recently approached by the contract research organisation Parexel (frequent EMWA sponsor, I might add) to use articles from TWS for commercial purposes. As some of you may not know, authors of articles published in TWS retain the copyright to their articles. Thus, as in this case, if someone wishes to reproduce an article, they must negotiate with the author for the rights to that article, not EMWA or TWS. So all you freelance writers, send me examples of your brilliance for us to publish and you will not only get free advertising for your writing skills, you might even be able to earn some cash in the process and pay off that Ferrari in the garage!

Barry Drees
Editor-in-Chief
Aventis Pharma
barry.drees@aventis.com

PS. Oh yes, I almost forgot, one final comment for our president Keith Veitch based on his last column: one — nil, and at Wembley no less!



Message from the President . . .

by Keith Veitch

When people hear that I am a medical writer their curiosity is aroused until I explain to them my role within a pharmaceutical company. I can see them then mentally dismissing me as someone who spends all day in front of a word processor writing dry, boring pieces of a technical nature for equally dry and boring scientific/medical types to read. And when I reflect, it is almost true, but does miss out on one of the major parts of the job which is the theme of this issue – dealing with other people. We all have to deal with other people in our daily lives, at home, shopping, travelling, etc., but I am willing to bet that most of the conflict in our lives comes from having to deal with those for whom we work, or who work with or for us (something difficult to define at times!). These interactions can be broadly divided into two kinds depending on whether you are freelance or “corporate”.

The image that “freelance medical writer” usually conjures up is of someone sitting alone in their home office with piles of data or material from their clients, churning out text and tables from their PC and e-mailing it back for approval. A solitary, isolated existence which some may find appealing . . . but not reality. The drawback is that you must deal with a client who is going to pay your bills. A freelancer must create and develop a relationship with prospective clients during the first contact, which evolves such that subsequent work follows. If you want to be successful, you must ensure that the process of writing is not a solitary one, but involves interaction and feedback to satisfy both yourself and your client. Hopefully, after reading some of the articles in this issue, you will have a better idea of how to create this state of nirvana.

For the rest of us, as Diana Klein-Franke points out, working within the pharmaceutical industry, the catchword is “teamwork”. As a writer, you are not only the person who ensures that the correct words are put down on the piece of paper, but a member of a team responsible for selecting the appropriate words and making sure they appear in the right form, with the right emphasis and at the right time. A writer who wants to sit in their garret to produce their block-busting novel is not suitable for the role of writer in a team where every sentence and word is subjected to multiple scrutiny and a variety of possible alterations. Accepting that you are only a cog in the wheel is an important part of being successful in this environment. To be able to stand to one side while your lovingly crafted prose is torn to shreds is essential. Of course you have the satisfaction of knowing that you are the most important cog, which is why it is always the writer’s fault when a deadline is not met . . .

Keith Veitch
R&D Management (B.60/H315)
SmithKline Beecham Biologicals
Rue de L'Institut 89
B-1330 Rixensart, Belgium
Tel: (+32) 2 656 9632 Fax: (+32) 2 656 8113
keith.veitch@sbbio.be



... and from the Vice-president

by Julia Forjanic Klapproth

Preparations are underway for next spring's conference in Montpellier and I thought I would take this opportunity to send an open invitation to everyone to join us there.

For many people Montpellier is considered the most beautiful city in France. Nestled on the coast of the Mediterranean, Montpellier is the capital of Languedoc-Roussillon, a region in southern France famous for its wine and culture. It is a lively university city with a charming atmosphere and streets full of cafés and student bars in the midst of impressive squares and parks (and the entire city centre is a pedestrian-only zone!).

As a dynamic university town, Montpellier's cultural richness owes much to the student community. There are many small theatres and music clubs, and the remarkable Opera-Berlioz is a must see for opera fans. Several museums bring to light the town's rich history, and there are a number of different festivals held in Montpellier that count among the most important in France.

Situated between Provence, the Camargue, the Cevennes mountains and the Pyrenees, Montpellier offers a wide range of opportunities for excursions into some of the most romantic and famous areas of France. For instance, you could take a trip to the mountain villages in the Cevennes, which for a long time were inaccessible. Or visit Nîmes, Avignon and the famous Pont du Gard, a Roman aquaduct more than 2000 years old. The Camargue is a nature reserve that offers excellent opportunities for horse riding and uncrowded, sandy beaches and sand dunes.

Tempted yet?

Well, if that isn't enough, there will also be a savoury selection of workshops that Julia Cooper and the EPDP are cooking up for you to further your medical writing skills. Plus there will be some tantalising speakers from different corners of the medical writing landscape.

When you aren't busy enhancing your skills as a medical writer, our social programme promises to keep you busy elsewhere. There will be a wine tasting, a walking tour of the medieval city, a concert in a cathedral and a tour of the oldest medical school in Europe. Plus, the banquet will be in a nearby wine-making chateau, hosted by the count and countess themselves.

So mark May 8 – 11, 2001 in your calendars. I am looking forward to sipping a hearty wine and contemplating life as a medical writer with you in the sunshine of Montpellier.

À bientôt,

Julia Forjanic Klapproth
Aventis Pharma Deutschland
julia.forjanic-klapproth@aventis.com



The Client from Hell: No Time, Not in the Mood - You Name it

by Anne Bartz

When I recently picked up the phone in my office, there was a Mr Q from company Z on the line asking for my husband. I politely asked whether I could be of any assistance, since I am not married and hence there is no such thing as a husband. Well then, he said, then put me through to your boss. Again, I politely apologised and asked him whether he would like to tell me what he wanted and we could then figure out whether I could help to solve his problem. There is no boss, I said, I am — if he does not mind — the boss. Well, he told me reluctantly that he had a very difficult medical translation, a TECHNICAL one about a laser procedure used for eye surgery and therefore wanted to talk to THE TRANSLATOR and not be held up by the secretary. When asked how he came to call me, he answered that he got my name from the newsletter of the Translator's Association in North Germany. Yet, although my name and my address were plainly listed there, to him it obviously was somewhat incorrect. And, of course, it WAS a technical translation . . . I felt a slight hint of irritation.

