Out on Our Own

SECTION EDITORS

Satyen Shenoy
sshenoy@describescientific.de

Editorial

Greetings, readers! In this edition of *OOOO*, we have three splendid articles.

One of the main reasons why the Freelance Business Group (and the whole of EMWA as well) is thriving and growing is because of the number of our members who volunteer to carry out our activities and help in implementing new initiatives. Becoming a Table Leader (TL) at the Freelance Business Forum (FBF) that is held at every EMWA conference is a fantastic opportunity for our freelance members to indulge in and promote networking and interpersonal communication. The TL's task involves moderating a topic while facilitating and encouraging participation from those at their table. Given that the Table Discussion session is a high-demand event at the FBF and taps a collective response to issues pertaining to the freelancing business, the help rendered by the TLs is of immense value. While TLs are usually senior and experienced freelancers, at the recent conference in Cascais, Portugal, no less than three TLs were new to freelancing and even EMWA. Two of these, Irene Farre and Laura Kehoe, share with us their thoughts on volunteering as TLs at the FBF and their experience with the conference as a whole.

Getting out on our own, hanging up one's shingle, becoming a businessperson, becoming a freelancer—it is really an adventure, it seems sometimes. To give up a steady 9-to-5 with an assured paycheque at the end of month, or even careers in the pharma industry or academia or anything mainstream, to work out of one's spare room or even on a sofa, shuttling between being a CEO and a janitor, it can't be anything but an adventure. But that is how all of us have embarked on this adventure: with an equal measure of trepidation and bravado, uncertainty and resolve. In her article, Lisa Diamond, a freelance medical writer and medical advisor from South Africa, tells us her story about how, after a gruelling stretch in medical studies, she decided to become a medical writer and how EMWA helped her get underway. After 15 years as a professional psychiatry nurse in the UK, Emma Vinton thought that she could better utilise her experience by becoming a medical writer, especially because she understood the patient-centric nature of our job. In her article, Emma shares with us how she plans to develop a career in medical writing and also help in mentoring other medical writers who do not have a clinical background.

As a volunteer editor of *OOOO*, one of my biggest joys is helping in bringing the stories of our members, and sometimes guests, to all. These stories served as a source of information as well as inspiration well before I began my freelancing adventure 2 years ago, and they continue to do so today. I hope that these are as beneficial and motivating to you. I'd like to thank Irene, Laura, Lisa, and Emma for their contributions. I'd also like to thank my fellow FBG subcommittee member, Paul Wafula, for his help with putting this issue together.

Happy reading!

Satyen Shenoy

The Freelance Business Forum in Cascais: Thoughts from our newbie table leaders

One of the main goals of the Freelance Business Forum (FBF) – a hot ticket event at EMWA conferences – is to encourage interaction between our freelance members, especially those who are new to EMWA or the world of freelancing in general. And given its informal and unstructured nature, the hour-long Table Discussion session of the FBF is the perfect opportunity to do so. Each table comes with a Table Leader (TL), a volunteer who initiates and moderates the chitchat at their table, makes it participatory for all others around their table, and

moves the conversation along. As daunting as most attendees presume being a TL to be, almost all claim to have enjoyed the experience.

At the recent conference in Cascais, some of these newbies went a step further and agreed to volunteer as TLs for the FBF. Here two of the TLs, Irene and Laura, share their thoughts with us.

Irene Farre
IF Medical Writing, France

One of the contacts I made at my very first EMWA conference in Birmingham encouraged me to become a TL at the FBF at the Cascais event. I must admit that he did not have to insist a lot. From the beginning, I thought it was a fantastic opportunity to network with other freelancers and to talk about the joys and struggles of having your own business. In this short article I will share what I have learnt about being a TL.

For those of you who are not familiar with the concept, at the end of the FBF, various subjects are discussed by smaller groups of attendees around tables, hence, Table Discussions! You can decide which table to join and even swap tables if you think that you have received all the information you were after. Indeed, the discussions are unstructured and less formal, which allows interaction and reflective thinking amongst the members.

At the beginning, the thought of being a table leader was a bit daunting. I did not consider myself to be an expert in any of the potential topics proposed for the FBF, nor did I have a long working experience as a freelancer. How was I going to do it? Thanks to Satyen, a member of the Freelance Business Group (FBG) subcommittee, I understood that the role of a TL was actually to be a facilitator: helping everyone to express his/her point of view on a certain subject, keeping discussion focused, raising questions, and moving things along when discussion gets bogged down.

