

DELAWRITER

The quarterly newsletter of AMWA-DVC

Delawriter Editors

Summer Edition, June 2018

AMWA Freelance Workshop Presentation - Instructional Design at Face Value: What Is It and What Is It Worth?

By Lalitha Priya Chandrashekhar

Deborah Anderson, MS, PhD (DGA Medical Communications) provided an incredibly relevant presentation on Instructional Design at this year's AMWA-DVC Freelance Workshop on March 17, in King of Prussia, PA. Anderson's expertise came through in every aspect of the presentation. She began her presentation differentiating medical writing and Instructional Design. She described medical writing as one specific leaf on a tree. In comparison, Instructional Design views the same leaf from different angles and perspectives, so it becomes possible to see the full tree and even a forest.

The various pieces of the "Instructional Design puzzle," include the goal, the program, audience, training, limitations, deliverables, and review. Interestingly, Anderson pointed out that all too often, many features of medical writing focus on some form of education or training but do not always start with the actual goal of whatever is being developed. She emphasized that most medical writers likely incorporate elements of Instructional Design in all their projects but do not realize it; moreover, consideration of the user interaction is key to an effective deliverable.

Anderson also detailed learner usability by describing the value of icons that can be clearly understood and followed by the learner. She emphasized the importance of using graphics in the right way to add value to the content, rather than detract from and muddle the message. To better clarify this point, she showed a set of six icons that were very effective and easy to understand, then showed another four icons that were nearly impossible to identify and understand.

"Affordance" is defined as the extent to which physical characteristics suggest interaction. She showed four different images of the same block of text: each block of text had a different type of alignment. There was a clear difference in the readability of each of them; the left aligned text block was clearly the most readable. She showed the various styles that are available within Microsoft Word and briefly explained that setting up styles can help affordance within a piece.

Other key elements of Instructional Design include chunking and color. Chunking is described as paring down information into components. It helps distill information into digestible pieces that can be easily understood. Color can be used to either attract attention, group content, symbolize emotion, convey a meaning, or add to the overall aesthetic. Consistency, proximity and readability also contribute to ensuring that layout does not detract from the content, but rather naturally moves the learner through.

Anderson used the icons that she showed earlier to differentiate between recognition versus recall. In one slide, she asked the audience what the first icon she showed was, and on another slide, she asked the audience to pick out the first icon she showed and provided a multiple-choice list. Though both recognition and recall involve memory, recognition uses visual familiarity, whereas recall uses information retrieval.

Anderson concluded her presentation with a call to action to her AMWA colleagues in the audience: "Now that you know more about this, what is it worth to your writing?" During the question and answer session, Anderson explained how she helps clients who initially do not see value in Instructional Design elements within a piece that clearly needs it. She advised writers to provide the client with one page or a short section that is properly laid out with Instructional Design elements and clearly demonstrates the benefits of Instructional Design (compared to the original version).

Instructional Design is a powerful tool that can be used across all types of medical writing pieces. Anderson's presentation provided a primer and a foundation for the audience to build on, but more importantly, had actionable tasks that any of the attendees could start using in their respective projects nearly immediately.

Lalitha Priya Chandrashekhar is the principal medical writer and owner of PFG MedComm, LLC, a small team of medical writers and designers focusing on healthcare provider-, health economics and outcomes research-, and payer-communication strategies.

Medical Cannabis: An Emerging topic for CME & Science Writers Things to Know

By Taylor Winters

As a new and rapidly changing field, medical cannabis has and will continue to provide diverse and essentially limitless sources of writing opportunities to new and veteran professionals.

Cathleen O'Connell, RPh, PhD (Assistant Professor of Biomedical Writing at University of the Sciences in Philadelphia, PA), and Gail Groves Scott, MPH, Director, (Substance Use Disorders Institute at University of the Sciences), guided the AMWA-DVC's 22nd Annual Princeton Workshop participants through the complex and ever-changing topics in the field of medical cannabis. The following is a summary of the discussed topics.