Although this is not an everyday occurrence, it is unfortunately not that unusual. The following conversation — also on the phone — speaks volumes and

"Hello, this is Mr X and I want to tell you right away, I work exclusively with men, also with regard to translations, but I don't have a choice at this time because my usual translator is on vacation and the whole thing is damn urgent."

rather unflatteringly for a potential new client who, one would innocently assume, called because he wanted something: "Hello, this is Mr X and I want to tell you right away, I work exclusively with men, also with regard to translations, but I don't have a choice at this time because my usual translator is on vacation and the whole thing is damn urgent". "Good opening", I thought, "and what a nice and well-educated man". What else is there to say? My answer: "Well, good luck for your search for a male translator".

The thing is that the language profession, in whatever form, is frequently called "a woman's job" and contemptuously used to be called (or perhaps still is called) an "orchid subject" in German (which is to say, "neither fish nor fowl"). Thus, a high percentage of translators are women and this client's search might prove somewhat difficult. Still, given his outstanding sensitivity and interpersonal skills, not to mention his nice way of asking for help, he should have no trouble finding the famous needle in the haystack.

The Client from Hell

When I started as a freelance translator, I had no idea whatsoever what was awaiting me regarding professional conversations with clients. To me the whole thing is a kind of deal: I offer a service that is used and paid for by others. I offer something because I think I am good at it and to help those who are not so good at it or not good at it at all – living in a highly specialised and compartmentalised world. Why I so often get to hear clients – particularly where English translations are concerned – say something to the effect of "well, actually I could also do it myself, but I don't have the time, I am not in the mood or - you name it", is still a mystery to me. Certainly, a professional reaction would be a polite and smashing "Don't worry. That is what I am here for". Something you do not want to repeat for ever and ever. Perhaps it is the widespread idea that everybody has or wants to know English and does not want to admit that it is maybe not quite enough for special tasks.

Whenever the pipes, for example, in my bathroom are broken, I call a plumber and ask him to come around and have a look at it. And I most certainly would not add that I can well fix the pipes myself, but you know, I just do not have the time or I am not in the mood or - you name it. I am glad that there are people who come to my house in such situations. When I buy bread at the bakery, I would not tell the baker that actually I love to bake bread myself and usually do so but, as it were, do not have the time, or am not in the mood or - you name it. Why, I wonder, are some people keen to apologise or justify themselves for the fact that they need the service offered by a translator and in doing so belittle the service of the latter? Anybody can do that, but sometimes one does not have the time, is not in the mood or - you name it.

When I go and buy bread at the bakery, I would not tell the baker that I love to bake bread myself and usually do so but, as it were, I do not have the time, or am not in the mood or - you name it.

Anne Bartz - Freelance Medical Translator
Parkallee 12
D-20144 Hamburg, Germany
Tel.: (+49) 40 44 28 79 Fax: (+49) 40 44 28 05
anne_bartz@compuserve.com

NEWSFLASH

British regulatory authority (MCA) seeks Medical Writer

Yes, at long last, the dream of all medical writers working in the pharmaceutical industry is coming true: the British drug regulatory authority (the Medicines Control Agency) is seeking to hire a medical writer to "assist in the production of assessment reports for European regulatory procedures and other administrative aspects of these procedures". Does this mean that we'll finally get some clear and readable guidelines??

From an advertisement in the 16 Sep 2000 issue of New Scientist (page 73).



The Contractor–Client Relationship

by Adam Jacobs

When I was discussing what I might write for this article with our Editor-in-Chief, he told me of his idea for writing about contractor–client relations, discussing things like ‘The Client From Hell’. Funnily enough, as soon as he mentioned that phrase, a particular client sprang to mind (not one of my current ones, I hasten to add). This made me think about what it is that makes contractor–client relations work well, and what makes them go horribly wrong, so that is what I am going to write about here. I should mention first that my thoughts on the subject are mostly from the contractor’s point of view.

I think what really makes the difference between relationships that work well and those that don’t is communication. Clients need to communicate their needs effectively, and contractors need to communicate how they are intending to meet those needs, particularly if any problems arise along the way. Before I turn to medical writing, I’ll illustrate this with an example that is even more dear to my heart, namely food.

One relationship that works well is when I am a client of the local Indian restaurant. I have their menu at home, and if I phone them to ask them to deliver my dinner, I can pick things off the menu and tell them what I want. For example, their menu describes ‘onion bhaji’ as ‘sliced onions blended with spices and deep fried’. If I order onion bhaji, I have given them a very specific request, which they know exactly how to fulfil. When an onion bhaji turns up at my door within the next hour, it will be exactly what I was expecting, and I am a satisfied client.

Contracting out medical writing is really no different to ordering food, except that (1) communicating your requirements is vastly more complicated, and (2) it is not such a great way to make a good impression on a first date. The increase in the complexity of the task brings with it a proportionate increase in the scope for poor communication. Communication always works best if it is direct, of course. Ideally, the person doing the writing should have a direct line of communication with the person who wants the writing done. If the client doesn’t deal directly with the writer, but with the writer’s boss, for example, extra scope for misunderstandings creeps in. The more people who join in the chain between the writer and the ultimate client (account managers, project managers, etc), the more the whole process turns into a game of Chinese whispers. In my own experience with the CFH I alluded to earlier, I think there were about five people in the chain. I didn’t even know who the person at the other end of the chain was.