At my table, we talked about liability insurance and, more generally, about legal protection and clauses to be included in our quotations and invoices. A rather tough topic for a Friday night, but at least we got free drinks to make it easier! The whole experience was really enjoyable. Everyone contributed, and the conversation was fluid and energetic. Producing a summary of the key points for presentation at the end of the event was a bit challenging, but it was indeed very good practice for my communication skills.

As freelancers or business owners, it's all too easy to get caught in the trap of "working *in* the business, not *on* the business". We spend all of our time working for our clients, but very little time looking at the big picture or asking important questions. The FBFs at EMWA conferences are a fantastic way of breaking this habit and encouraging you to start working on your business. Moreover, you can meet like-minded individuals, people you can work with or learn from in some way.

If you are an independent worker (freelancer, consultant) or running a small business, I really think you will get a lot from it. One thing is for sure, I will volunteer again at the next event in Barcelona, even with more reason since it is my home city. I hope to see you there!

Irene Farre
irene@if-medical-writing.com

Laura Kehoe
Medical and Scientific Copyeditor & Writer, Switzerland

The 45th EMWA Conference in Cascais, Portugal, was my second EMWA conference. However, I was approaching this one with a very different perspective and aims compared to my first one. The first one I attended, in Brussels, was when I was working as an editor for a medical journal. I followed courses that were related to the work I was doing and perhaps that my boss would approve of. Life has changed since then, and I recently decided to go out on my own and become a full-time freelance medical writer. Therefore, the course choices were mine, and I wanted to benefit from everything I signed up for.

Thinking of the direction I wanted to take for my freelance work, I signed up for two interesting workshops. I also put my name down for the seminar – Introduction to Medical Writing –and the Freelance Business Forum (FBF). A week before the conference, I received a motivating and interesting offer from Satyen, a member of the FBG subcommittee, which is the group of volunteers who organise the FBF. He asked me if I would be keen to be a table leader (TL) for the FBF. Initially, I was thinking "What can I offer to the people attending the FBF?". I had only been a freelancer for a couple of months so I felt inexperienced, but as I hate to turn down opportunities, I put a brave email together and responded with equal enthusiasm. It would be a pleasure. I informed him of my concerns, but he assured me that the event was to be very relaxed and he was confident that I would have a lot to offer fellow freelancers. Satyen summarised that the TLs are there to initiate a discussion, try to encourage all those around the table to participate, and to recognise when a discussion was going a bit stale to move it on.

I arrived with some ex-colleagues to the wonderful Cascais Miragem hotel. A moody rain-filled sky, and a grey turbulent sea lapping at the foot of the hotel created quite a dramatic setting for the start of the conference. Heading straight for the EMWA lunch I immediately saw a few faces from the previous meeting and reacquainted myself with these fellow attendees. Instantly I felt that it was going to be a great conference for me. At the networking drinks events on the first evening, Satyen made his way around the large group of delegates to identify his TLs. He introduced me to a couple of other TLs, and I discovered that a few more were also new to the FBF and had never been a TL. This reassured me, and we all had a good chat about our expectations. Altogether we were about 10 TLs from various walks of life and we all had chosen from a list a few topics to discuss.

The FBF happened on Friday evening in between workshops and the social events. My initial thoughts when I signed up for the FBF was that it would be a very formal event, a list of dos and don'ts as a freelancer, and maybe a few speakers talking about how they became freelancers. But in fact, it was a pleasant surprise, and a lot friendlier and more interactive than that. Satyen welcomed the attendees and summarised what the FBF was all about. There was also a

welcome message from the EMWA President, Abraham Shevack. And then the TLs were announced along with the main topics to be discussed at their respective tables. To break the ice and get discussions flowing, drinks were served, and we went to our respective tables.