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QUICK NOTES

Join the DELAWRITER

The DELAWRITER needs contributing authors for the quarterly publication. *Have an idea for an article? Haven't used that byline recently? If so, please contact the [editorial team](#).*

Quarterly Quotes

"The first wealth is health." Ralph Waldo Emerson

"The most valuable of all talents is that of never using two words when one will do." --Thomas Jefferson

AMWA Annual Meeting

Save the Date

AMWA Medical Writing & Communication Conference will be held November 1-3, 2018 in Washington, DC. More information is available [here](#).

History of Medical Cannabis

- It is estimated that cannabis has been used medically for 5000 years, since 2737 BC by Chinese Emperor Nung
- Medical cannabis entered the U.S. Pharmacopoeia, or "Pharmacist bible," in 1851
- In "The Principles & Practice of Medicine," Dr. William Osler found that cannabis could be used for treatment of pain, neuropathy, migraine, epilepsy, dipsomania (alcoholism), neurotic disorders, urethritis, and dysmenorrhea in 1892
- As early as 1909 and 1910, cannabis was being used to treat ailments and efforts to improve drug quality had already begun

Legal Aspects

- Cannabis is not FDA approved for any condition and is still classified as a Schedule 1 (illegal) drug by the DEA
 - Schedule 1 indicates there "is no currently accepted medical use in the U.S."
 - Currently, 29 states recognize medical cannabis and 9 states (including Washington, D.C.) allow recreational use by adults

Some politicians have begun reversing previous claims in opposition of medical cannabis, and others are joining the fight to get the U.S. residents the treatment options that they deserve. As state actions to increase access to medical cannabis have gone up, so has the public opinion to legalize it. Public opinion on use of medical cannabis has increased within the past 17 years. In 2000 only 31% of the public was in favor of legalization in the U.S. In October 2017, 61% of the public was in favor of legalization. The legal status of medical cannabis is constantly changing and writers need to accurately understand the process and latest news.

Cannabis and the Body

Cannabis interacts with our bodies through the endocannabinoid system. This system is common to all vertebrates and operates through a network of receptors throughout our bodies. These receptors work to regulate many bodily functions, such as memory, pain, digestion, immune response, appetite, and motor function. There are many receptors to be characterized. However, the two primary receptors are CB1, which is located in the brain and central nervous system (not the brain stem), and CB2 which is expressed on many cells of the immune system, and possibly neurons after injury.

Within the cannabis plant are about 100 naturally occurring cannabinoids and phytocannabinoids, such as delta-tetrahydrocannabinol (THC), cannabidiol (CBD), Cannabigerol (CBG), and cannabichromene (CBC). They interact with cannabinoid receptors within the body and can produce either desirable and/or negative effects on the body.

Cannabis Strains and Use

The primary strains of medical cannabis are indica and sativa. An indica preparation has a high THC content and can provide the patient with a "body high" (relaxation, pain relief, and sleep). A sativa preparation provides the patient with a "head high" (alertness, creativity) and has a much lower THC content. There is also a hybrid, which is a blend of indica and sativa; its preparation creates a blend of effects on the patient.

Delivery Methods

- Inhalation via vaporizers and vape pens
- Ingestion via tinctures, capsules, sprays, or solutions
- Topical via patches and lotions
- Other via suppositories

Short and Long-term Effects

Much more research is needed to identify the negative short- and long-term effects of cannabis use. To better understand therapeutic effectiveness, the speakers recommend reading "Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research." (NASEM report, which can be found at <http://nationalacademies.org/hmd/reports/2017/health-effects-of-cannabis-and-cannabinoids.aspx>.)

Qualifying Conditions

States have a list of numerous serious medical conditions that can allow a physician to provide a recommendation for medical cannabis. For more information, please see <https://www.leafly.com/news/health/qualifying-conditions-for-medical-marijuana-by-state>.

Regulatory Information

Different regulations apply in each state. Please see below for information about regulations in NJ and PA:

- If you reside in New Jersey, please visit - <http://www.state.nj.us/health/medicalmarijuana/>
- If you reside in Pennsylvania, please visit - <https://www.pa.gov/guides/pennsylvania-medical-marijuana-program/>
- If you reside in Delaware, please visit - <http://dhss.delaware.gov/dph/hsp/medmarhome.html>

Opportunities for Medical Writers

The below list is not all-inclusive. As the field continues to develop, more opportunities will arise.