Before a contractor starts a piece of work for a client, it is essential that both parties agree exactly what the contractor is supposed to do. An onion bhaji may be easy to define, but most medical writing projects are less so. For example, if I am contracted to write a clinical study report, does the client expect me to produce the end-of-text

The Contractor-Client Relationship

tables? If I am writing a manuscript for publication, will the client supply the references for me to cite in the introduction section, or will I need to do an extensive literature search? The permutations are endless. Exactly what is required is up to the client, and

I like deadlines. I particularly like the sound they make as they go whooshing past.
Douglas Adams

a good contractor will fit in with the client's requirements.

The important thing is that everyone should agree on what is required from the outset. For example, if a contractor starts writing a clinical study report thinking that he or she was not preparing end-of-text tables, and the client thinks otherwise, bad things

start to happen. The contractor will be upset about doing the extra work for no extra pay (if a fixed price for the project was agreed in advance), and the client will wonder why the report ends up taking two weeks longer than originally agreed. All this unpleasantness can easily be avoided if everyone just takes a little bit of trouble to agree what exactly is being contracted out. It is essential that this agreement should be in writing, as the scope for misunderstandings on the phone is huge. Most projects can be described adequately in a single page of A4, and in my opinion there is no need for a formal contract drawn up by the company's legal department. Such contracts can be great time-wasters. If your company policy insists that all agreements are governed by a formal contract, you will have to put up with it, but otherwise I would recommend avoiding them. Yes, a formal contract will stand up in court better, but if you think you are going to sue your client/contractor, then why are you doing business with them in the first place?

An agreement about what is required is a good starting point, but must not be the end of the communication process. Not all projects run completely according to plan, and a wise contractor will let the client know of any problems. A client is unlikely to be impressed when receiving a clinical study report with a little note that says 'I haven't addressed the primary response variable in the report, because it was missing from the data tables you provided.' Most clients would probably have preferred to be told about this so that they could go and hit the statistician repeatedly with a large stick until the primary response variable regains its rightful place in the data tables, hopefully in time to be included in the report by the original deadline. However, there is a balance to be struck. A client who is too busy to write a report in the first place won't appreciate being phoned every 5 minutes whenever the contractor has a vague hint of a doubt about something. If problems come up during a project which are important enough to deserve the client's attention, but not so important that they need immediate action (missing drug batch numbers, for example) then it is worth making a list of them. The list can be given to the client after it seems unlikely that more problems will emerge, but while there is still time to do something about the problems before the deadline.

Talking of deadlines, Douglas Adams once said 'I like deadlines. I particularly like the sound they make as they go whooshing past.' This is not an attitude I would recommend to any contractor. It is worth remembering that clients may be contracting out the work in the first place only because they have an urgent deadline that they don't have the capacity to meet in-house. It is extremely discourteous for a contractor to agree to a deadline and then miss it. Sometimes this may be inevitable, because of

illness, catastrophic computer failures, etc, but if this happens, then it is essential to contact the client at the earliest opportunity to let them know about the delay. A client should *never* have to phone a contractor when the deadline has already passed to ask where their manuscript is. To return to our previous example, how would you feel if you phoned your local Indian restaurant and they told you that your curry would be with you in 30 minutes, and an hour later there was still no sign of it? I am proud to say that I have never missed a deadline in all the time I have worked freelance (my articles for *The Write Stuff* don't count, Barry, I'm talking about paid work here). I don't ascribe this to any superhuman writing speed on my part, but rather to my ruthless attitude when agreeing to deadlines. There is a temptation to agree to whatever deadline a client asks for so that they won't take their business elsewhere. This temptation must be resisted. There is always the risk that the client will go elsewhere, but the chances are they'll come back again after the contractor who agreed to their impossible deadline failed to deliver on it. The problem can be particularly unpleasant when a boss agrees to deadlines on his or her writer's behalf, without consulting the writer.

Clients also have their bit to do in making sure that relationships run smoothly. If, for example, you want a manuscript based on a study report to focus on the drug's tolerability, then you need to tell the contractor. Otherwise, you have only yourself to blame if you get a manuscript with 2000 words describing the drug's efficacy and a single sentence on tolerability. Contractors are not mind-readers. Similarly, if there is something you don't like about the contractor's writing, then say so, unless you want it repeated in the next piece of work.

There is a temptation to agree to whatever deadline a client asks for so that they won't take their business elsewhere. This temptation must be resisted.

While it is discourteous for contractors to be late delivering manuscripts, it is equally discourteous for clients to be late paying their bills. If an invoice says 'payable within 30 days', this means within 30 days from the date of the invoice, not 30 days after the person in the accounts department gets back from holiday, discovers the invoice hiding underneath an abacus, and says 'the cheque is in the post'. Of course, contractors need to remember that once an invoice has gone into the company accounts department, your client may have no more control over what happens to it than you do, particularly if your client works in a large company, so a little understanding is worth cultivating. You can always charge that client extra next time around.

Like a marriage, relationships between contractors and clients seldom work perfectly first time, but improve with practice. The best relationships are between clients and contractors who have worked together many times in the past and know each other's requirements and how to satisfy them. Meanwhile, I'm off to get my lunch, safe in the knowledge that Julie in the sandwich shop will know as soon as I walk through the door that whatever I order will need to be in a granary bag with no butter.

Adam Jacobs,
Dianthus Medical Limited
58 Haslemere Avenue
Mitcham, Surrey, CR4 3BA, UK
Tel: (+44) 181 640 7616 Fax: (+44) 181 646 8444
ajacobs@dianthus.co.uk



Do You Have What it Takes to Work in a Team?

by Diana Klein-Franke

"Effective teams require clearly understood goals which are compatible with the individual goals of its members. The way communication, leadership and tasks are structured should be appropriate to current goals and members should have personal qualities which enable them to convey respect to others and gain results through working collaboratively."

Linda Miller, Chartered Occupational Psychologist, MSc, Clin Psychol.

