

# Medical Communications

SECTION EDITOR



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## Editorial

Dear all,

In this issue, Rossella Ferrari tackles the elephant in the room – how do medical writers manage to find time for their continuing professional development whilst still keeping their head above water with their ongoing project work?

We all know that it is crucial to keep current with regulations and guidelines, and of course we come to EMWA meetings, take the workshops, and attend EMWA webinars

to keep our writing sharp and up to scratch. But what about our disease and therapy area knowledge?

Writers lucky enough to work on a suite of documents or in one area for a long period of time have the relative luxury of seeing their knowledge grow and deepen over time and can focus their attention on one topic. However, far more often we have to swap and change between vastly different disease and therapy areas with alarming speed.

So how do communications writers in

particular stay on top of their game? In this issue, Rossella explains the common problems faced by MedComms writers trying to keep their continuous professional development up to date, and importantly, she shares some fantastic tips and tricks for helping us all to stay sane whilst juggling far too many different disease areas.

These days, I think any steps towards sanity are more than welcome!

Bestest,  
Lisa

## How to keep up-to-date if you are a MedComms writer

One of the most attractive features of the MedComms area is the variety of topics for writers to cover. However, it is also a challenge to cover many different new therapeutic areas or fields, particularly when we may already be overloaded with writing tasks and pressing time schedules. For example, one week we may be writing a brochure about a new antihypertensive to address a competitor product, the next month we might be focusing on a manuscript about a new phase III trial in oncology; meanwhile an introductory narrative review for a monograph of a new drug for rheumatoid arthritis may be requested by a company that is entering the therapeutic area for the first time. Very often, writing projects arrive in a cluttered sequence.

As with other areas of medical writing, MedComms writers must constantly update and refine their skills and knowledge, and this continuous professional development (CPD) is vital.

This article will outline the ongoing CPD needs for MedComms writers, suggest solutions, and evaluate the opportunities for MedComms writers to specialise by therapeutic area(s).

### Definition of the problem

CPD in MedComms encompasses different aspects: we must make sure our background knowledge of the latest clinical and scientific developments is current, our mastery of the latest communication techniques (methods to address the different types of texts) is up to date, and our

ability to fine-tune text in accordance with the desired communication objectives and supporting data is honed.

For each kind of CPD requirement, MedComms writers may choose from various specialised sources. For example, keeping up to date with medical literature is crucial, since it is the basis of every kind of text. Monitoring of changes in legal and ethical issues usually requires less frequent checking for MedComms writers, whereas refresher courses to fine-tune English writing skills may be needed more often, depending on the writer's native language.

### Updating medical literature

Although the mastery of different therapeutic/clinical areas increases the amount of time the writer spends working in the area, keeping up to date with the medical literature is challenging because of the huge and increasing number of publications produced per year.<sup>1</sup>

The CPD requirement for MedComms writers concerning medical literature is substantially different from that of primary care/specialist physicians: While physicians need to check the literature frequently (daily/weekly/monthly), we need a more top-level overview of a medical field, and so less frequent checks of the literature may be appropriate. Consequently, the tools we use may be different and different criteria will be applied in choosing the literature sources. For example, referring to a series of RSS feeds may not be suitable for MedComms writers

when the task requires a more in-depth knowledge; in this case, the source used for CPD should offer more comprehensive and in-depth information (e.g. a summary of the latest clinical data). However, RSS feeds may be perfectly acceptable sources of information and useful for the latest update, for example, of a manuscript just before submission. Whatever source is used, it is essential that it is a trustworthy source of literature to ensure the reliability of manuscripts and the value of any quotes used.

In terms of medical literature for MedComms, CPD entails:

- Gathering and assimilating the most current knowledge and clinical data of a medical field (one of the most challenging tasks for a MedComms writer);
- Increasing our “competence” in a specified therapeutic area, especially when the area may be vast and ever-increasing;
- Organising and shaping the knowledge collected to focus on the messaging required.

Keeping abreast of *every* medical field continuously and appropriately is not realistically feasible,<sup>2</sup> and so as MedComms writers, we must be able to critically appraise the available information to orient ourselves among the huge amount of peer-reviewed publications available. In this way, “pre-filtered” sources of literature such as reviews can be essential in summarising a large amount of clinical data and to help answer clinical questions,<sup>3</sup> although a recent study has highlighted that systematic reviews reduce, but



do not eliminate, the scatter (or “spread”) of published clinical data across various journals.

Significant differences in this scatter were found between the World Health Organization’s nine diseases with the highest burden.<sup>4,5</sup> For example, in otolaryngology, randomised trials and systematic reviews have a minimal scatter (i.e. they are not spread over many different

journals) whereas in neurology they have a huge scatter. The increasing number of new journals augments the complexity of this pattern and the corresponding challenge for MedComms writers in CPD.<sup>5</sup>

Other sources of summarised clinical data are guidelines. These can be based on observational studies or randomised clinical trials, although

only a few guidelines still comply with the Guidance for Developers of Health Research Reporting Guidelines.<sup>6</sup> However, clinical guidelines can be invaluable because they represent a reviewed and agreed update of the latest thinking in a therapeutic area.

Having established the therapeutic area of interest, what MedComms writers need most are systems to enable them to keep up to date with changes in the literature quickly and effectively.