- Research: publications, posters, and presentations
- Education: CME, CPE, certification
- Regulatory: Drug information and government affairs
- Commercialization: packaging and promotion, drug information, and specialty publications for the industry

The medical cannabis field will continue to evolve and to stay up-to-date, one must follow closely as progress is made. The presentation at the 22nd Annual Princeton Workshop was jam-packed with very practical information on this emerging therapy. As this area of healthcare continues to evolve, an increasing number of opportunities will become available.

Please visit USciences Medical Cannabis Education for information on upcoming webinars and courses. <https://www.usciences.edu/mayes-college-of-healthcare-business-and-policy/substance-use-disorders-institute/medical-cannabis-education/index.html>

Taylor Winters is new to the medical communications field. His past experience is in technical writing for different industrial organizations and creative writing for screenplay and storytelling competitions.

Soft Skills: A Vital Component of Medical Writing

By Megan Hemphill

As anticipated, Saturday, April 21, 2018, was a full day for medical writers attending AMWA-DVC's 22nd Annual Princeton Workshop. No doubt that after a morning of workshop sessions and absorbing valuable information from session speakers followed by a hearty lunch, fighting afternoon drowsiness might have been a challenge. However, afternoon speaker and fellow AMWA-DVC member, Kelleen Flaherty wasn't about to let that happen. Instead, all eyes were wide open as Flaherty headed a dynamic and engaging presentation on a topic crucial to success in medical writing: soft skills.

Even if you're not altogether familiar with the term "soft skills," you most certainly have applied them in both your professional and personal lives. They are the attributes you possess which describe how you approach life and work and, more specifically, how you interact and work with others. Flaherty's expertise in this area should come as no surprise. Besides serving as an adjunct assistant professor of biomedical writing at the University of the Sciences in Philadelphia, PA, she has over 20 years of experience in scientific and medical writing. That impressive background, blended with her enthusiasm and humor, is what most fittingly captured the spirit of her message.

Why are soft skills important to writers?

Medical writing is often a team effort demanding cooperation and coordination across a multitude of professional areas. Relationships must be built, viewpoints exchanged, deadlines met, and problems resolved. Many employers value soft skills over professional experience because not only do these skills enable an individual to demonstrate good judgement, but also signal the mark of true leadership.

Okay, I know they're important. How can I prove I have these skills?

Throughout the presentation, it became apparent that the soft skills Flaherty introduced can be implemented into our daily lives by simply keeping one word in mind: RESPECT.

1. **Respect for traditional manners:** When someone speaks, listen intently and look them in the eyes. This may seem like an obvious rule, but with today's technology, distractions are more prevalent. In a conversation or meeting, pocket your mobile phone. Flaherty noted that while you may try to be discreet, people still notice. Remember, you are not more important than others. By peering down at a screen or pressing electronics to your ear, you are signaling your disrespect for those around you.
2. **Respect your abilities:** Be confident and trust that you are good at what you do but not to the point of arrogance. It's important to know your own limitations. Know the workload and subject material you can handle and whom you can trust to ask for help when needed.
3. **Respect the unexpected:** Never assume problems won't happen. There will be glitches, delays, and changes. Expect them. Plan for them. Know your options. Critical thinking goes beyond the field of science. Learn to think on your feet and don't be afraid to get creative to solve an issue.
4. **Respect conflicts:** Never brush off a problem or conflict. Instead, use the opportunity to address the issue before it threatens to impede the success of a project. Gain insight into the root of the conflict and show empathy for the opinions of all sides. The back-and-forth of negotiation is a great skill; but, more importantly, understand the value of compromise. Not everyone will get what they want, but the gains from meeting halfway will be far greater and your colleagues or clients will appreciate your attention to their concerns.
5. **Respect your audience:** Your audience deserves proofread content that is clear, organized, and written appropriately for their level of understanding. When speaking to an audience, look up from your notes and be enthusiastic and expressive, and encourage interaction. Look out for nonverbal cues from the audience. Do they look bored or confused? Stop talking and adjust your approach accordingly.
6. **Respect your team:** Go beyond the basics of teamwork such as being kind and pulling your weight. Be the helping hand they look to for encouragement, motivation, and support. Try to be considerate and accommodating regarding the different needs or preferences of your team. Consider how they best communicate, time zone differences, cultural differences, etc. Don't always assume you have the best judgement for solving every situation. Instead, actively involve your team when making decisions. Exchange ideas and encourage feedback and constructive criticism. Let them know they are heard and that you trust and value their opinions.
7. **Respect the work you do:** It's important to find a professional area of focus that will instill your own pride, enthusiasm, and motivation. Create a system to avoid procrastination. Do your research before accepting an assignment: Know what is expected, what you need to brush up on, and then organize, prioritize, and schedule effectively. Adhering to your system will help avoid what Flaherty calls the "cardinal sin" of writing: missed deadlines. What overrides that "cardinal sin," however, is not adhering to ethical standards - especially when it comes to omitting or altering information. Medical writers are often on the front lines to prevent this, so be vigilant of anyone or anything that tries to steer you down that path. Ms. Flaherty presented an ethics litmus test: "Is this going to hurt someone?" This is never truer than in medical writing. The content you present will eventually trickle down to affecting patient care. Your work must be clear, comprehensive, truthful, and accurate. No exceptions.