While the above quotation sounds simple, the problem today with teamwork is that most of us were never taught how to work as a team. Western society and culture tend to promote independence, self-sufficiency and competitiveness at the expense of shared goals and collaboration. It is therefore important to understand what teamwork consists of and what is required in order to work on a team before answering the question: "Do you have what it takes to work in a team?".

There are four basic kinds of team based on the number of members:

Team	Size	What is changed
Individual	1 person	Individual skills & perceptions
Small Team	2-12 people	Relationships between people
Team Islands	2 or more teams	Relationships between teams
Organisation	15+ people	The culture of the organisation

Adapted from: www.teamtechnology.co.uk

A team consists of 4 basic elements:

1. A group of people with a common interest/goal in mind.
2. A process of team-building that enables a group of like-minded people to achieve their goal.
3. The stages involved in clarifying the goal, identifying obstacles and removing them.
4. The nature of team-building variables in terms of scale and what they try to achieve.

Having a clear team goal, understood and supported by all members, is probably the most important difference between successful and unsuccessful teams [1, 2]. Teams without goals can easily become noncooperative, highly stressed, error-prone and, most importantly, are usually not successful. Teams with goals, on the other hand, tend to be highly cooperative, have high morale, are highly trusting, are adjusted to the system, and, most importantly, are successful. It is arguable whether a team that achieves its goals but alienates and frustrates all its members is a successful team.

One true test of a good team, which is too often ignored, is whether the team is willing to work together again after the goal is achieved.

Even for teams with goals, the difference between success and failure can be ascribed to a difference in their goals - whether they aim to succeed or to avoid failure. To say that an individual has a strong desire for team success means that they will feel satisfied if their group accomplishes its goal, whereas a strong fear of failure means that they will feel embarrassed if their group does not succeed.

When members of a team have a strong desire for the team to **succeed**, realistic goals are chosen, whereas when team members have a strong desire to **avoid failure**, they choose either trivially easy or very difficult goals. Teams with a strong desire to avoid failure do poorly compared with teams with a strong desire to succeed. Members of teams trying to avoid failure tend to work longer hours, enjoy their job less, have less pride in their organisation, blame others to a greater degree and care less about success. These teams may set very high goals and yet have little interest in achieving them. Since they could not meet their goals, motivation declines and efficiency drops, contributing to another poor performance, another cycle of failures [3].

Negative thinking can be quite an addiction. If you are currently in a team that seems to be trying to avoid failure, the following advice may help you:

- Try to relax and distract yourself - take time off to do something you enjoy.
- Don't find fault. Think positively.
- Don't let your life be influenced by a failure, e.g. a manuscript that was not accepted for publication or a poorly written clinical report. Accept the comments and learn from them.
- Treat other members of your team with respect. Respect has to be given in order to be received.
- Be disposed [4], so that you are willing and able to assist your team members.

In order to reach your potential in a team, you should be able to [5]:

- Identify with clear team goals, which should not conflict with personal goals,
- Have the required technical and interpersonal qualities,
- Be able to adopt a team role(s) with which you feel comfortable,
- Feel mutual trust, respect and a collaborative climate,
- Be supported and rewarded for achievements both within the team and externally.

Team effectiveness [6, 7] is likely to be maximised when these needs are satisfied, as members are likely to:

- Work collaboratively without sacrificing personal goals,
- Communicate openly and effectively,
- Remain focused on team goals,
- Contribute more confidently and effectively, with increased motivation and success,
- Identify with and feel committed to the team,
- Set high performance standards,
- Be less anxious and defensive, focusing instead on learning from experience.

Do You Have What it Takes to Work in a Team?

On a positive note (and being the author of *The Physical Side*); teamwork seems to be good for our health! It has been proven that people who work in a team are at lower risk of coronary heart disease [8]. Working in a team is not as easy and straightforward as it sounds. It is important to be able to accept honest criticism and use it constructively. However we feel about teamwork, it seems likely that we will all find ourselves as part of teams for the foreseeable future.

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Diana Klein-Franke
Luxemburger Str. 467
50939 Köln, Germany
g.klein-franke@excite.com



*ASSOCIATE DIRECTOR, MEDICAL WRITING - TRAINING AND
QUALITY CONTROL (Victoria, British Columbia, Canada)*

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Brief Setting: the Neglected First Step

by Tim Albert

Taken from the book: A-Z of Medical Writing, by Tim Albert, BMJ Books, 2000 ISBN 0 7279 1487 1.

Brief setting One of the great mistakes we make when writing is to start too early, without really knowing where we want to end up. Some people start by writing lists; others go straight to a word processor and start writing down what comes into their heads. I recommend an alternative step, originally recommended in *Medical journalism; the writer's guide* (Tim Albert, Abingdon: Radcliffe Medical Press, 1992), in which I advise that the first thing to do is to draw back from writing - and to think very carefully about what you want to do. By all means let your writing be a voyage of discovery, but look at the existing navigation charts before you set out.

I call this stage 'setting the brief'. It involves taking time to think about what you want to do. You may be able to do it in less than a minute; with more difficult pieces of writing you may need days or even weeks. As long as it remains rumination, not procrastination, you should not worry. As for what you need to think about, these are contained in the following five points.

1. **Message.** Work out the most important thing you want your readers to take away from your writing. This is the message, and should take the form of a simple sentence of about 10 words. For instance: 'Wearing sandals with socks reduces the incidence of athlete's foot'. The key is to include a verb ('reduces', 'increases', 'does not affect', etc.) which gives it direction. It will also distinguish it from a title, which (in journals) usually consists of a string of nouns ('Footwear apparel and fungal infections of the skin and nails of the feet: a randomized placebo-controlled trial') that will not make a suitable starting point. Do not settle for a question: if you do not yet have the answer, do more research or more thinking or both.
2. **Market.** Decide for whom this message is intended (audience) and how you intend to get it to them. Be specific: the more tightly defined your audience, the greater your chances of success. If you want to write an article, define which journal (*The Lancet*, for instance, or *Country Life*?). If you are writing a report justifying the purchase of an expensive piece of equipment, write for the main player in the decision-making committee. If you are writing a procedure for a new clinic's appointment system, write for those who will have to carry it out. If it looks as though you will have to please two separate audiences at the same time—such as a report on the latest research for members of a patient group and interested doctors—then write two different reports.