My topic was "freelancers' dilemmas", very apt as I was already dealing with my own challenges in going out on my own as a freelancer. A small group formed – of people that were already freelancers or people who were thinking of making this career transition. I got the discussion started with asking "how do we find clients?". This appeared to be a common concern. We discussed using our existing network, ex-colleagues, university links, etc., as the best way to start. From there, it tends to be word of mouth, and if you've done a good job for one client hopefully they'll return to you and recommend you to their colleagues. We then moved onto the subject of having access to journals that are not open access. This was an interesting and unresolved point: when working for an association, society, pharmaceutical company etc., we have the freedom to download the articles we need to write or check facts, but when we are out on our own, how do we gain access? We discussed another dilemma: the business aspect of branding ourselves. The group next to my table, led by Mark Dyson, also a first-time TL, was discussing logos, websites, and business cards, so we decided to merge into their discussion. This is the fundamental idea behind the FBF; people are free to move from table to table, to address questions to other freelancers, and perhaps to share experiences with a group. The topics are diverse and TLs are free to let the discussion develop into a different topic if that's the way it's going. Drawing the event to a close, the TLs each took a turn to summarise to the whole group what was discussed at their table.

The whole experience was positive and useful. I chatted with a lot of fellow freelancers, business cards and LinkedIn accounts were flying around, and the atmosphere was calm, relaxed, and friendly.

As freelancers, we tend to work in isolation, at home, and without a person next to us to throw an idea at. This type of event allows freelancers to connect with others who are in similar situations. Indeed, after the conference I contacted a few people to continue the discussions we started during the event, and others contacted me. It really is a community of people willing to help one another. The next EMWA conference in Barcelona is already in my diary, and I will be putting my hand straight up to volunteer as a TL if the opportunity arises, and others should do so also. Thanks to the FBG subcommittee and all other organisers and volunteers at EMWA. It was a great event.

Laura A. Kehoe
laura.a.kehoe@gmail.com

The elusive journey from nurse to medical writer

I discovered medical writing by chance after completing a master's degree in public health at Northumbria University. I moved to West Cumbria during my studies and worked as a community psychiatric nurse and mental health care coordinator in a busy community mental health team. However, the work became increasingly under-resourced and I felt compelled to move on. After a lot of deliberation, I decided to leave nursing and try something different. I wanted to work more flexibly but did not want to abandon the unique skill set gained during my 15 years in psychiatry. One night I searched online for the perfect job, and there it was: medical writing. The profession is unique in that many enter it by chance after working in senior medical or academic roles. Some writers have a hard scientific, lab-based background, and many have higher academic degrees such as PhDs. I consider myself to be at the opposite end of the scale. I thought my softer skill set would be disadvantageous, but it turns out that this is not the case. This article focusses on the transferable skills needed to switch from healthcare to medical writing:

Wasdale in West Cumbria

Soft skills vs. hard science

It is not necessary to have lab-based skills to become a medical writer, though some biomedical experience can be useful when writing about genomic or cellular studies. I found that it is best to focus on what you know and build your knowledge around each new project. I was surprised by what I had already achieved during my time in clinical practice and started to apply everything I had learned to my new role as a writer. Nurses regularly assess, plan, deliver care, and evaluate interventions using tried and tested (evidence-based) patient outcome measures. We constantly weigh and prioritise important, sometimes conflicting information. Decisions are then made around the strength of that information. Medical writers use these analytical skills to review complex data sets and present them clearly to specific audiences. I love this aspect of the work as it helps me to maintain a sharp mind and critically assess everything I present.

Nurses are bound by the Nursing and Midwifery Code of Professional Conduct. They must be accountable for their actions and work to high standards. Medical writers must apply similar standards to their work: guides such as "Good Publication Practice 3" (http://www.ismpp.org/gpp3) and Elizabeth Wager's *Getting Research Published: An A-Z of Publication Strategy*[1] ensure that publications and company-sponsored research are presented clearly and fairly. Nurses who have completed research will be at an advantage to their peers as they will be more familiar with clinical reports, study protocols, and meeting ethical standards. A further degree such as a master's in public health, is highly recommended for clinicians wanting to transition into medical writing. It provides solid foundations in epidemiology, medical statistics, and health systems and promotes clear and logical manuscript development. Hospital libraries are easily accessible to healthcare professionals and are great sources of medical and statistical knowledge. Students in higher education can access large university medical and scientific collections. Online journals and quick-study guides are an excellent way of getting up to speed with unfamiliar disease areas and treatments. Charity websites, blogs, vlogs, and disease-specific forums are also excellent means of assessing what patients really think about conditions, drugs, and treatmentsLearning about the latest developments and technologies is one of the most fascinating aspects of medical communications. No two days are ever the same and nurses are used to this high level of uncertainty and unpredictability. As your knowledge and skill base increase, you will find yourself able to tackle the most complex projects and disease areas with confidence. Peter Llewellyn (community facilitator and enthusiastic medical writing advocate; http://www.medcommsnetworking. com/; http://www.nextmedcommsjob.com) showcases some excellent online resources for those aspiring to enter the profession and, for those already working, looking for freelance projects.