**Table 1. Methods of finding literature updates for MedComms writers**

<b>Alert systems</b>	<ul style="list-style-type: none"> <li>● Tables of contents (<a href="http://www.journaltoocs.hw.ac.uk">www.journaltoocs.hw.ac.uk</a>) for several medical peer-reviewed journals such as: <i>BMJ</i>, <i>NEMJ</i>, <i>JAMA</i>, <i>PLoS One</i>, <i>Oncobiology</i>, and <i>Targets</i></li> <li>● Open access publishers (i.e. BioMedCentral) with article alerts based on selection of the preferred journals</li> <li>● Email alerts from PubMed for selected journals or authors (<a href="https://www.nlm.nih.gov/bsd/viewlet/myncbi/jourup/index.html">https://www.nlm.nih.gov/bsd/viewlet/myncbi/jourup/index.html</a>).</li> </ul>
<b>Congresses</b>	<ul style="list-style-type: none"> <li>● free congresses attendance (when possible)</li> <li>● key reports from congresses</li> </ul>
<b>Courses</b>	<ul style="list-style-type: none"> <li>● 1-day CME courses</li> </ul>
<b>Seminars</b>	<ul style="list-style-type: none"> <li>● organised by universities, hospitals or recognised institutes</li> </ul>
<b>Reviews in journals</b>	<p>Open access international journals, such as:</p> <ul style="list-style-type: none"> <li>● <i>International Journal of Medical Reviews</i> (<a href="http://journals.bmsu.ac.ir/ijmr/index.php/ijmr">http://journals.bmsu.ac.ir/ijmr/index.php/ijmr</a>)</li> <li>● <i>Medical &amp; Clinical Reviews</i> (<a href="https://medical-clinical-reviews.imedpub.com">https://medical-clinical-reviews.imedpub.com</a>)</li> <li>● <i>International Journal of Medical Research and Review</i> (<a href="http://medresearch.in/index.php/IJMRR/">http://medresearch.in/index.php/IJMRR/</a>)</li> <li>● <i>Annual Review of Medicine</i> (<a href="http://www.annualreviews.org/journal/med">http://www.annualreviews.org/journal/med</a>).</li> </ul> <p>Non open access review articles, in journals such as:</p> <ul style="list-style-type: none"> <li>● <i>The New England Journal of Medicine</i></li> <li>● <i>The BMJ</i></li> </ul>

## Literature updating systems

Any updating system should be based on a specific therapeutic area; it should be effective, easy to access and use, not time-consuming, and, if possible, free of charge. Table 1 shows some methods of finding medical literature updates.

The list in Table 1, although far from being exhaustive, provides some examples of literature updating systems. Regular surfing of the web sites suggested may be considered a good starting point. Nevertheless, the choice of the updating system also depends on the frequency of our searches.

Alert systems, as well as webinars, webcasts, RSS feeds, blogs, miniblogs, and some social networking sites, can be specialised for specific medical fields.<sup>7</sup> Selected over time, they may represent resources of fast updates, and these often are the most popular systems for physicians. However, surveys highlight that alerting services are not always satisfactory or judged positively in terms of content validity and application of evidence-based medicine to clinical practice.<sup>8</sup> When feasible, attending congresses/courses/seminars and reading review journals are more suitable and reliable sources of

CPD for MedComms writers. We should remember that how often the searches are done and how often we attend congresses, meetings, etc. are crucial factors in the success of the literature and knowledge update method.

## Specialisation by therapeutic area(s)

MedComms writers usually have many subjects to monitor, whereas physicians are often specialised and this limits the impact of increasing information overload, even if there are obvious limitations of this approach for clinical purposes.<sup>5</sup>

Although keeping up-to-date with literature in only a specialised area is easier than trying to keep up to date across many therapeutic areas, it is still challenging. Specialisation requires a major competence in a specific area and a major command of the vocabulary of the field. A specialised MedComms writer has a much easier task in terms of CPD, but also has a limited variety of topics in which he/she is knowledgeable, and therefore possibly a more restricted number of work opportunities.

## Updating communication techniques

As already discussed, literature updating is not the only CPD requirement for MedComms writers, although it represents a substantial part of it. In terms of style, we have to monitor the evolution and changes in academic jargon. One of the best ways to deal with this issue is to read relevant publications from selected sources as often as possible. The *Journal of English for Academic Purposes* and the “Academic Phrasebank” from Manchester University (<http://www.phrasebank.manchester.ac.uk>) are two examples of suitable resources for writing

articles for peer-reviewed journals.

Grammar and style are other essential components of our CPD duties as MedComms writers because they constitute an important tool of communication fine-tuning. To help with this, many sources are available on academic English web sites, and there are several EMWA seminars available, which have the advantage of being specific to the medical field.

## Conclusions

There is no doubt that CPD is an essential part of a MedComms writer’s professional life. To accomplish this, we face, among other numerous challenges, an increasing amount of knowledge needed to keep up to date with clinical developments and evolving communication techniques. This must be managed whilst dealing with a busy succession of writing projects.

The task of CPD is made easier by using effective literature updating systems, and the specialisation in a particular therapeutic area may be an option for some MedComms writers.

However, for a MedComms writer, the greatest challenge is to find a balance between the number of projects that can be accepted and the level of competence in the therapeutic/medical areas involved in the projects. This balance can be achieved with dedication to our own CPD over time.

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## Conflicts of Interest and Disclaimers

The author declares no conflicts of interest.

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