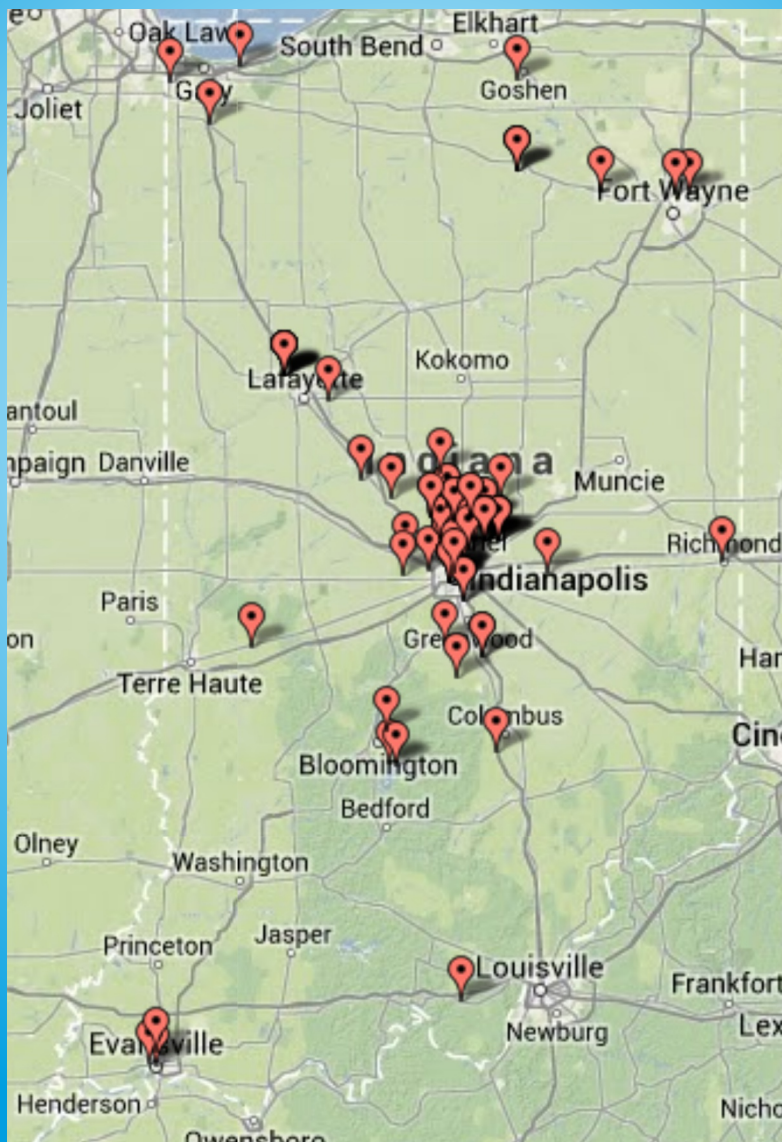


AMWA

Indiana Chapter Newsletter

May 2015



American Medical Writers Association Indiana Chapter

Executive Committee 2014-2015

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Secretary	Ellen Stoltzfus, PhD
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Editing

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Freelance

Esther Brooks-Asplund, PhD

Coming Attractions

June 18, 2015 6-8 p.m.

Chapter event: *The Tortuous Journey from Bench to Patient*
[The Milano Inn](#), Indianapolis

Septemter 30-October 3, 2015

[AMWA's 75th Annual Conference](#)

Location: San Antonio, TX

Links

[AMWA](#)

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

[AMWA Indiana Chapter](#) [Indiana Chapter LinkedIn](#)

[Global English for Everyone Blog](#)

[Health Care Brand Journalism Blog](#)

[WilliamsTown Communication 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 93 chapter members was created with [BatchGeo](#).

Dear Indiana AMWA Members,

Thank you to everyone who helped make our Indiana chapter conference one of the best—and best-attended—AMWA chapter events in the country!

All of our chapter members deserve thanks, including you. Even if you weren't able to attend this year, your membership in AMWA makes our chapter conference possible.

I valued the educational and networking functions of the conference, but I appreciated the enthusiasm, camaraderie, and diversity of our chapter members even more. Thanks again to our organizer, President-Elect Laura Town, and to everyone who helped with the conference.