I had to become more tenacious and business focussed

Nurses are trained to be responsive to patients' needs and provide care accordingly. This translates into a very holistic approach to writing and the patient is always at the centre of every clinical trial. Nurses and other clinicians are at an advantage in that they can pick up subtle cues that may be missed by writers who have not had the opportunity to capitalise on this skill set. Mental health journal articles about communication can help to bridge theoretical gaps, but nothing beats the experience of face-to-face patient dialogue. I decided to focus on this additional layer when developing my business model. This has allowed me to create a highly personalised service for both the client and the end-user.

As a freelance business owner, you will only succeed if you are confident, tenacious, and always on the front foot. You need to constantly market yourself, read extensively, and accept new projects.[2] Get as much support as you can from specific medical writing organisations such as EMWA (www.emwa.org) and the International Society of Medical Publication Professionals (ISMPP; www.ismpp.org). EMWA provides very interesting workshops and training to help newbies acquire the necessary knowledge to gain entry positions in their chosen agencies and companies. EMWA´s internship programme is invaluable as it allows aspiring writers to set a foot in the industry, and a lucky few might get hired. EMWA's freelance forum is also an excellent platform for making yourself known and for securing new business. ISMPP also offers structured exams to help you get qualified.

Marketing our unique relationship and mentoring skills:

The shift from "care provider" to "knowledge provider" is unique. It gives the medical writer special insight into patients as trial participants. Nurses spend more time with patients than doctors can, and by seeing patients at their most vulnerable they can capture those precise patient perspectives. Nurse communicators have been heavily in demand by pharmaceutical companies recently. Close relationships with carer support organisations also offer additional insights into patients' unique journeys through healthcare systems. Clients are starting to recognise the value of this special relationship, and it stands to reason that the more time one has spent with patients during treatment, the more accurately one will be able to tell their stories.

For many years, mentorship has been intrinsic to nursing practice. Diplomas are usually undertaken once nurses have completed a full year of qualified work. They entitle nurses to supervise students as long as they attend annual updates via their employer. This is being developed in medical writing and several schemes are now available via http://www.nextmedcommsjob. com/. However, much more needs to be done to develop mentorship, so I am calling upon clinicians-cum-medical writers to contact me with their details, areas of expertise, and any mentorship experience so we can support medical writers who do not have a clinical background. A new clinician-specific database, called Clini-KOL, is now in development. It will allow writers to conveniently connect with key opinion leaders across several clinical disciplines, and grant them access to the tools and resources previously only available to clinically-trained writers. Please contact me if you would like to get involved, and I look forward to working with you in 2018.

References:

1. Getting Research Published: an A-Z of Publication Strategy (3rd edition 2015).
2. Kryder CL, Bass BG. The accidental medical writer. How we became successful freelance medical writers. How you can, too. Cynthia L Kryder and Brian G Bass Publications. 2008.

Emma Vinton
psylingual-medical@outlook.com

Bloody shoes to barefoot
Perspectives from a South African medical writer

"I don't want to do this anymore", I said to Dr G. as we sat outside casualty.

"Well, the patients aren't going to see themselves", he replied, as I washed down a can of Coke in two swift sips.

It was 2010, and we were on call in surgery, working through the night at a rural hospital in KwaZulu Natal, South Africa. There was dried blood on my shoes, and powdery latex had caked in the webs of my fingers from the countless disposable gloves I had used over the last twenty-something hours. It had been an average Saturday night – around five serious stab wounds (one with the machete still *in situ*), a few car accident victims, a couple of upper gastrointestinal bleeds, and only one stabbed heart (much better than the three that casualty had seen the night before).

The bench of patients waiting had been cleared multiple times, only to refill within minutes. Most of this refilling was due to new accidents and emergencies, but occasionally the same patient who had been seen and discharged some hours before would reappear on the bench. One had his forehead sutured previously, and returned to the party, only to sustain further injuries in the same pub brawl.

Working in casualty was no better or worse than working in another department. In Obstetrics and Gynaecology, we cut up to ten emergency Caesarean sections in the night alone. An Orthopaedics call felt like being a tortured carpenter: forced to stand in the operating theatre for hours on end, surrounded by nails, screws, drills, and the fine dust of bone in the air. In Paediatrics, at least three children would go into respiratory distress every night, making it virtually impossible to see all 60 children in the ward and do all their blood work before the morning ward round. The children sometimes made our jobs easier by extracting their own worms from their noses or mouths or other places, but mostly they made it more difficult by repeatedly removing their drip lines or spiking temperatures or breaking our hearts when they died.

