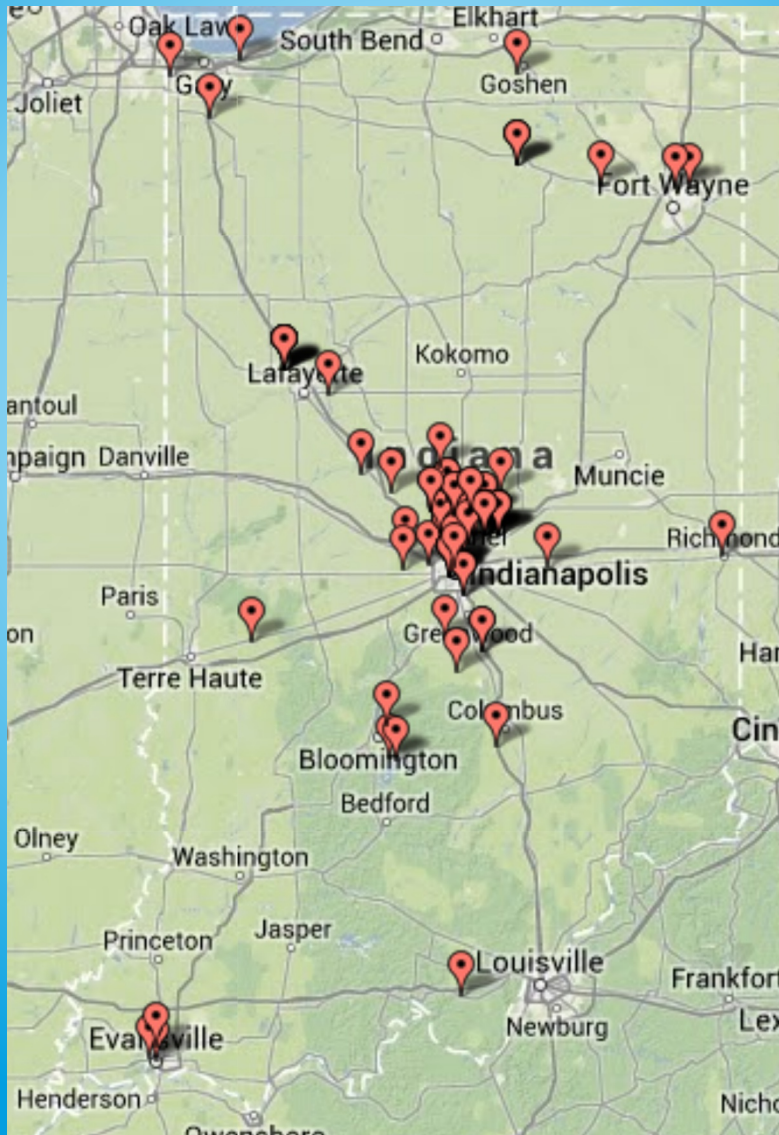


# AMWA

## *Indiana Chapter Newsletter*

January 2015



# American Medical Writers Association Indiana Chapter

## Executive Committee 2014-2015

### Officers

President	Gregory Adams, II
President-Elect	Laura Town
Secretary	Ellen Stoltzfus, PhD
Treasurer	Pam McClelland, PhD

### Committee Chairs

Education	Laura Town
Member Resources	Esther Brooks-Asplund, PhD
Program	Barbara Lightfoot, BS, CCRP
Publications	David Caldwell, PhD
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## Newsletter

### Editor

David Caldwell, PhD

### Section Editors

Editing Gregory Adams, II  
Svetlana Dominguez, ELS

Freelance Esther Brooks-Asplund, PhD

### *Coming Attractions*

Thursday, January 29, 6:00-8:00 p.m.

**AMWA Indiana Chapter dinner**

Location: [The Milano Inn](#), Indianapolis

Friday & Saturday, April 10 & 11

**AMWA Indiana Chapter Conference**

Location: [The Columbia Club](#), Indianapolis

### Links

[AMWA](#)

[AMWA LinkedIn](#) [AMWA Twitter](#) [AMWA Facebook](#)

[AMWA Indiana Chapter](#)

[AMWA Indiana Chapter LinkedIn](#)

[Global English for Everyone Blog](#)

[Healthcare Brand Journalism Blog](#)

### Please let us hear your voice!

Let us know if there is anything we can do to help you benefit professionally from your AMWA membership. Volunteering to help our chapter or national association is a great way to have fun while meeting some wonderful people, improving yourself and the profession, and becoming and being the leader you were meant to be. Join our LinkedIn group, come to the chapter events, or click on the name of a chapter officer or committee chair above to join the conversation about medical communication and our chapter.

