Out On Our Own

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Editorial

Another summer has come and gone. In this issue of OOOO, we are happy to feature Paul Woolley's novel approach of comparing employment and freelancing. I am sure many of us can identify with some of the points he raises.

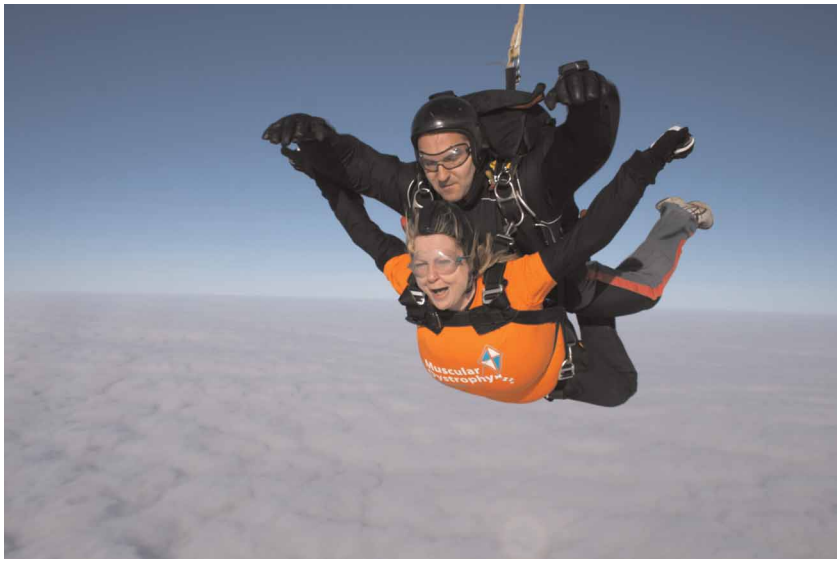
We thank Debbie Jordan for sharing with us her *Out of Hours* hairy adventure for a worthy cause, plus a useful addition to a medical writer's *Tool Box* – a website offering a quick way of locating instructions for authors' for over 6000 journals in the field of health and life sciences.

And once again, Anu and Anders bring us an entertaining word jumble. Finally, a quick reminder that you should join the EMWA group on LinkedIn if you haven't already done so. This is our means of keeping in touch and updating you on important issues in 'real time'. Our next stop is Berlin at the November 2012 EMWA meeting this autumn. We hope to see old and new members alike at the Freelance Business Forum.

A leap into the unknown .....

As many of you know, I have been a freelance medical writer for many years (13 years I think at the last count) and I have been actively involved in EMWA for most of those years, including several years spent on the EMWA committee. I teach several workshops at the EMWA conferences and also contribute regularly to the journal. Outside of work I play squash and I help out at my local Scout group. However, on 29th February 2012, I decided to do something completely different and I volunteered to take part in a charity skydive (and for those of you that know me – yes my 'volunteering' to do this did come after a few large glasses of wine!).

The reason I volunteered to do this is I have a very dear friend called Julie who has muscular dystrophy (MD). Although multiple sclerosis (MS) is well known, MD is less well known and more funding is needed to research into this debilitating condition that causes progressive muscle wasting. The Muscular Dystrophy Campaign wanted to organize a tandem skydive on the extra leap year day this year (February 29) to raise money for research



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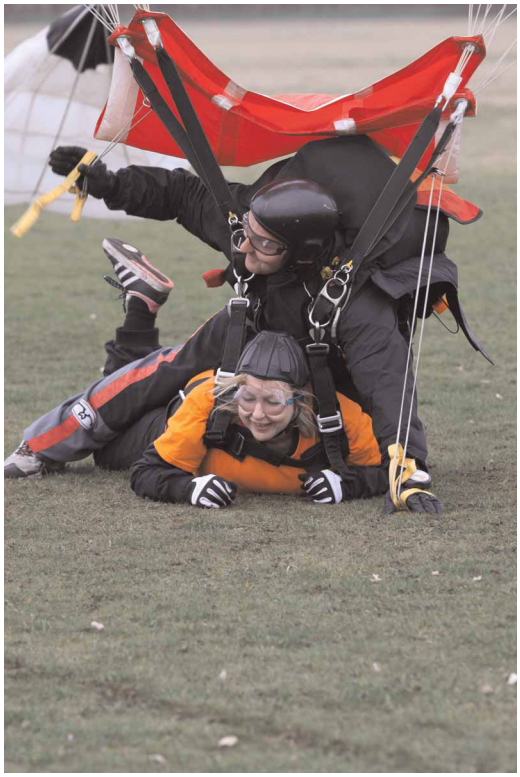

and to raise awareness of this condition, so when I learnt about it I decided to volunteer. It was only after putting my name down that the fear set in – not helped by my kids laughing their heads off at the thought of their mum, who is afraid of heights and won't go on a rollercoaster, jumping out of a plane!