By all means let your writing be a voyage of discovery, but look at the existing navigation charts before you set out.

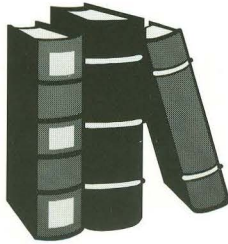
3. *Length and other aspects of style.* Now work out what you need to please your audience. Decide on the length of the piece of writing, measured in words or paragraphs. This should not be determined by how you rate the importance of the topic (or happen to know about it), but on what the market should bear.
4. *Deadlines.* Set the date by which you need to finish the writing. Then work backwards, inserting second-level deadlines for the major steps you need to take on the way.
5. *Payoff.* Define how you will judge the success of your writing. Too often we judge it in terms of half-remembered notions of literary criticism. Now we are established in our careers, we should regard writing as a tool not a test, and therefore judge success not by the details, but by whether our writing has enabled us to achieve what we set out to do. For instance, if we are trying to attract a £1 million grant, and we manage to do so, our writing has succeeded, irrespective of whether we have split the odd infinitive. Similarly, if we are trying to get a paper published in a prestigious journal and it is accepted, we have also succeeded (and subsequent gripes from rivals should be seen in this context).

Take your time over brief setting. You may not believe it at the time, but having a clear idea on the above five questions will make all the difference to what you are setting out to do. Consider the following examples, both on the subject of socks, shoes and athlete's foot.

- *Task 1:* 'A research letter for *The Lancet* showing that sandals and socks reduce the incidence of athlete's foot. This will be based on the multicentre SOLE trial and will comprise 500 words. The article will be written by August 1, revised by August 15, sent out to co-authors on September 1 and submitted on September 21. The writing will be considered successful when the editor accepts it for publication'.
- *Task 2:* 'A report for the management board arguing that sandals and socks should be issued to all staff in order to reduce the incidence of athlete's foot. The primary audience will be the director of human resources. The report will consist of one sheet of A4. The first draft will be completed tomorrow, and revised the following day. The writing will be considered successful when staff get issued with their regulation socks and sandals.'

A useful trick is to make sure that others, such as bosses and co-authors, who may subsequently want to comment on your piece of writing, see these details before you start. Don't wait for the finished piece; show them the brief. Agreeing on the message and the market at this early stage can save endless arguments later on.

Tim Albert
Tim Albert Training
Paper Mews Court
284 High Street
Dorking, Surrey RH4 1QT UK
Tel +44 (0)1306 877993 Fax: +44 (0)1306 877929
tatraining@compuserve.com



In the Bookstores . . . Practical advice about getting the words to flow

by Karen Shashok

Tim Albert. A-Z of Medical Writing. London: BMJ Books, 2000. ISBN 0 7279 1487 1.

Suffering from post spelling bee traumatic disorder? Can't resist that overwhelming temptation to drop quotations everywhere? Find yourself reaching for that posh (but gratuitous) overcoat time and time again? Then this book is for you. Not only will it diagnose your writing problems; it will also recommend sensible, straightforward measures you and the authors you work with can take to overcome them.

Not a treatise on writing theory and process, but a glossary of terms arranged alphabetically over 145 pages (at about four entries to a page), this book is meant for medical and other health professionals with no formal training in writing, but who sometimes face writing and editing responsibilities that can cause stress and frustration because of lack of experience. Tim Albert, who has worked in both the lay and medical press and is also a management consultant, trainer and visiting fellow in medical writing at a UK university, is very well qualified to advise struggling (as well as more experienced) writers on how to collect, organise, and communicate their thoughts.

Albert's functional, goal-oriented approach to writing is based on three practical targets, which are reiterated in different entries throughout the book. For writing to be successful, authors must define and understand their intended audience, think long and hard about their messages and the purpose of the piece of writing before they start to write, and develop a way to judge whether their writing has been effective. In the entry for **effective writing**, the author summarises these key precepts: "If you define in advance what you want your writing to do, you can also define in advance how to measure it. Failure to do this can lead to confusion and depression as you start to believe those who tell you, for all kinds of reasons and with no real evidence, that your writing is poor".

The book is meant to be dipped into sporadically for advice about real-life issues of (for example) authorship and co-authorship, copyright, impact factors, peer review, and rejection. The writing is incisive, the information is clearly grounded on first-hand experience, and there are carefully measured doses of irony and acid-tinged humour that will keep the after-hours, background reader hooked for page after page. For example, the entry for **semicolons** declares: "If you are having to look this up, don't use them (see full stops)". **Quotation dropping**, the author denounces, "adds little to the argument and is usually less a sign of erudition than that the author has access to a dictionary of quotations". "Putting on the posh overcoat" is Albert's metaphor for using a needlessly florid, pretentious style that some scientific authors still believe to be the mark of elegant prose.

***This book is meant for medical
and other health professionals
with no formal training in
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Post spelling bee traumatic disorder is Albert's term for the urge to use a long (and difficult-to-spell) word when a shorter one would actually communicate the author's meaning just as well or better. But listen to how the author defines it: "The surprisingly common fear that, unless we can trot out long and obscure words—and spell them correctly—we will be judged as dunces. This has demotivated several otherwise good writers". This entry reflects the author's plain-talking style and illustrates his sensitivity to the difficulties colleagues who do not often wield the pen or keyboard can have when they are called upon to produce a piece of writing.