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## Cover

Find AMWA members near you by searching the AMWA member directory by city or zip code.

This map of the locations of our 91 chapter members was created with [BatchGeo](#).

Find updates  
to chapter and  
community  
events on our

[Web site](#)

## Preview: 2015 AMWA Indiana Chapter Conference



Photo from <http://www.rowlanddesign.com/wp-content/uploads/2011/11/Columbia-Club-1.jpg>

**Where:**     **The Columbia Club**  
121 Monument Circle  
Indianapolis, IN 46204

Rich in history, the Columbia Club has been among the leading private clubs in the nation since its inception in 1889.

**When:**       **Friday & Saturday, April 10 & 11, 2015**

**Other important dates:**

**Sunday, March 1, 2015**

Deadline for credit workshop registration and for discounted conference price

**Sunday, April 5, 2015**

Last day to register for conference (no onsite registration)

**How Much:**

<b>Early Bird</b> (by March 1, 2015)	member / nonmember / student member
Friday only	\$75 / \$100 / \$50
Saturday only	\$75 / \$100 / \$50
Entire conference	\$130 / \$160 / \$85

**Standard** (March 2-30, 2015)

Friday only	\$90 / \$115 / \$60
Saturday only	\$90 / \$115 / \$60
Entire conference	\$150 / \$175 / \$110

**How:**

**Register** and see the conference brochure [online](#)

**Nearby hotels:** The Columbia Club, Hilton Garden Inn.

**Parking:** The Columbia Club (\$15/day), Chase Tower (\$17/day), [other](#)

**What:**

**Keynote speaker:** Annie McKee, PhD *Resonant Leadership in a Changing World*  
 Teleos Leadership Institute (founder)  
 University of Pennsylvania (senior fellow, program director)  
 NY Times, Wall Street Journal (best-selling author)  
 BusinessWeek (Top 100 Leaders)

**Workshop leader:** Bart Harvey, MD, PhD, MSc, MEd

*Basics of Epidemiology* (morning) (\$125 member/\$150 nonmember)

*Understanding Sample Size and Study Power* (afternoon) (\$150 member/\$175 nonmember)

University of Toronto Dalla Lana School of Public Health (associate professor)

American College of Preventive Medicine (fellow)

American Medical Writers Association (fellow; Golden Apple award for excellence in teaching, Eric Martin award for excellence in medical writing)

**Choose from 5 Dinner Roundtables**

**Networking session**

**7 Open Education Sessions**

**Networking lunch**

**Questions?** Contact Laura Town at [ltown@willtown.com](mailto:ltown@willtown.com) or (317) 370-3003





## Interview with Greg Adams

This telephone interview was conducted by David Caldwell ([davidccaldwell@att.net](mailto:davidccaldwell@att.net)) on December 29, 2014 for the AMWA Indiana chapter newsletter (AICN).

Greg Adams ([greg.adams@cookmedical.com](mailto:greg.adams@cookmedical.com))

### AMWA

**AICN:** Greg, thank you for being our chapter president this year. You've done a great job so far. Why did you join AMWA?

**Greg:** I joined AMWA because I got a free membership. I had attended the national conference of the Society for Technical Communication ([STC](#)) about 5 years ago, but was looking for something that was more specifically medical. AMWA's reputation and history (it is the oldest professional organization for medical writers) appealed to me. Its 2012 national conference brochure advertised several open sessions pertaining to regulatory affairs and to other things that weren't available at the STC conference. So I decided to attend. The price of membership plus conference registration was the same as the price of registration for a nonmember.

I love the people in AMWA. I love going to the annual conference now and seeing new friends that I've made. It's fun talking to, and comparing notes with, other medical communicators, not only from around the state but also from around the country. AMWA has a lot of freelancers, and I always enjoy talking to them because I was a freelance writer for 10 years before I started working at Cook Medical.

**AICN:** In what direction are you taking the Indiana chapter this year?

**I love the  
people in  
AMWA**

**Greg:** I think that its members are AMWA's strongest asset. Medical communicators see a lot of value in coming together as a community, so emphasizing the value of fellowship within our chapter will serve us well.