On the jump day it was cloudy and foggy, and part of me was hoping it would all be called off! However, we headed to the airfield and hung around for most of the morning before we were given the go ahead to do the skydive (my knees started to go very wobbly at this point). We were kitted out in our jumpsuits, our MD t-shirts, strange pointy hats and goggles and then walked out to the plane. The plane took off and went up to 12 000 feet, where we were strapped very tightly to our tandem partners before being moved to the doorway to do the jump. From this point on I must confess I had my eyes closed, and only opened then again when we had tumbled out of the plane and were freefalling at 120 mph through bright blue skies and sunshine towards the grey clouds below. At 5000 feet the parachute opened and then we gently glided to earth – although my landing wasn't as graceful as I was hoping it would be!

Overall it was an amazing experience and I am glad I overcame my fears and did it and in doing so raised a lot of money for a very worthwhile cause. But would I do it again? I may be mad – but I am not completely insane!!!

If anyone would like to donate to the Muscular Dystrophy Campaign to support my skydive then my JustGiving webpage is www.justgiving.com/DebbieJordan64. Thank you. Debbie Jordan.

Debbie Jordan
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Medical Writing Jumble # 4

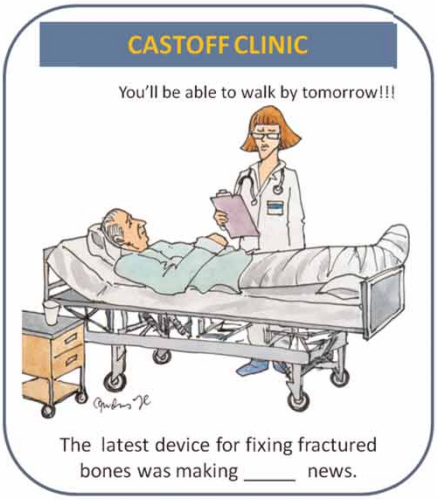
1. Rearrange the jumbled letters to get a meaningful word related to medical writing.
2. Next, take the circled letters from each word and make two new words that will answer the riddle in the cartoon. Hint: The answer is probably a pun.
3. Use British English.

SATREB ○○□□□□

RAGED ○□○□□

TIKANE ○□□□○□

SUREN ○□□□□



Answer: □□□□□□□□ NEWS

by Anuradha Alahari | Illustration: Anders Holmqvist See page 256 for the answers.

Do it yourself (?)

Editor's introduction: We asked long-standing EMWA member Paul Woolley to reflect on a decade of freelancing as a scientific and medical writer. He agreed to do this, but added that, like many medical writers, he prefers to see results presented in tabular form. The table that he gave us compares medical writing in a pharma company or a CRO with that of a home-based self-employed writer, with the caveats that not every 'employee' point applies with equal weight to pharma and CRO life, and that the trend towards employees' working from (or even at) home can blur the distinction in some respects. It is probably a coincidence that the number of points he addresses almost equals the number of weeks in the freelancer's working year.

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	Being an employee medical writer …		Being a self-employed medical writer …
1.	Your timetable is at least partly imposed.	<	You can divide up & plan your own time.
2.	You rarely have control over work overload.	≪	You decide how much or how little work you do (but do you really decide this? – see next point).
3.	Just sometimes, you can keep overtime in check.	>	You probably cannot afford to say "no" to a client, in case he finds someone else and never approaches you again.
4.	Work is work and time off is time off. (But you probably take your work problems home with you anyway.)	=	If you work at home, you basically never leave the office.
5.	Work is work and time off is time off. So home chores don't intrude at work.	≪	With your office at home, you can easily and quickly switch from work duties to home duties and back – if convenient, several times daily (see, however, no. 39).
6.	A substantial percentage of your time is devoted to work-related meetings, etc.	<	A substantial percentage of your time is devoted to providing your own technical support, administration, book-keeping, etc.
7.	Fixed (minimum) working hours.	≪	Free choice of hours, as long as the job gets done.
8.	You have very little influence on how many projects you are working on concomitantly.	≪	You can choose, or at least steer, how many projects you are working on concomitantly.
9.	When peaks of activity occur, they are usually less busy (you can get a stand-in), but the peaks are more stressful (lots of people involved, telephone calls, urgent mails, etc.).	<	Peaks of activity are busier (you cannot delegate or arrange stand-ins), but they are less stressful (you control every minute, can disconnect the 'phone' etc.).
10.	You are sometimes under pressure from your boss to work long additional hours (unpaid).	≪	You are sometimes under pressure from your clients to work long additional hours (paid).
11.	Therefore …You have to learn to say "no" to your boss (difficult).	>	Therefore …You have to learn to say "no" to your clients (very difficult; not usually done).
12.	You are subject to political pressures from the company hierarchy.	≪	You are your own boss – no political pressures.
13.	You sometimes get exasperated by your colleagues.	=	You sometimes miss having colleagues.
14.	Projects can often be much of a muchness.	≪	There is a great difference in atmosphere and challenge from one project to another.
15.	You contribute to your working environment, but it is basically determined by others. (You may even end up in an open-plan office!)	<	You are guaranteed a happy working environment, though perhaps lacking agreeable contributions from others.