Best,

Greg Adams
President
Indiana AMWA Chapter
Email: greg.adams@cookmedical.com

Greg Adams

Editor's Note:

Greg is the 2014-2015 president of the AMWA Indiana chapter and manager of global editing services at Cook Medical in Bloomington, IN.



Indiana Chapter 2015 Conference Committee

Our deep gratitude goes to conference chair Laura Town and to her energetic committee. Special thanks go to Alaina Hill (Columbia Club) and to Markey's Audio-Video Service.

(L to R, standing): Amanda Boyle, Karen Kassel, Greg Adams, William Pietrzak, Ellen Stoltzfus.
(Seated): Rachael Mann, Laura Town, Sarah Felde. (Not shown: Deborah Arkush-Huet, David Caldwell, Elaine Crabtree, Linda Hughes, Barbara Owens-Lightfoot)

Find updates to chapter and community events on our [Web site](#)

Interview with Jay Greenzweig RPh, MBA

This interview was conducted by Alyssa Garrelts, PhD (agarrelts@forcemed.com) on March 27, 2015, for the AMWA Indiana Chapter Newsletter (AICN).



Jay Greenzweig (jgreenzweig@forcemed.com)

Photo courtesy of FORCE Communications, LLC

Editor's Note:

Jay Greenzweig (CEO and Scientific Officer, FORCE Communications, LLC), a leader in healthcare strategic communications, founded FORCE Communications in 2001. He uses his clinical and brand marketing experience to innovate medical communication and is responsible for overall corporate business management, business strategy, alliance development, and scientific innovation. In forming this company, Jay relied on his certification as a registered pharmacist, master's degree in business administration, and 15 year career in the pharmaceutical industry with Eli Lilly and Company that included pharmaceutical sales, market research, training and development, medical communication and education, and brand marketing. He has managed and helped launch several successful brands dealing with infectious disease, diabetes, and neuroscience.

AICN: Why did you found FORCE communications?

Jay: FORCE Communications was founded because of a passion for educating and improving the lives of people around the world through better healthcare knowledge. During my time as a pharmaceutical marketer working for Lilly, I wanted to broaden healthcare knowledge of healthcare professionals (HCPs), making it easy and simple for them to learn and to adopt this knowledge into their practice. As a Lilly marketer, I looked for a partner company to do more than just what I told them—to instead help

me think about what I needed. I wanted a company that was more than just a tactical provider—one that would provide strategic insight specific to healthcare preferences, trends, and ideas that could affect pharmacists, physicians, nurses, and all other healthcare providers. As I could not find a company that supported my needs, I decided to leave Lilly and form DRIVE Medical Consulting & Communications, which was specifically named to reflect the consulting priority. We wanted to focus on providing ideas and solutions to our clients—HCPs, associations, or industry clients—that were driven from insights and ideas, not just implementing industry-standard tactics. This vision has served us well as innovative ideas have become more valued with the dynamic changes in the healthcare, pharmaceutical, and medical device business.

We provide solutions that are driven by insights and ideas

AICN: How large is FORCE?

Jay: Our company has approximately 50 employees and is a multi-million dollar organization that is structured as 3 divisions which are segmented to focus on medical education, biotech, and pharmaceutical customers. We have DRIVE Medical Consulting & Communications, which was our first company, formed in 2001, as a promotional medical communication company. Next we created ACCELMED, which specifically targets grant-funded independent continuing medical education. Last, but not least, we have PROPEL Medical Marketing, which acts as a medical marketing organization that primarily supports start-up and biotech firms and is also more promotional in nature. Though they are all aligned, these 3 companies work independently to provide services from creative marketing to disease-based medical education.

AICN: Why is FORCE headquartered in Indianapolis?

Jay: Part of it is simply due to the fact that I was here and came here through Eli Lilly and Company. Lilly was our first client, and

Indiana was a good economic environment to start our company and be close to our customer. It's also very nice because of the healthcare base. It is a world-renowned teaching center for a wide range of experts, including physicians, nurses, pharmacists, and PhD scientists. There is a large concentration of healthcare and scientific people in the state, along with a supportive environment for the things we do. Indiana is a hub of talent with an opportunity to do cost-effective business that is better than our competition, which is often located in Chicago or states such as New Jersey or California.