My goal is to increase the connections between our members, because we really are spread throughout the state. I especially feel that way because I'm in southern Indiana. A lot of our members are in Indianapolis, some are up north around Lafayette and Warsaw, and the rest are scattered throughout the state.

To help achieve that goal, I'm creating a new Web site for the chapter. The front page will have a blog that will help our members stay connected with the chapter and help them learn about what other chapter members are doing. I hope the blog will be a forum, a way for our members to share interesting and useful content. I want it to be a nice way of bringing our members together and of increasing the value of their membership.

National AMWA is moving in some exciting directions, too, with its e-learning initiatives and certification on the horizon for medical writers.

\*\*\*\*\*

## Career

### *Editing and Writing*

**AICN:** What is your role in the medical device industry?

**Greg:** I manage the editing department at [Cook Medical](#), a medical device manufacturer. My editing department is a shared service department, which means that we don't work with any specific business unit or department. We take literally anything that people send to us. That's one of the things I enjoy most about my job – the variety of materials I get to work on. From clinical

**My goal is to increase the connections between our members**

## I edit and write using quite a few specialized styles

communications to marketing communications, engineering documents, regulatory documents, patient materials, and video scripts – you name it.

I edit and write using quite a few specialized styles that are very different from each other. (I was originally a writer and still enjoy writing for some of our business units and affiliated companies that don't have copywriters.) Press releases have to conform to AP style and are very different from scripts, which are very different from written instructions. Anything clinical for publication has to adhere to AMA style. Content for outside the U.S. has to be written in British or Australian English. Some of our translated content is written in – or, in some cases, edited into – Global English (one of my specialties), which is a form of written English that is optimized for translation and for non-native English speakers. So, my position requires me to toggle between not only style manuals but also writing styles.

My department tends to get mostly copyediting jobs, but we also do some proofreading and some developmental or structural editing. Our work depends on the aim of a project and what people need from us.

**AICN:** Why did you switch from writing for the entertainment industry to medical editing?

**Greg:** I switched because I didn't see where my writing would fit into an all-digital realm. I was working for record labels, writing essays for the booklets that accompany CDs, when the market started shifting from physical media to digital music. People who listen to a digital album on [Spotify](#) or [iTunes](#) can sometimes download and read a booklet, but I doubt that many people actually do. I needed to get out of music, so I took a job at Cook Medical as a copyeditor with no prior experience in medical writing. I fell in love with the job and threw myself into my work.



I love music. I produced greatest hit collections and wrote for the music industry for ten years and hosted my own radio show for eight years. I still write for record labels occasionally on a freelance basis, if the project interests me.

**AICN:** How did you get interested in Global English?

**Greg:** I became interested in Global English because Cook Medical translates an enormous amount of content. We were facing some challenges with our translations, particularly in Asia. People were telling us that the translations were unusable or of poor quality, but we weren't quite sure what to do about it. Then I saw John Kohl, the author of *The Global English Style Guide*, give a presentation on Global English and I instantly recognized that this was the answer to our problems. Kohl says that the quality of the source English has more bearing on the quality of the translation than even the skill of the translator. In fact, if you write very translatable content, you can even machine-translate it with a high degree of accuracy.

So we at Cook Medical started experimenting. We revised some content into Global English and sent it to our translation company for linguistic analysis. The linguistic quality assurance people (who [measure](#) the quality of a translation) told us that the revised content would translate more efficiently and accurately without any loss of meaning. We started hearing from overseas that the quality of the translations had improved substantially and that people were finally getting some translations they could really use. People at the translation company loved Global English because it made their job easier.

Global English also improves the source English, because most of the things that present a problem to translators also present a problem to readers of the English. All of the work we did in clarifying content as we re-authored it into Global English benefited readers of the English as well. So really, everybody wins.

**With Global  
English,  
everybody  
wins**

The idea of using insights from translation and linguistics studies to create translatable content has been around for many years. John R. Kohl's [\*The Global English Style Guide: Writing Clear, Translatable Documentation for a Global Market\*](#) (2008) is the most extensive book on the subject. The 4th edition of the [\*Microsoft Manual of Style\*](#) (2012) also has a section on Global English.

**AICN:** What is your secret to communicating so well?

**Greg:** I think achieving clarity is one of the keys to communicating effectively. It sounds simple but is actually very difficult. We, as communicators, know too well what we are trying to say. It takes a lot of practice and determination to remove yourself from what you are trying to say and to focus on what you've actually said.