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	Being an employee medical writer …		Being a self-employed medical writer …
16.	Generally, you have to work with the clients that your line manager tells you to work with, even if they are not always so pleasant … *(continued below)*	<	You can decide which clients to drop (but you probably don't – see no. 3) … *(continued below)*
17.	… and the line manager frequently gives your colleagues the clients that are good to work with.	≪	… and which ones to cultivate.
18.	In negotiating with clients, you can appeal to the rules or SOPs of your company if it suits you.	>	You cannot appeal to the rules of your company, and if you have any personal SOPs you have to justify them each time in arduous negotiation.
19.	You have the back-up of experienced client-relations experts.	>	You are your own client-relations expert and need to have – or to develop quickly – excellent assessment of a client's needs and tastes.
20.	… an organization not to try pulling a fast one on him, and is therefore easier to deal with. (For the beginning of the above sentence, see opposite.)	≪	The client is more likely to trust an individual than …
21.	It is not unknown for companies to out-source virtually impossible tasks to CROs because someone would lose face within the company if they tried the job themselves and messed it up. In the event of success the CRO gets the credit; in the event of failure the medical writer gets the blame.	≪	It is not unknown for companies to out-source virtually impossible tasks to freelancers because someone would lose face within the company if they tried the job themselves and messed it up. If the freelancer keeps a cool head and a good relationship to the client he can always pick up some credit.
22.	You are rarely told exactly what the client wants or needs; you have to extort this information from someone, which is difficult: you cannot approach your colleagues as they do not know, and you cannot approach the client because it would be letting the side down.	≪	You talk directly to the client, with no middle-men, and can find out fairly quickly what the client wants, what he needs, and whether these are the same thing. (If you can point out convincingly that they are not, you will become flavour of the month, or even longer.)
23.	Sometimes, there is someone to replace you when you are off sick. More often, you have to pretend that there is.	<	There is no-one to replace you when you are off sick. However, clients usually understand this.
24.	Someone else does your employment paperwork.	≫	You take responsibility for all paperwork, taxes, etc. … leading to much loss of sleep or the engaging of a costly professional.
25.	… ditto insurances.	≫	… ditto insurances.
26.	… ditto IT servicing.	≫	… ditto IT servicing.
27.	… ditto business development.	≪	… ditto business development.
28.	You may have to walk or cycle to work each day, which consumes time but provides much-needed exercise.	≫	Working at home, you get much too little exercise and probably need to discipline yourself to get any at all.
29.	You may have to drive to work each day, which consumes petrol and does not even provide much-needed exercise.	≪	You consume no petrol and save the planet.
30.	There is free, though not always very select, coffee at work – perhaps even a subsidized canteen.	=	The quality and price of comestibles at work are of your own choosing, as are the resources put (by you) into their procurement.