HIV/AIDS and tuberculosis lurked in every queue and every ward. Long hours in these busy hospitals make needle-stick injuries common. I took post-exposure prophylaxis after my first needle-stick injury, but I only lasted a few days before the side effects became so unpleasant that I discontinued. I ignored the five or six needle-stick injuries I sustained subsequently, but for a silent prayer and a plan to test regularly for HIV in the future.

KwaZulu Natal nature reserve

By the end of my 2-year medical internship, I was exhausted and sicker than I have ever been in my life. I had picked up an odd superbug from a patient in the ward, and when I saw my own chest X-ray, big tears rolled down my cheeks. I was admitted to hospital on Christmas day, six days before the end of my internship contract. From my hospital bed, I attempted to find someone to help me with my final 24-hour paediatrics call. I offered a colleague R5000 (about €500 back then, roughly a quarter of my monthly paycheck) to do the shift for me. She refused. We all hated it that much.

> ***"Is it really so damningly self-indulgent to want to love what you do? Life is short."***
> *Alexandra Robbins*

I already knew in my fifth and sixth years at medical school that my career choice was wrong, and had threatened to leave medicine several times before I even got my degree. My exasperated parents eventually contacted the deanery at med school and got them to sit down and talk some sense into me. I was told that I should get through the degree, and then I could do anything I wanted.

Now, after completing my 6-year degree and my 2-year internship, I only had one more year of public service left before I could escape into private practice, the more luxurious and more lucrative world of medicine. But I didn't want to do that. I was desperate to get out of clinical medicine altogether.

Prior to being admitted to hospital, I had spent a few months hunting for other ways to use my medical degree. I wanted to use my medical acumen in a way that didn't involve signing death certificates, preparing rape kits for people who had been sexually assaulted, bribing laboratory staff for quick blood results, or taking anti-retroviral drugs for post-exposure prophylaxis. I Googled "What else can you do with a medical degree". Sifting through the results, there was one job title that struck me. Medical writer. Without knowing anything about the industry or what this career involved, I decided I'd become a medical writer.

One minor problem. No one in South Africa seemed to have ever heard of medical writing, and there was no established medical writing industry. I was going to have to broaden my search. I sent over a hundred emails, mostly responding to medical writer job advertisements in Europe

and the US. The response was uniform: "Yes, you're a doctor, and you can write. But you have no experience, and you're in Africa, with a passport that doesn't get you very far. So best of luck."

"If you want to live an extraordinary life… you'll eventually have to start considering all the possibilities, not just the ones made convenient by society."
Tynan

Back to the drawing board. I needed to find a job where location and geography weren't an issue. I wanted to be able to work from anywhere and everywhere in the world, without ever wearing shoes. Seemed like a pipe dream, but I was moments away from making the best decision of my life. I was also moments away from discovering the European Medical Writers Association.

And there it was. A job ad on the EMWA job board, for a remote medical writer. The company was a small medical communications agency in Europe. I interviewed on Skype, without wearing shoes. I was asked to provide a writing sample, which I worked on barefoot. The piece was about how the pen is mightier than the stethoscope. I got the job.

Exactly one month after my internship had ended and I had been discharged from hospital, I started my first day as a medical writer, sitting on a balcony near a beach in Koh Lanta, Thailand. I was tasked with revising a diabetes manuscript, but I didn't even know how to work the comment and tracking functions in Microsoft Word, let alone use referencing software. Confidence intervals and *P*-values were a distant memory; they had only been covered for about 30 minutes during the 6-year medical degree, and we hardly cared about them as young clinicians. I had hundreds of pages of source data that I needed to use to address myriad comments on niche super-specialized topics in diabetes and it felt like only the insulin molecule itself could understand.

The learning curve didn't scare me. With reasonable mental faculties and a good wi-fi connection, you can teach yourself almost anything, and you can do great work. I was finally not only barefoot, but location-independent. In the year that I spent as a remote writer for the European company, I worked in Thailand, San Francisco, Las Vegas, Philadelphia, Indonesia, Johannesburg, Cape Town, and Copenhagen.