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effectively

**AICN:** How do you keep your job fresh?

**Greg:** I review such a variety of materials that my job rarely becomes stale. Seeing numerous iterations of the same document can be boring, but sometimes it has to be done. I get through the tedious tasks and look forward to those that are more interesting and exciting.

### *Managing*

**AICN:** Do you use any particular management style?

**Greg:** I'm very hands-off. Our editing department has always had great people, so we each tend to work autonomously, editing our own projects. I've helped to prevent potential problems by playing a role in establishing the company's writing style, in setting editorial policy, and in creating document approval processes. For the most part, I coordinate with my editors and give them room to exercise their judgment.

I always manage with referred authority because Cook Medical is a matrix organization, hierarchically flat. So I have to build a consensus. I'm very evidence based in my communication practices. I've tried as much as possible to dispel the notion that editing is subjective and that we make preferential changes. Creating a company style guide was one way of combating that notion. Making sure that any edits we make or suggest are strongly rooted in evidence-based practices goes a long way toward convincing people that an edit is helpful. Sometimes people object to an edit because they don't understand the rationale behind it. But once you explain the rationale to them, suddenly they're all for the edit.

**AICN:** What traits do you like to see in the editors you manage?

**Greg:** I love to see people who are a little bit obsessive. I think that's a good trait in an editor, because you have to really be a sponge for information and attentive to detail. I've noticed that a lot of the best editors I've had are obsessive in some way. They are highly engaged in certain subjects, collect something avidly, or are just nerds in some respect.

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### *Teaching and Consulting*

**AICN:** You teach medical writing at [MED Institute](#) in Lafayette, IN. What's that like?

**Greg:** MED Institute is Cook Medical's clinical trials division and also performs nonclinical medical device testing. They have for years had a biomedical writing course taught by Martha Tacker, a previous chapter member. They asked me to teach the course when she retired, so I've been doing that for the last 2 years. I co-teach with my colleague, Matthew Kaul, who previously worked with me at Cook Medical, taught English at Indiana University, and is now the director of communications and development at a nonprofit organization, MacLaurinCSF. We collect samples of,

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clarity,  
grammar, and  
structure**

and tailor the course to, biomedical documents created at MED Institute so that what we teach is relevant.

We established a curriculum that has three units: clarity, grammar, and structure. It draws on three primary texts: *The Global English Style Guide: Writing Clear, Translatable Documentation for a Global Market* by John R. Kohl, which is the foundation of our course; [\*Rhetorical Grammar: Grammatical Choices, Rhetorical Effects, 7/E\*](#), by Martha J. Kolln, which is one of the best grammar books that I've ever read (scientists respond well to her approach to grammar as a toolkit, rather than as a set of arbitrary rules based on custom); and [\*Expectations: Teaching Writing from the Reader's Perspective\*](#), by George Gopen, which provides a structural approach to writing.

**AICN:** Why did you co-found the international communications agency, [Adams Kaul](#)?

**Greg:** As far as I know, Cook Medical was the first company outside of the software industry to start using Global English. Matt Kaul and I started giving presentations and conducting webinars about Global English, which generated a lot of interest. We recently gave a presentation as part of a Scott Abel's [The Content Wrangler Virtual Summit on Advanced Technical Communication Practices](#) to 150 attendees from around the world. We created our Web site primarily as a forum for publishing articles that we'd written on the subject. In the back of our minds, we thought that we might also do some corporate training or consulting. We've had a few offers and are interested in receiving more, but so far we haven't really made an effort to pursue that.

**AICN:** Do you have any advice for people who practice or aspire to practice medical writing or editing?

**Greg:** My advice is to maintain a growth-minded attitude toward your work. Don't become complacent or habituated. Always strive to increase your skill and learn new things. Stay on top of your profession. It's so valuable, but so difficult, to keep learning.

\*\*\*\*\*

It's so  
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## Education

**AICN:** How did you learn to edit?

**Greg:** I've always been a writer (my undergraduate degree is in English literature) and was a freelance writer for 10 years. Toward the end of that time I started doing some freelance editing. When I started at Cook Medical, I threw myself into editing, studied technical editing at IUPUI (there aren't many technical or medical editing programs in the country), and pursued a lot of self study. I was largely self-taught, reading books, talking to other editors, looking at the results of my efforts. That's something I really enjoy about Global English – it's a testable, measurable editorial practice. You can talk to the translators, look at the translations, and see how effective your efforts are.