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	Being an employee medical writer …		Being a self-employed medical writer …
31.	You can often legitimately use office facilities for private purposes, saving time.	=	You can often legitimately use home-office facilities for private purposes, saving money.
32.	You can store your textbooks and similar junk in your office.	>	You must store all your textbooks at home; also records, archives, etc., which take up a surprising amount of space.
33.	You cannot store personal effects (in noticeable amounts) in your office.	<	You can put excess space to good use and may even get tax back on it.
34.	You can check difficult questions with colleagues who are expert in other fields, e.g. statistics or specialized areas of medicine.	≫	Having no colleagues to check with, you have to use connections (which is difficult for confidentiality reasons), to ask the client (which is often less of a problem than it sounds) or quickly to become your own expert.
35.	With luck, you may be sent on training courses that will cost you nothing and where you may even learn something.	≫	If you have time for training courses, then you cannot afford them; if you can afford training courses, then you have no time for them.
36.	You can be trained up on the job.	≫	You cannot be trained up on the job by others (except sometimes in good collaborations with clients).
37.	*Singles:* You are tempted to turn your workplace into an ersatz family. (This applies especially if you become romantically involved with a colleague.)	=	*Singles:* You require discipline to maintain basic personal contacts.
38.	*Paireds:* You are tempted to turn your workplace into an escape from the family. (This applies especially if you become romantically involved with a colleague.)	=	*Paireds:* Monogamy is guaranteed, at least on your part.
39.	*Parents:* You can get away from the kids.	≫	*Parents:* You have to stake out territory.
40.	As a medical writer, you sometimes have to cover up for sub-standard work by colleagues in other departments. (Reason: The company, or your business unit, has to pretend to be perfect, and you are the "front man".)	<	You never have to, and never can, cover up for bad work; it is clear which mistakes are yours and which are not. (However, most clients are willing to accept a small slip now and again in the interests of an honest relationship.)
41.	All your good work can be rendered valueless by other people's policy decisions, in the making of which you were usually not consulted and which often reveal an astounding ignorance of the actual situation.	≪	Vital policy decisions can be taken in the bath-tub. They are made against the background of all necessary information, by a competent and suitably qualified person.
42.	Occasional positive feedback after good work done.	<	Frequent positive feedback after good work done.
43.	Occasional jealousy and back-stabbing after good work done.	≪	Does not apply.
44.	You can afford to have a bad day now and again.	≫	You need a clear head at all times.
45.	If you work fast, then it is of no value to you: your employer bags the profit and you rarely get much credit. (Assumption: Fixed-price contracts, as is usual with CROs.)	≪	If you work fast, then (i) you save time, (ii) your client saves money and gives you credit for it, (iii) the client returns. (Assumption: Time and materials costing, as is to be recommended for freelancers.)

Continued

Continued

	Being an employee medical writer …		Being a self-employed medical writer …
46.	If you work long hours, then it is of no value to you; your employer bags the profit and you rarely get much credit. (Assumption: Overtime unpaid, as is usual with employee medical writers.)	≪	If you work long hours, then (i) you earn more proportionately, as your costs are fixed, (ii) your client gets a quick result and gives you credit for it, (iii) the client returns. (Assumption: Time & materials costing, as is to be recommended for freelancers.)
47.	Job security is uncertain – you can revert from "100% employed" to "100% unemployed" at any time, and you have no control over this.	<	Job security is uncertain – you have to fish for contracts. However, changes are not of an all-or-none nature, and can to some extent be counteracted by adjusting acquisition effort.
48.	You are subject to performance management and reviews, goal-setting, improvement targets, and time spent on all these; moreover, you know that you are earning the money which remunerates those who devote their time to such things.	≪	Does not apply.
49.	You are expected to contribute to "operational excellence", "internal and external customer satisfaction", "innovation", "people/team development", and the like.	≪	You just get on with the job.
50.	Your performance effort is directed at least partly towards increasing your company's shareholder value.	≪	Your performance effort is directed entirely towards doing the best possible work.
51.	Holidays	≫	Does not apply – well, hardly.

The tool box

The Raymon H. Mulford health science library

The Raymon H. Mulford Health Science Library (http://mulford.meduohio.edu/instr/) is run by the University of Toledo and is a free website that provides links to 'Instructions for Authors' for over 6000 journals in the health and life sciences area. It provides alphabetical lists of the journals and once you click on the journal name it takes you straight to the guidelines that the journal issues for manuscripts intended for submission, so it is a quick way of locating these instructions rather than drilling down from the journals home page. There is also a very useful keywords search that allows you to find out what journals are published in a certain area – for example if you type in 'cardiology' you then get a list of 32 journals that publish cardiology articles, ranging from the obvious *American Journal of Cardiology* through to the less obvious *Annals of Noninvasive Electrocardiology*. The website provides links to author guidelines such as the Committee on Publication Ethics (COPE) guidelines and the European Association of Science Editors (EASE) guidelines, as well as copyright policies, conflict of interest policies and reporting standards (ASSERT and CONSORT statements), and other useful documents related to manuscript publication. The owners of the website are very keen to add new journals to make their database as comprehensive as possible, so any new additions can be sent to gerald.natal@utoledo.edu.

Shared by Debbie Jordan (mail@debbiejordan.co.uk, www.debbiejordan.co.uk).

Answers to Medical Writing Jumble #4:
BREAST, GRADE, INTAKE, NURSE
The latest device for fixing fractured bones was making BREAKING news.