The author has worked with, and listened carefully to, many frustrated writers who wanted to do an excellent job but were aware that their lack of experience made this task difficult. It is this understanding of how it feels to stare for eons at a blank page or screen, waiting for inspiration to come, that makes Albert's advice so useful. In my favourite entry, which defines a population group he terms the **worried well**, he gives an excellent and sympathetic explanation of the distress writers sometimes feel: "In writing, as in health care, there are many people going around feeling that they have major problems when it comes to putting out their thoughts. This is rarely so. What they are exhibiting is the pain that comes with doing a difficult job well".

The book is meant as a convenient reference, providing on-the-spot clarification of problems and issues in writing and editing, and most of the entries are pertinent to scientific writing in any discipline. It is not a comprehensive, professional reference work for the professional medical writer and editor, so be advised that weightier works should be consulted for information on topics such as the Declaration of Helsinki, informed consent, the CONSORT and QUORUM guidelines, Medline, and (oops!) EMWA and AMWA.

While some might not agree with all of Albert's recommendations on how to make progress with a piece of writing, this concise, practical and entertaining book is nonetheless a delight for medical writers of any degree of experience. It should help fearful or frustrated authors turn their thoughts into text, and stimulate those who work with authors to reconsider some of our approaches to working with budding or occasional writers.

Karen Shashok
Translator and Editorial Consultant
C/ Comp. Ruiz Aznar 12, 2-A
18008 Granada, Spain
Fax: (+34) 958 132354
kshashok@ctv.es

For writing to be successful, authors must define their intended audience, think about their messages before they start to write, and be prepared to judge whether their writing has been effective.



In the Spotlight...



Allan Johnson
Copy Writer
PBC Communications, Marlow,
Bucks, UK



Nationality: British

Native language: English

Languages spoken fluently: Just English

Type of medical writing: CRO - Communications agency

How many years as a medical writer: 3.5

What qualities do you think a medical writer must/should have? An eye for detail. I am still appalled to find typographical errors in main headings and key drug names spelled incorrectly. Other qualities? A good sense of humour is a must.

What keeps you doing medical writing? That's an interesting question, as I have just moved away from being a 'Medical Writer' to become a 'Copy Writer'. I was afraid that I wouldn't find a science-based writing job if I changed from writing 'science' to writing advertisements and GP-orientated documents. I couldn't have been more wrong.

What was your worst mistake as a writer and what did you learn from it? Worst mistake was probably trying to correct too many edits on a protocol without the paperwork to support decisions made by a client. It all went horribly wrong, and it taught me the importance of keeping exact notes of client-agreed requirements and edits.

What is your most/least favourite type of document to work on and why? My favourite types of document were regulatory documents involving Phase I or pharmacology. Now, having moved into medical communications, I'm enjoying producing many new types of documents, most of which are based on pharmacology and precise science. I think my least favourite documents were those Phase II/III clinical studies that report drugs, which simply did not have any notable efficacy. I don't know what is more demoralising, writing about a drug that doesn't work, or knowing that the client isn't that bothered about the report because the trial didn't 'work'.

If you could change one thing in your job as a MW, what would it be? Probably raising the profile of the writer, so that others in the industry could understand what is done and the processes involved; i.e., that it is not simply a matter of knocking out 50+ pages of text.

Do you consider yourself foremost a writer or a scientist, and why? This is a good question. I am scientifically trained, and have considered myself a scientist before anything else for many years. Now, I'm not too sure. I don't think you can be a good scientific writer without being part scientist and part writer, however, I'm sure that exceptions do exist.

How important (e.g. for one's perception of medical writing, training, personal development, networking...) are professional organisations to you (EMWA, AMWA, EASE, DIA, etc)? Professional organisations are very important in ensuring that you're aware that there is someone else out there with the same issues and problems. All too often the writer is locked away, manacled to a PC. It can be a solitary life, and professional organisations help keep our feet on the ground.

What was the funniest/oddest/most interesting job you ever did? I think the most interesting job I ever did was writing a protocol involving intra-ocular surgery. The advisory team was high-powered and global, and it was fun interacting with so many people with such diverse specialities.

What do you consider your greatest achievement? I received a PhD in pharmacology in 1997, I'm yet to top that one professionally.

What is your most pressing unfulfilled goal in life? I've just finished writing my first novel. Once it is in a presentable format, it would be very satisfying to see it published.

What are your hobbies? Generally writing and editing my novel, it seems to involve more time and lengthier edits than any study report I have ever worked on.

Is there anything else about EMWA or Medical Writing that you would like to comment on? EMWA produce informative, fun conferences, which I would recommend attending if the opportunity arises.

Media Item of Interest

The IOF-Alliance Osteoporosis Media Award, sponsored by the International Osteoporosis Foundation (IOF) and *The Alliance for Better Bone Health* (Aventis Pharma and Procter & Gamble Pharmaceuticals), will honour journalists who write imaginative and effective articles about the disease. Speaking at the launch of the award on World Osteoporosis Day, IOF Executive Director Mary Anderson explained that the award encourages journalists to communicate the importance of prevention, early detection, and rapid treatment of osteoporosis.

Awards will be given to journalists writing for general press and medical publications. First prizes include a \$5,000 cash award, all-expense paid trips to the World Osteoporosis Day 2001 press conference where the 2001 award ceremony will be held, and to the May 10-14, 2002 World Congress on Osteoporosis in Lisbon, Portugal. Articles must be published between July 1, 2000 and June 30, 2001. Articles are invited from journalists worldwide, and can be submitted in any language. Each article must be accompanied by a one to two paragraph English summary.

Entry forms and more details can be obtained through the IOF website at www.osteofound.org, or by contacting Alexandra Galvan, Tel: +33 4 72 91 41 77; Fax: +33 4 72 36 90 52; email: alexandra@ioflyon.org.