**AICN:** How do you stay current in your area and increase your expertise?

**Greg:** I read, follow professional organizations, subscribe to quite a few LinkedIn groups and follow their threads, and check up on anything new and interesting that comes along. For example, at the 2014 AMWA conference there was a presentation about a free text analysis tool developed by the University of Memphis. I played with that for a while.

**AICN:** You have several areas of expertise: medical editing, Global English, internationalization, plain language, and patient communication. Can you tell our chapter members how to learn about these topics?

**Greg:** I can recommend resources for all of those topics.



## ***Global English***

Kohl JR. *The Global English Style Guide: Writing Clear, Translatable Documentation for a Global Market*. Cary, NC: SAS Institute Inc.; 2008.

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Sun Technical Publications. *Read Me First! A Style Guide for the Computer Industry*. 2nd ed. Upper Saddle River, NJ: Prentice Hall; 2003.

## ***Internationalization***

Hoft NL. *International Technical Communication: How to Export Information About High Technology*. New York, NY: John Wiley & Sons, Inc.; 1995.

Lovitt CR, Goswami D, eds. *Exploring the Rhetoric of International Professional Communication: An Agenda for Teachers and Researchers*. Amityville, NY: Baywood Publishing Company, Inc.; 1999.

Warren TL. *Cross-Cultural Communication: Perspectives in Theory and Practice*. Amityville, NY: Baywood Publishing Company, Inc.; 2006.

## ***Plain Language***

Baldwin CM. *Plain Language and the Document Revolution*. 2nd ed. Washington, DC: Lamp Lighter Press; 1999.

Kimble J. *Lifting the Fog of Legalese: Essays on Plain Language*. Durham, NC: Carolina Academic Press; 2006.

Ministry of Supply and Services Canada. *Plain Language: Clear and Simple*. Hull, Quebec: Supply and Services Canada; 2014.

Steinberg ER, ed. *Plain Language: Principles and Practice*. Detroit, MI: Wayne State University Press; 1991.





## Medical Student Missions: A Personal Narrative

Payton Morrone ([payton.morrone@aol.com](mailto:payton.morrone@aol.com))

It was my first time out of the country as well as my first time on a plane. My dad and my brother were accompanying me, which helped to settle my nervous excitement. I was 17 at the time with my mind set on a degree in marine biology, not thinking twice about a degree in medicine. Everything ran smoothly and we arrived in Miami to meet with the rest of our group members. All 15 of us boarded the flight to Port au Prince, Haiti. Our adventure was just beginning.

We arrived at the airport, which was no more than a large warehouse with our luggage all thrown in one big pile. Once we gathered our group members and our supplies we headed to the bus. Three hours up a dirt road into the mountains was our route to a small town known as Verrettes. I was in complete shock as we made our way up the mountains. Cities and towns were in shambles, tarps and tents flooded the land as makeshift shelters. We arrived at our compound late during the night. It was lavish compared to our surroundings. My heart ached for the people of Haiti as I came to realize their living conditions. I was more than ready to help make a difference, but how? I wasn't a doctor or nurse and had no prior medical experience. We unloaded the bus and organized our supplies to conquer our clinic in the morning.

When morning rolled around we quickly ate breakfast and loaded our supplies on the bus. We were told our first clinic would be in an old church in the middle of town. We arrived at a broken down building with a tarp for a roof. There were already dozens of people lined up to be seen, so we got to work. The first day of clinic my brother and I ran the pharmacy accompanied by our own translator. I remember being extremely anxious about my first patient but she greeted me with the biggest smile and my fear subsided. Throughout the week I was able to rotate between running the pharmacy and shadowing medical students and doctors as we traveled to many different locations throughout Verrettes. I witnessed a variety of diseases and ailments varying

**I was more  
than ready to  
help make a  
difference,  
but how?**

from open sores and massive goiters to cases of cholera. Doctors taught me with hands on experience how to evaluate a patient, listening for heart murmurs, taking blood pressure, and so much more

I was amazed at the overwhelming thanks and gratitude we received from the Haitian people. They were so unbelievably kind and always smiling even through the struggles they were facing. Throughout our week we integrated into Haitian culture as we experienced their food, traditions, and lifestyle. We experienced the chaos of market day, the breathtaking view from atop a mountain clinic, and the smiles of excited Haitian children as we walked throughout the town.