AICN: What is your vision for the company?

Jay: The vision is to create an organization that is ahead of where the healthcare communication industry is going. You never want to play catch up. You want to read where the HCPs are going as far as how they do business. Payers are becoming more powerful in this industry, so we want to be more involved with thinking about how they influence the business today. Technology clearly is changing every day. The goal is to take many of the same foundational things we have been doing, starting always from a scientific perspective, and then apply that science through mechanisms that are convenient and cost effective and allow HCPs to get the information, internalize it, and optimize it. Our goal is to look at all the factors that are influencing the industry today and stay ahead of that with our positioning.

AICN: What are the secrets to communicating well?

**Communication
is about clarity,
simplicity, and
adapting to
your customer**

Jay: Clarity, simplicity, and adapting to your customer, whomever that person is that you are communicating with. Communication is about interaction between people, so it is about framing and simplicity and making it as easy as possible to communicate in a way that the person receiving the message is prepared to receive it. We talk about this in how we design our programs—about time, technology, and personal preference.

- What is the best timing? The time of year, time of day, how it is sequenced in the practice, and how the customer thinks.
- What is the technology they like to use? Some things are better written, some things are emailed. Sometimes it's better to pick up the phone, and sometimes it is better to walk over and see someone face-to-face.
- What's the way you frame it? Science doesn't have to be boring; it can be fun. We are doing things with gamification, for example. We are doing algorithm programs. We have done debate programs. Those all take complex science and make it fun, innovative, intriguing, or unique.

Ability to think broadly across a wide range of areas outweighs specialized training or knowledge

Those things are, I think, critical to whatever you communicate. How do you deliver that in a way that's memorable to the person you are trying to communicate with?

AICN: What traits do you like to see in your medical communicators?

Jay: They need strong judgment, ethics, passion, dedication, and flexibility. I believe that their ability to think broadly across a wide range of areas outweighs their specialized training or knowledge. They should be able to understand the complex science while also considering how the science applies to our customers' business and the solutions we provide. They need to be able to understand the healthcare business, what our clients deliver, their unique characteristics, and how our organizations can help achieve our customers' goals. They need to be strong communicators who are comfortable taking risks and learning from mistakes. It is their duty to embrace opportunity and to challenge themselves to achieve greatness.

Strive to think beyond the words and to frame the discussion

AICN: Do you have any advice for people who aspire to be medical communicators?

Jay: You should strive to be a consultant on the education and on the science—someone who can think beyond just the words themselves and frame the discussion to improve knowledge transfer to the target audience. You should understand how the audience thinks and desires to receive information. Adult learning principles are a big part of what we do here. Understanding the way an endocrinologist is different from a neurologist, pharmacist, nurse, or payer is critical to how the same facts can be delivered to optimize the knowledge transfer and adoption.

AICN: What can AMWA Indiana do to benefit the company and its employees?

Jay: I'm not really sure I know that answer yet. I can envision tangible value in how the organization is causing knowledge transfer, skills improvement, or networking opportunities for scientific writers. I don't know if that's happening, but I don't sense that it is. In any case, I would recommend that this be part of their vision—to be more public, more forward, and more proactive about communicating it.

AICN: After being in the industry for so long, how do you keep everything fresh?

Jay: I think industry evolution keeps it fresh since the healthcare sector is incredibly dynamic. This business has changed because of the customer sector we're in, and changes have been dramatic in the 15 years we've been in business. The healthcare model, from diagnosis and treatment to pharmaceutical research, and the business of what these pharmaceutical and device companies are doing have just completely changed. And so has the technology that is now part of everyday business. So you must adapt and be dynamic, or you will not be in business very long.

AICN: What do you think are the biggest changes you've seen?

Jay: There have been many changes, including an emphasis on scientific differentiation, the healthcare treatment model, and technology utilization, to name a few. I believe that, today, new molecular entities must have scientific differentiation to be commercially viable. As healthcare costs and value have become more emphasized, payers have become incredibly powerful, and scientific differentiation and outcomes have become a requirement. In addition, we see a trend toward HCPs other than physicians—such as PAs, NPs, diabetes educators, and pharmacists—having much more influence in treatment. Additionally, there is continuous evolution toward more technology in knowledge transfer.