Networking: the Webscout

by Amanda Bennett

Regulatory affairs is the hub of the modern pharmaceutical industry. The link between medical writing and regulatory affairs is strong because many of the documents prepared by medical writers go into the regulatory dossier. However, it can be difficult to find regulatory information on the web that is indexed in a logical, efficient manner - the information is there but how can we access quickly and efficiently what we need? Try the site below; it's one of the most comprehensive and well structured I have found.

<http://www.regsources.com>

Regsource.com is a portal organising worldwide regulatory, clinical, toxicological, CMC and other drug/device development-related information (including complete European regulatory coverage as well as extensive clinical research information). It also provides regulatory affairs-related Federal Register notices indexed by subject area, links to regulatory guidance documents, laws and regulations, clinical research information, and other useful information.

For information about Rx and OTC drugs, the next two links should be all you need:

<http://www.rxlist.com>

The RxList site has been published since 1995 and is now part of the Health Central network of health sites. It provides a "fuzzy" search facility for over 5,000 drugs, identifying the generic and brand names, linking to detailed monographs for the most important entries. There is full online access to Taber's Medical Encyclopaedia and even help on how to embed the RxList search tool into your own website.

<http://www.bnf.org>

Hit the BNF 40 link to access the September 2000 update - you will need to have Java enabled on your browser. Compiled with the advice of clinical experts, this essential reference provides up-to-date guidance on prescribing, dispensing and administering medicines. It details all medicines on the UK market, with special reference to their uses, cautions, contra-indications, side effects, dosage and relative costs.

The following site should also be high on your list of favourites:

<http://www.merck.com/pubs/mmanual/>

The Merck Manual has become the world's most widely used general medical text and is available on their website free of charge. Furthermore, a comprehensive index of normal laboratory values can be found at: www.merck.com/pubs/mmanual/tables/296tb2.htm.

The next two sites provide a broad reference for medical and scientific usage:

<http://www.dianthus.co.uk/resources/abbreviations/abbreviations.htm>

This database contains definitions of many abbreviations used in medicine. A single input box allows you to search the database for a specific abbreviation, or browse all abbreviations beginning with a particular letter.

<http://www.graylab.ac.uk/omd/index.html>

The Gray Laboratory Cancer Research Trust website is simple and well organised. Of particular interest is the online medical dictionary containing over 46,000 references to terms from medical science. It includes: acronyms, jargon, theory, conventions, standards, institutions, projects, eponyms, history, in fact anything to do with medicine or science.

For those who, like me, get nervous when expected to write convincingly about pharmacokinetics, the next two sites might provide some help:

<http://pharmacy.creighton.edu/pha443/pdf/default.asp>

An entire textbook for an introductory pharmacokinetics course has been made especially for publication on the web.

<http://gaps.cpb.ouhsc.edu/gaps/pkbio>

Another full online pharmacokinetics and biopharmaceutics textbook. Also on the site are tools that will create linear and semi-log graphs. There's even an online calculator that will do eight different calculations.

Writing in the sciences requires you to use standardised text structures. For some useful tips have a look at the following:

<http://stipo.larc.nasa.gov/sp7084/index.html>

How do you punctuate a single sentence that includes an equation? What can you do to remain within a 200-word limit for abstracts? Well, NASA has kindly provided a source for you: Mary K. McCaskill's Grammar, Punctuation, and Capitalisation - A Handbook for Technical Writers and Editors is online in its entirety. You too can learn to punctuate from NASA!

http://www.wma.net/e/policy/17-c_e.html

On 7 October 2000, the 52nd WMA General Assembly unanimously approved an amended version of the Declaration of Helsinki. It is the fifth time that the document, acknowledged as the cornerstone of research ethics, has been revised since it was drawn up in 1964.

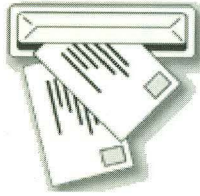
If you should come across an interesting or useful website that you think fellow writers would enjoy, please send the URL of the site to Bennetta@iconuk.com. Also, let me know if there is a particular area or topic that you would like to see included.

Amanda Bennett
ICON Clinical Research UK
Kings Court, The Broadway
Winchester, SO23 9BE, UK
Tel: (+44) 1962 826000 Fax: (+44) 1962 826001
Bennetta@iconuk.com

DON'T FORGET – EMWA QUESTIONNAIRES!!

Those of you who haven't filled out your EMWA questionnaires yet, please do so and return them to B Drees as soon as possible.

MAKE YOUR VIEWS KNOWN!



Vital Signs: Correspondence from our readers

Dear TWS,

Just finished reading your most recent TWS - the Education issue - and I have to say I really enjoyed it. A great collection of interesting articles, which once again have left me with a few ideas that I might pinch! I'm particularly interested in the dialogue about clinical writing, since that's something absent from our market - and hence from my CV. You may have heard that we're setting up a pilot professional development programme down here - we've been learning a lot from the way you folks have done it. We even have an EMWA-appointed 'liaison officer' (an Australian living in Paris)!

Peter Hobbins

(Editor of "AMWA NEWS", the newsletter of the Australian Medical Writers Association)

Dear TWS,

I think that there was a bit of a misunderstanding about my struggles with the Dutch tax officers (which are settled now, I believe). They were indeed of the opinion that a writer's talent was comparable to that of a football player or opera-singer. It was however not the tax declaration that gave me troubles, but the fact that I wanted to put my freelance activities into a BV (something much like the German GmbH or English Ltd.). It was quite a technical discussion, which also involved quite a few sessions with a lawyer who specialised in tax laws, but we were able to convince them in the end. Although it is true that I am supposed to be better off now (if I do not count the bills from the lawyer), it is not true that previously I had to pay more taxes. Also, I should mention that the discussion was specific to the freelance situation.

Annemieke Van Hest

Now if only we got paid like football players or opera singers!