"You can be barefoot and have worries."
Brigitte Bardot

Without this lucky break on the EMWA job board, I'm not sure my medical writing career would have ever taken off. But I wanted even more freedom. I wanted occasional days off to potter around and swim and read non-medical things. I wanted these days off without having to ask or tell anyone. And I wanted to be able to get on a plane whenever the urge hit. So, I resigned and bought a backpack.

It was a rash decision with no proper plan or forethought, and it didn't work. Without a salary, travel was impossible, and the new backpack remained unused in the closet. Without a job, mental stimulation was non-existent. I made tiny scraps of money by making cupcakes for birthday parties and playing online poker. After a few months, I needed money and I needed to *do something*. I signed a contract with a medical insurance company as a consultant medical writer and found myself in a cubicle, under fluorescent lighting, with high heels on.

I did good work, and the people in the company liked me. Since they weren't really sure what to do with me at first, I volunteered to revise their white papers, write some new ones, and even create personalized disease management programmes. Within six months I was offered a permanent position, which I accepted. Unfortunately, it didn't last long. I was burnt out, and my mother was ill. So, I resigned for the second time and took off my shoes.

In the months that followed, my bank balance dwindled once more, and I began to seriously consider going back to clinical medicine. Fortunately, I was asked to assist with an international medical advisory board, and I was offered a fixed-term contract as a medical advisor for a health risk management company. I went back to the office world in my heels, but I only lasted two months before my mother's health deteriorated, and I resigned for the third time in the space of 2 years. She passed away 6 weeks later. After a period of intense mourning, I took the backpack out the closet and booked a ticket to Costa Rica.

"Two roads diverge in a wood, and I took the one less travelled by, and that has made all the difference."
Robert Frost

In the 3 years that have passed since my mother died, I have not returned to the hospital or to the office. I only wear shoes a few days of each month, when I have to go to meetings or conferences. I work as a freelance medical writer and medical advisor for South African and international companies. I have assessed thousands of medical cases and have provided medical expertise to multiple organisations, but I haven't laid hands on a patient. If you combine this with the countless journal manuscripts, patient communications, and digital projects, my reach is far greater than it would have been in clinical medicine, both numerically and geographically. I may add that medical writing saves lives, as Sophia Whitman showed us in the 2017 summer edition of the journal.[1]

Despite it being massively rewarding on personal, academic, and financial levels; being a freelance medical writer is lonely, particularly for a South African. Nearly 6 years after EMWA landed me my first job, I attended my first EMWA conference in Cascais, Portugal. Here I found a league of accidental and intentional medical writers, each of whom had followed a unique track into the industry, and many of whom were freelancers just as eager for a coffee with a colleague as I was.

The sense of belonging and the work ethic of these EMWA members reinforced the career decision I had made all those years before. I have had an obsession with writing and research for as long as I can remember, but being a word nerd or one of those geeks who likes graphs doesn't mean a whole lot unless you know why you're doing it. Words matter because information matters, and information matters because people matter. Data is big and expanding in a quantum way, and it is our responsibility to use it to help people and make their lives better. If you can fulfil that responsibility barefoot from anywhere in the world and cope with the uncertainty of never having a real job, a fixed salary, or a boss – then I think you've got it made.

References:

1. Whitman S. Good medical writing saves lives: the perspective of a former medic. Med Writ. 2017;26(2):52.

Lisa Diamond
Johannesburg, South Africa
lisadiamond308@gmail.com

Upcoming issues of **Medical Writing**

June 2018:
Public disclosure
This issue will cover public disclosure and publication of clinical trial results, especially including recommendations and requirements from the European Medicines Agency.
The deadline for feature articles is March 15, 2018.

September 2018:
Editing
This issue will cover micro- and macro-editing, quality control, software for editing, and how to manage collaborative editing.
The deadline for feature articles is June 11, 2018.

December 2018:
Patient-reported outcomes
Patient-reported outcomes are outcomes reported by the patient rather than by healthcare professionals. This issue will include articles on their design, quality, feasibility, analysis, use, and future.
The deadline for feature articles is September 10, 2018.

March 2019:
Careers in medical writing
By choice or by chance? Medical writing work is very diverse and so are the careers of people in this field. This issue will focus on stories about medical writing careers.
The deadline for feature articles is December 10, 2018.

CONTACT US

If you have ideas for themes or would like to discuss any other issues, please write to **mew@emwa.org.**

http://journal.emwa.org/