AICN: How do you stay current with all these changes?

Jay: You have to make a conscious effort to define the vision and look beyond today's standard. I truly believe that business is a blend of vision with tactical execution. I have always said that if you can see where the future is before the competition, you'll win. Even though this is risky and can be vague, I believe you have to embrace what the future holds and make some educated guesses to be successful. You must be comfortable with risk and cannot wait until you have 90% of the information. Instead, you have to be able to pull the trigger with 70% or 65% of the knowledge.

AICN: Are there specific tools you use to monitor trends?

Jay: Well, there are a number of interactions. The Internet has obviously been very powerful with that (see Jay's recommendations below). Attending and being part of associations and networking through LinkedIn and through touching other people who are in our industry and are our customers are also important. You have to consciously do it. You can't just let it happen to you.

**Make a
conscious
effort to look
beyond
today's
standard**

AICN: What are the main challenges that you face?

Jay: I think the main challenges we face today are based on the evolution of our customers. HCPs have less time every day to receive education and communications, while industry has tighter margins to invest. Payers are more influential, yet they are not as engaged in the traditional communication model at this point. The bottom line is that we have to be able to think of ways that educate quickly and emphasize cost effectiveness with application strategies that simplify complex ideas. We have to optimize technology to develop creative, innovative ways to make knowledge transfer fun, intriguing, and even competitive to the recipients.

**Think, work,
adapt,
achieve, and
celebrate**

AICN: What do you love best about your job?

Jay: I love when we are able to look at our industry and create unique new solutions that cause the customers to light up and help improve the lives of patients. Nothing is more rewarding than when our external customers (industry and HCPs) say, “WOW, that was a great innovative idea that has value,” and when our internal team says, “Look what we accomplished!” Think, work, adapt, achieve, and celebrate are themes we need to embrace and words I try to live by every day.

Jay’s Pharmaceutical Industry Web Site Recommendations:

www.firstwordpharma.com

www.pmlive.com

www.biopharmadive.com

www.fiercepharma.com

Summary: 2015 AMWA Indiana Chapter Conference

David Caldwell, PhD (davidccaldwell@att.net)

Editor's Note: The conference was held April 10 and 11 at The Columbia Club in Indianapolis. An asterisk denotes a summary written by the conference speaker. Laura Town summarized presentations by Elaine Williams and by William Forgey, MD. Linda Hughes, MA provided handouts from the open sessions. Photos are courtesy of Bill Pietrzak, PhD.

Keynote Address: Resonant Leadership

Annie McKee, PhD¹ (mckee@upenn.edu)

Times are changing. Our institutions (governments, churches, companies) strain to the breaking point trying to adapt. But they will adapt and thrive if they attain a critical mass of leaders who resonate by making those institutions personally and positively meaningful to other individuals. You can be one of those leaders. Be the change you want to see in the world².

Recognize your leadership potential. Who most strongly influenced your development: some famous person you never met or a family member, friend, or teacher? You influence others, regardless of how excellent you are physically, mentally, or financially.

Be fully present. A great leader is a whole person. We create small miracles when we are “in the zone.” Intellectually smart isn’t good enough. Figure out how to integrate your whole self (mind, body, spirit, emotions) into your institutions. Listen with an open heart, then think and act to help others achieve that same balance.

Find out what matters to you and don’t forget who you are. Self-awareness gives you the power to form, understand, and live relationships. Learn what your leadership strengths are and build on them.



Morale matters. Find ways to refresh yourself daily. You have to take care of yourself to take care of others. Neurobiology teaches us that emotions are contagious. Psychology teaches us that positive emotions help us create and that negative emotions shut down thinking. Set aside quiet times (5 to 10 minutes) during the day to focus on something that makes you feel good. For example: mindfulness (gratitude); hope (something you want to do better today); or compassion (what you can do to spark resilience in yourself and others; talk with others in your institutions about how to do this).

Understand the dark side. Not all smiling faces mean well. If you must deal with toxic people, protect yourself by collecting evidence, then sit down and have a conversation.

