

# Medical Communication

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## Introducing the Medical Communication section: The wild side of medical writing!

Hello and welcome to a brand spanking new section of *Medical Writing*. When the Editor of *Medical Writing*, Phil Leventhal, approached me to create a new section, he asked me to cover 'medical communications'. But medical communications is a whole grey area (unfortunately more '5 shades' than 50 ...) that's often the cause of much consternation. For instance, medical communications agencies argue strongly that manuscript writing falls under their remit, but many medical writing companies focused entirely on the regulatory side count manuscript writing as one of their core competencies.

So how do we sort it out? Well ... I don't think we do. I don't think it matters who writes a document as long as it's written well and is fit for purpose. So, I'd like this section to be as inclusive as possible, and I'm happy to discuss any and all types of writing and documents that perhaps don't 'fit' in the other sections. Areas that we will definitely cover in this section include:

- Medical education
- Medical marketing
- Patient information

But if you have other topics that you would like to discuss, I'm more than happy to include them (within reason!). Please let me know if you have something you'd like to share. It doesn't have to be a long article, a couple of paragraphs is fine, or you could pose a question to the section Agony Aunt – maybe about a difficult situation or client or document – we often learn more from things going badly than we do from those that go well. You can even just let me know if there is an area you know nothing about but would like to know more, and I'll do my best to grab an expert for their 'top tips'. Any and all ideas will be very gratefully received.

This edition's article, by Sarah Richardson, offers an insight into how to write a symposium review ... without even being there!

I hope that you enjoy the section, and I'd love to hear your thoughts and comments.

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## How to write a meeting report ... when you weren't there

Writing a meeting report from an audio recording and presentation slides is possible but can be challenging. A medical writer could be asked to write a meeting report by a number of different clients, ranging from patient organisations, through to pharmaceutical companies or academic institutions. The reasons for requesting it will depend on the client; it could be purely a straight forward academic account of the meeting, or a promotional piece for a company's drug. In all cases, the aim of the finished document is to provide an accurate, well-written report of each speaker's presentation which is precise, scientifically correct, and conforms to the

relevant code(s) of conduct. The content of the presentations are often complex and specialised, and the presenters are usually experts or 'key opinion leaders' in the subject area being discussed. Therefore, they generally have considerable knowledge of the topic, and with that, an expectation that the acronyms, euphemisms, and scientific or technical principles used are understood by everyone.

### *Hazards of writing a meeting report when you weren't there*

There are several possible hazards in writing a meeting report when you weren't there. The quality of the audio recording is a key component

in writing a factually correct account of a meeting presentation. If the quality of the recording is poor, the writer will have difficulties making sense of what is being said. In addition, quite frequently the speaker's first language is not English, and they have a strong accent, which can make both what is being said, and the nuances of the meaning of what is being said, difficult to understand. This can make understanding the intricate detail of the presentation inaccurate, particularly if the content is complex and presents the risk of a discrepancy between the speaker's objective and the writer's interpretation.

The slides provided should contain the facts and the figures that the speaker presented at the meeting. Hopefully, the slides provide the key information that was being presented and back up what has been recorded on the audio. This sounds straight forward, but it is not always as straight forward as it sounds! Speakers do not conveniently mention which slide they are talking about, they miss out slides, and they often speak very quickly. This presents a challenge for the medical writer. Also, the scientific and technical information can be unclearly presented, and if it is not your specialist area, may take time to decipher, creating a reasonable risk of making embarrassing scientific and technical errors.

Meetings are frequently sponsored by a company who want to promote a product in the area being discussed. From the writer's perspective, this can create issues of fair representation. Not all speakers will necessarily be promoting the product and may simply be trying to disseminate their research findings. However, there is potential for controversy between the marketer who organised the meeting (who naturally wants the product to be fully discussed and the highlight of the report), and the speakers (who are not necessarily supporting the product but are presenting relevant clinical findings or research in the subject area). The difficult part is keeping everyone happy while still producing a fair and balanced report. A general principle is to give each speaker the same amount of page space

and the same number of graphics, but expect discussion in the review cycle.

#### *How to write a meeting report when you weren't there*

So, how can you write a meeting report when you weren't there? One method is to familiarise yourself with the slides and then write a transcript of each speaker, fitting the slides into the text as the transcript is written. This is time consuming. If a speaker speaks for an hour, it could take between 3 and 4 hours to transcribe, particularly if the recording is poor or the speaker's accent makes what is being said difficult to understand. Nonetheless, the end result is a written, word-for-word account that indicates where the slides fit into the dialogue. This method produces a lot of information, some of which is potentially irrelevant to the focus of the report. This makes editing an onerous, time-consuming task. The information in the transcript then needs to be honed and the key points presented in an acceptable format for the desired audience. This is not easy. There is also the science to consider and the opinions of the expert and the sponsor.

Another method is to look at the slides thoroughly, identify the key points of each slide, and get a general feel about the speaker's message. Then listen to the audio recording in conjunction with looking at the slides, make detailed notes about each slide, including references to the points made, and indicate whether the graphics presented would be suitable for inclusion in the publication. The end result of this method is a first draft of the meeting report. The draft 'just' requires editing down to the required size, but all references are in place and graphics are indicated. This is much faster, and potentially more accurate, as the focus is on understanding the speakers' points rather than simply writing down what is said.

So ... can you write a meeting report when you weren't there? The answer is YES. It is not as easy as if you were there, but your skills as a medical writer make it possible.

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