Medical Student Missions helped me realize my true calling in life and shaped the person that I am today. I am currently in my second year at Indiana University Northwest with a Pre-Med major and, though my journey is just beginning, I know this is the right path for me.

**I was amazed  
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[*Editor's Note:* [Medical Student Missions](#) provides opportunities for medical students at all levels of training to volunteer their services to a medical project in Haiti. Medical students are paired with residents and physicians, working in collaboration with Haitian physicians, to benefit Haitian people. William W. Forgey, M.D., CCHP, (an AMWA Indiana chapter member since 1990) trains volunteers to provide rural medical care and has led them on 30 volunteer services trips over the past four years. At our 2015 chapter conference, Dr. Forgey will discuss his experience in advising this Northern Indiana based nonprofit, which is run by medical students, and will discuss their experiences in treating cholera and Chikungunya Fever and in learning the craft of medical service in rural Haiti.]

# 2015 INDIANA CHAPTER CONFERENCE

APRIL 10–11, 2015 • THE COLUMBIA CLUB • DOWNTOWN INDIANAPOLIS



Join us for the **2015 AMWA Indiana Chapter Conference**! Whether you're working toward your AMWA certificate or simply want to expand your knowledge base, this year's conference has something for you. Highlights include:

- Keynote by best-selling author and leadership expert **Dr. Annie McKee**
- Two **credit workshops** from the AMWA education curriculum
- Seven noncredit **open education sessions** on topics ranging from medical devices to research ethics to contract law
- **Networking opportunities** with colleagues from a variety of industries

Member pricing begins at **\$75 per day** or **\$130 for both days** of the conference. **Register by March 1 and save up to \$20!** Act quickly, because credit workshop registration ends on March 1 and general conference registration ends on April 5.

For a full schedule, hotel information, and to register for the conference, click [here](#) or visit the Indiana Chapter website at [www.hoosieramwa.org](http://www.hoosieramwa.org).



## Editing: Beyond Words

Patti L. Raley, MTSC, ELS ([praley@goodmancampbell.com](mailto:praley@goodmancampbell.com))

In a sense, editing is part of everyday life. If you have ever checked a letter before sending it to ensure that no words are misspelled and that it reads well, then you have done an editing task. Another example would be reviewing a recipe before sharing it to ensure that the list of ingredients is complete and that no steps have been omitted. What, then, would distinguish these everyday tasks, from the editing done by professionals called editors who do the work for a lifetime?

The work of a scientific or medical editor consists of projects much more complex than letters or recipes. These projects might include book chapters, clinical protocols, grants, manuscripts, patient information leaflets, or reports with many tables and figures. Certainly, an editor's work requires an excellent command of grammar, syntax, word choice, and writing style. In addition to language skills, though, an essential component of successful editing requires going beyond the words and mastering an organized approach to the work.

So, what is *editing*? For simplicity, editing is the process of reviewing a text to ensure that language, writing style, technical details, and format are appropriate for the audience who needs the information. This article will briefly address how an editor might approach the work, budget time, and respond to challenges inherent in the work. At the end of the article, a list of references invites further reading.

### Consider Audience and Purpose

To edit well, an editor needs to have an awareness of the audience who will read the edited text and of the text's purpose. Having the audience and purpose clearly in mind helps an editor achieve quality with respect to language level, style, paragraph length, and the visual display of the text. For example:



- Simple words and writing style, shorter paragraphs, descriptive headings, and illustrations would be appropriate for an information leaflet that describes a medical procedure for a patient.
- In contrast, scientific terminology, a scholarly style, longer paragraphs, structured headings (such as, methods, results), and data displayed in tables and technical figures would be appropriate for a manuscript intended for publication in a journal for specialists.

Before beginning any project, an editor needs to consider these questions: Who will be the audience of this text? What is the intended purpose? Having a sound understanding of audience and purpose will guide the editing.

### **Use Levels of Edit and Manage Time**

*Levels of edit* is a term that refers to a systematic approach to editing. Using the levels of edit provides a structured way to review a text, allows an editor to focus on one aspect of it, and facilitates planning the work. While many levels of edit may be required to thoroughly edit a text, three levels are listed here as a general approach.