We received a large number of positive comments from readers about the Celebrating Linguistic Diversity issue, thanking us for handling such an important issue and pointing out various aspects that they particularly enjoyed (everyone seemed to like the cover concept). In fact, that issue generated the largest reader response since the very first issue with the new format (July 1998). However, the following comment from Isabelle Thirolle was, in its backhanded way, perhaps the greatest compliment.

Dear TWS,

During lunch time, somebody nipped into one of my colleagues' office and nicked her latest issue (*Celebrating Linguistic Diversity*) of the Write Stuff! Don't worry, though, I gave her another copy.

Isabelle Thirolle

So, people are driven to stealing to get their copies of TWS now!

Meetings of Interest

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

Date	Meeting/Sponsor	Location
Dec 14	Projektmanagement klinischer Prüfung (German) Kendle Munich Postfach 81 04 09 D-81904 Munich, Germany Tel: (+49) 8999 3913 160; e-Mail: info.muc@kendle.com	Munich, Germany
Jan 10	How to Write an Expert Report Rostrum Personal Development Mildmay House, St Edwards Court, London Rd, Romford, Essex, RM7 9QD, UK Tel: (+44) 1708 776 016 or (+44) 1708 735 000	London, UK
Jan 15	Managing Stress in the Pharmaceutical Industry Rostrum Personal Development Mildmay House, St Edwards Court, London Rd, Romford, Essex, RM7 9QD, UK Tel: (+44) 1708 776 016 or (+44) 1708 735 000	London, UK
Mar 27-28	Communication Skills for Pharma Professionals Rostrum Personal Development Mildmay House, St Edwards Court, London Rd, Romford, Essex, RM7 9QD, UK Tel: (+44) 1708 776 016 or (+44) 1708 735 000	London, UK
Apr 24-25 [EMWA]	Successful Medical Writing FORUM Institut für Management GmbH Postfach 10 50 60 D-69040 Heidelberg, Germany Tel: (+49) 6221 500 500; Fax: (+49) 6221 500 505	Dusseldorf, Germany
May 1-2	Presentation Skills for Pharmaceutical Professionals Rostrum Personal Development Mildmay House, St Edwards Court, London Rd, Romford, Essex, RM7 9QD, UK Tel: (+44) 1708 776 016 or (+44) 1708 735 000	London, UK
May 2-3 [EMWA]	Effective Medical Writing Rostrum Personal Development Mildmay House, St Edwards Court, London Rd, Romford, Essex, RM7 9QD, UK Tel: (+44) 1708 776 016 or (+44) 1708 735 000	London, UK

Coming Next Issue . . . (Winter 2001)

Interpersonal Working Relationships – Part II, Working with Medical Writers
Featuring the first issue by the deputy editor, Judy Proctor with articles by:
Freelance medical writing; complexities of the client/freelancer interactions by Linda Mizen
The Care and Feeding of Regulatory Affairs Personnel by Nick Thompson

EMWA Executive Committee

President:

Keith Veitch

R&D Management (B.60/H315), SmithKline Beecham Biologicals,
Rue de L'Institut 89, 1330 Rixensart, Belgium
Tel: (+32) 2 656 9632 Fax: (+32) 2 656 8113
keith.veitch@sbbio.be

Vice-President & Programme Manager:

Julia Forjanic Klapproth
Aventis Pharma Deutschland
Clinical Development, Bldg. H-840
65926 Frankfurt, Germany
Tel: (+49) 69 305 82982
Fax: (+49) 69 305 80070
julia.forjanic-klapproth@aventis.com

Immediate Past President:

Geoff Hall
58 Church Road,
Worcester Park
Surrey, KT4 7RW, UK
Tel: (+44) 181 715 1368
Fax: (+44) 181 715 1369
medwritehall@worldscope.co.uk

Treasurer:

Barbara Grossman
Covance
7 Roxborough Way
Maidenhead
Berks, SL6 3UD, UK
Tel: (+44) 1628 548 182
Fax: (+44) 1628 547 333
barbara.grossman@covance.com

Membership Officer:

Adam Jacobs
Dianthus Medical Limited
58 Haslemere Avenue
Mitcham, Surrey, CR4 3BA, UK
Tel: (+44) 20 8640 7616
Fax: (+44) 20 8646 8444
ajacobs@dianthus.co.uk

Public Relations Officers:

Ernesta Palombo-Kinne
Jenapharm
Otto-Schott-Str. 15
07743 Jena, Germany
Tel: (+49) 3641 64 6110
Fax: (+49) 3641 64 6376
Ernesta.Palombo-
Kinne@Jenapharm.de

Isabelle Thirolle
SmithKline Beecham Biologicals
Rue de L'Institut 89
1330 Rixensart, Belgium
Tel: (+32) 2 656 9808
Fax: (+32) 2 656 8133
isabelle.a.thirolle@sb.com

Website Manager:

Marian Hodges
6 Highfields
Ashted
Surrey, KT21 2NL, UK
Tel: (+44) 1372 275 053
marian@molesoft.demon.co.uk

Education Officer:

Julia Cooper
Parexel International Ltd
River Court, 50 Oxford Road
Uxbridge
Middlesex, UB9 4DL, UK
Tel: (+44) 1895 864 403
Fax: (+44) 1895 864 323
julia.cooper@parexel.com

Journal Editor:

Barry Drees
Aventis Pharma Deutschland
Clinical Development, Bldg. H-840
65926 Frankfurt, Germany
Tel: (+49) 69 305 3834
Fax: (+49) 69 305 80070
barry.drees@aventis.com

EMWA Secretariat

Phillipa Clow, 10 Batchworth Lane, Northwood, Middlesex, HA6 3AT, UK
Tel: (+44) 1923 842 503 Fax: (+44) 1923 835 077
emwa@dial.pipex.com

EMWA website: www.emwa.org