Flaherty wittily referred to soft skills as "the 'duh' part of professionalism ... or so one would think."

Actually, her message is a sentiment - a powerful reminder for us all to step back and consider where we could use improvement. As Flaherty stated, "Knowing your limitations is a strength in itself." Actively working to grow in these areas will not only lead to a more efficient and healthy work environment, but ultimately lead to respect and loyalty in return - sentiments more valuable than any professional skill."

Megan Hemphill is a licensed pharmacist (PharmD) based in Lancaster, Pennsylvania. She is new to AMWA and very excited to learn and gain experience in the medical writing industry.

UPCOMING EVENTS

Upcoming educational and networking events for our members



by **Nina Drinnan, MSN, CRNP**



Over the course of more than a decade, the heroin epidemic has grown into a problem that is destroying lives across the country - regardless of age, race, wealth, or geographic location. In 2016, the number of drug-related deaths in Pennsylvania alone totaled 4600. Locally, both Bucks and Montgomery counties ranked in the top 8 of Pennsylvania counties for drug-related deaths. Nina Drinnan will discuss how we got here, the impact on our community, and what we can do as medical communicators to help combat this epidemic.

Nina Drinnan has worked in nursing for 30 years, with the last 7 years as a Psychiatric Nurse Practitioner at Penn Foundation. Drinnan earned her graduate degree in Nursing from the University of Pennsylvania and is licensed as a Family Psychiatric Nurse Practitioner, as well as board-certified in Adult Health. She is a member of the Pennsylvania Coalition of Nurse Practitioners.

DATE

Thursday, June 7, 2018, 6:00 pm to 8:30 pm

6:00 - 6:30 PM Registration; networking and cash bar

6:30 - 7:00 PM Annual business meeting

7:00 - 7:30 PM Full buffet dinner (dietary restricted choices offered: gluten-free, vegetarian, nut allergy)

7:30 - 8:30 PM Program

LOCATION

Sandy Run Country Club

200 Valley Green Road

Oreland, PA 19075

www.sandyruncc.com

COST

Members: \$35; nonmembers: \$45; full-time students (with valid ID): \$20

Registration at the door: add \$10 to each category, space permitting.

Please note that part of the meeting cost has been subsidized by AMWA-DVC.

REGISTRATION

Click [HERE](#) to register online

QUESTIONS

Contact AMWA-DVC Program Chair Julie Munden at amwa.dvcnetworking@gmail.com or 215-815-9767

Delawriter Editorial Team

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Executive Editor: Jen Minarcik, MS

Editor: Katherine Molnar-Kimber, PhD

Designer: Darryl Z. L'Heureux, PhD

Editorial Consultants: Elisha Gillette, Robert Hand, Dan Linehan, Nathalie Turner

Please direct change of address/information to AMWA Headquarters Staff:

American Medical Writers Association

30 West Gude Drive, Suite 525

Rockville, MD 20850-1161

(240) 238-0940 (telephone)

(301) 294-9006 (fax)

e-mail: amwa@amwa.org

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AMWA-DVC || memberlist@amwa-dvc.org | <http://www.amwa-dvc.org>

AMWA National
30 West Gude Drive
Suite 525
Rockville, MD 20850