- *Comprehensive Editing* (also called *Substantive Editing*). In this level, an editor evaluates and revises a text's content and organization.
- *Copyediting*. The focus of this editing task is to ensure that a text: 1) is correct in terms of spelling, punctuation, and grammar; 2) is consistent in mechanics from one part to the next; and 3) is accurate and complete.
- *Proofreading*. This all-important editing task verifies that a text has been printed according to specifications (as with publisher's page proofs), or that a new version of a document contains all the corrections marked in the previous version.

Numerous other levels are possible, including:

- Format edits, to confirm that type size, heading styles, and technical details conform to template specifications;
- Figure/image edits, to check figure quality and correctness of labels, and to ensure that figure captions correspond to the figure; and
- Content edits, to confirm that all pieces of a multipart text, such as a grant, are present and in the correct order.

The amount of time to allot for each level will depend on many factors, such as the expertise and work style of the editor, the priority of the project, the length and complexity of the text, and the number of drafts the editor has previously reviewed. The best way to estimate time is to keep records of the amount of time needed to complete a particular level of edit. Maintain records for a number of projects and average the amounts of time. In this way, an editor gains an understanding of the effort required to complete all levels of edit for their projects and within the constraints of their work setting.

### **Accept the Challenges of Editing**

An editor's role is to ensure the quality of a text that an author or a group of authors has written. However, in reality, achieving this goal is not always simple, even for a seasoned editor. Here are a few common challenges that may occur with either the authors or the text:

- *Working with an author who does not fully trust editors.* Establishing a working relationship with an author takes time. When an editor begins working with an author, one way to establish trust is to rely on using queries to learn the author's preferences, which may differ from medical or technical style manuals. Queries can be inserted as comments using the Comments feature in Microsoft Word, for example. Being gracious in your comments and

assuming a helpful tone will go a long way in gaining the author's trust.

Some authors prefer to maintain control over their words and to limit what an editor may change. Over time, after an author realizes an editor means only to improve the quality of a text, the editor will have more latitude in making changes without asking first. In the beginning, if changes are tracked electronically, then the editor needs to track even the smallest change. After a time, small things will not need to be tracked.

- *Managing time.* Sometimes an editor may underestimate the amount of time required to do the work. At other times, an editor may be asked to edit an unexpected project within a limited amount of time. Regardless of the amount of time at hand, an editor's challenge is to learn to carefully assess the project and understand all the tasks that will need attention. With a less-than-ideal amount of time, the editor and the author can draw from the medical concept of *triage* to determine what will need to be reviewed and what can stand as it is.
- *Knowing when to overlook details.* Sometimes details are nonnegotiable; sometimes an editor will have a choice. For example:
  - For a manuscript that will be submitted for publication in a journal, an editor needs to comply with the journal's instructions to authors, which will specify either a standard style, such as American Medical Association (AMA) Style, or will describe the journal's preferred style. A manuscript that does not follow the instructions may be rejected.
  - On the other hand, grant proposals may not need to conform to a particular style of format or punctuation. If grant instructions do not specify a style, then an editor's

task is to be as consistent as possible, while keeping in mind the author's preferences.

### **Nurture Your Career**

If you are serious about having a career as an editor, then you will need a lifetime—at least in career years—of learning and developing your expertise. Because language and style issues change over time, staying abreast of new information is part of being a professional editor. Editors do all these things and more to develop or maintain their skills:

- Review grammar and style manuals periodically to stay fresh.
- Study entries in dictionaries, such as The American Heritage Dictionary, The Oxford English Dictionary (OED), or The Oxford American Dictionary, to stay abreast of current usage.
- Read to stay current with language changes, new terms, popular preferences—for example, distinctions of some words are blurring (that and which; less and fewer). As an editor you need to decide whether you are you going to be indifferent to how words are used, or whether you will hold fast to linguistic distinctions. Reading in your technical field is also important for learning terminology and how it is used by specialists.
- Belong to professional organizations. Attend local or national conferences whenever possible to take courses and to engage in discussion forums with other professionals.

Many people are drawn to editing as a profession because they have an appreciation for the finer points of language and a good sense of communicating through writing. However, editors who stay the course are not only experts with language, but also are individuals who have a grasp of audience and purpose, who use a



structured approach to manage time, and who can embrace the realities of editing that go well beyond the words.

### **Selections from an Editor's Reference Shelf**

*(Note: More recent editions of these references may be available.)*

*American Heritage Dictionary of the English Language*. Fifth edition. Boston: Houghton Mifflin Harcourt; 2011.

—An excellent dictionary that emphasizes word use and provides notes on nuances of meaning. The author highly encourages editors to use an excellent dictionary, rather than simply checking an online source.

American Medical Writers Association. *AMWA Journal*. <http://www.amwa.org/>.

—One of the foremost professional organizations for medical writers and editors. Visit the site to learn more about their excellent certification program. The AMWA journal is essential reading.



Cormier, RA. Estimating editorial tasks: A five-step method. *Editorial Eye* 1996; 19(1):1–3. [Note: [double-click paper clip icon to open document.](#)]

—A practical approach for answering the question, “How long will it take?”

Council of Science Editors. *Science Editor*. <http://www.councilscienceeditors.org/>.

—A quarterly publication that includes thoughtful discussions of timely issues in science editing.

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*This article grew out of a course that the author presented at AMWA conferences over a decade ago.*

*Since the 1980s, Patti Raley has been a biologist, a scientific editor, and a medical writer. She has been a board-certified editor in the life sciences since 1996. She now reviews and edits grants and manuscripts for traumatic brain and spinal cord injury research at the IU School of Medicine.*



## Medical Humanities Career Day

Indiana University Purdue University at Indianapolis  
Campus Center, CE 409  
Wednesday, February 25th, 2015 10:30 am—2:30 pm

Questions? Contact Emily Beckman (Assistant Clinical Professor;  
[embeckma@iupui.edu](mailto:embeckma@iupui.edu); 317.274.4755)

## With BELS On

Sarah (Wagner) Felde, ELS

Does the acronym BELS ring a bell? If you're a writer, editor, or publisher of biology-related content, it might. Founded in 1991, the Board of Editors in the Life Sciences—or BELS—is a professional organization that awards credentials to manuscript editors with expertise in the life sciences.

If you're not familiar with BELS, don't worry! I first heard of BELS only a few years ago—and when I did, I was immediately interested in the organization's Editor in the Life Sciences (ELS) certification. Why? For one, I knew that by passing the ELS certification exam, I'd have a quick and objective way of showing clients I was a skilled editor who specialized in life science content. But just as importantly, I'd be able to prove this to myself!

A quick check on the BELS website revealed I met the two main eligibility requirements for taking the exam: I held a bachelor's degree from an accredited university, and I had at least two years' experience as a manuscript editor in the life sciences. In fact, I'd been working with biology content for over a decade—so passing the certification exam would be a cinch, right? All I needed was a chance to take the test.

That chance came this last summer, when BELS offered the exam in conjunction with the 2014 [American Medical Writers Association](#) (AMWA) [Indiana Chapter](#) Conference. When I opened the test booklet, I found lots of things I expected—namely, questions on topics as diverse as:

- General rules of grammar, punctuation, mechanics, and usage
- Proper execution of the scientific method
- Creation and interpretation of tables and illustrations
- Mathematics and units of measurement
- Documentation of references
- Ethics of publishing and scientific research



**BELS awards  
credentials to  
manuscript  
editors with  
expertise in  
the life  
sciences**

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deal of time**

What I didn't expect was how difficult the test would be. For a majority of the questions, there was no one answer option that was obviously right. Narrowing down which of the plausible answers was “most correct” took a great deal of time—so much, in fact, that I was unable to complete the entire test (for the first time in my life, might I add!).

As I left the testing room, I was convinced I'd failed. So, imagine my surprise when a few weeks later, a thick envelope arrived from BELS, telling me I had passed! I could now join the roughly 1,100 editors across the globe who write the letters “ELS” after their name.

Interestingly enough, of that select group of editors, three of us—Linda Blevins, Karen Kassel, and I—are staff members at WilliamsTown Communications. I'd wager that few, if any, organizations of our size have this many BELS-certified editors on staff. It's just another indicator of the unique advantage WilliamsTown brings to projects involving healthcare and the life sciences.

*To learn more about the ELS certification, visit the [BELS website](#). To learn more about WilliamsTown Communications and the value we add to projects of all types, [click here](#).*

*[Editor's Note: Sarah is a Special Projects Manager at WilliamsTown Communications. By earning her ELS certification, she continues an AMWA Indiana chapter tradition started by Martha Tacker, co-founder of BELS.]*

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*New Chapter Web site!*

New Web site, same familiar URL ([www.hoosieramwa.org](http://www.hoosieramwa.org))

Many thanks to Greg Adams for redesigning and improving the site!