¹Teleos Leadership Institute, founder. University of Pennsylvania, Graduate School of Education, PennCLO Executive Doctoral Program and Medical Education Masters Program, senior fellow and director. *New York Times* and *Wall Street Journal* best-sellers (*Primal Leadership*; *Resonant Leadership*; *Management: A Focus on Leaders*), author. *BusinessWeek*, “Top 100 leader.”

²“If we could change ourselves, the tendencies in the world would also change. As a man changes his own nature, so does the attitude of the world change towards him. ... We need not wait to see what others do.” – Gandhi, MK. *The Collected Works of M K Gandhi*, Vol.13, Chapter 153, p. 241, “General Knowledge About Health.” New Delhi (India): Publications Division, Ministry of Information and Broadcasting, Government of India, 1963. (Printed in *Indian Opinion*, 9/8/1913)

Engineering Language for Medical Writers* Greg Adams, *Cook Medical*

Explaining the language of medical engineering can help medical writers in the device industry clearly convey technical concepts. [For example](#), although French Size (1 Fr = 0.33 mm) is commonly used to report the dimensions of catheter tubing, different definitions of the term have led to incompatible devices. Including



a metric measure of both outer and inner diameters helps ensure secure connections.

Current Issues and Trends Facing HR

Elizabeth Stahl, MBA, *Catheter Research, Inc.*

Companies now rely on leadership at all levels. So they hire people already motivated to do a good job and inspire them to lead by giving them a positive culture, opportunities for self-direction and to master assigned and unassigned roles, and a vision of making the world a better place. In seeking a job, find companies that need what you can provide, make yourself visible ([LinkedIn](#), [Glassdoor](#), job applications, professional associations), and convey your value (cover letter, outcome- and activity-based resume, blog posts, tweets). For more advice on finding a job or on hiring employees, see “[35 of the Most Influential Career Sites for 2014](#).”



Geographic Information Systems: Presenting Demographic Data

Elaine Williams, *Indiana Primary Care Association*

A map clearly displays and compares medically important patterns of human populations: disease prevalence in an area, number of pediatric doctors in a county, number of amputations performed in Indiana in 2014. Free resources for finding and mapping medical information include:

[Dartmouth Atlas of Health Care](#)

[Community Commons](#)

[Uniform Data System Mapper](#)

[Community Need Index](#)

[Interactive Atlas of Heart Disease and Stroke](#)

[Community Benefits Community Health Network](#)





Karen Ford



Jonathan Little



David Miller



David Wong

Ask the Experts: Contracts and Agreements

David Miller, JD, and Jonathan C. Little, JD, *Saeed & Little, LLP*; David A. W. Wong, JD, *Barnes & Thornburg LLP*; Karen Ford, MS, *National Writers Union UAW 1981*; Linda Hughes, MA (moderator)

A contract often embodies the formal relation between freelance and client. To make that relation more enjoyable for both, a panel of attorneys discussed features of contracts relevant to medical writers. They also provided handouts addressing the nature, terms, and content of a contract; negotiation; and a sample license agreement.



Edna Mae Rewers



Marilyn Teal

Institutional Review Board Considerations in Informed Consent Design: Past, Present, and Future

Edna Mae Rewers, MS, JD, MBA

Marilyn Teal, PharmD

Schulman Associates IRB

A discussion of what an IRB considers when reviewing an informed consent document was supplemented with a checklist and examples of a consent document.

Proctoring Medical Student Volunteers in Rural Haiti

William “Doc” Forgey, MD, *Medical Student Missions*

Through experience, partnerships, good fortune, and exemplary leadership, Dr. Forgey and his group have overcome several daunting challenges of taking a small, agile, team of medical students to remote areas of Haiti: procuring funding, infrastructure, and basic utilities; harmonizing with the cultural medical practice of voodoo; and treating diseases and medical conditions unfamiliar to most Western doctors. [Medical Student Missions](#) now has an on-site clinic for providing routine medical care to Haitians.



Orthopedic Implant and Device Basics: What Medical Writers Need to Know*

William S. Pietrzak, PhD, *Biomet, Inc.*

The orthopedic medical device industry is a ripe opportunity for medical writers. An overview of the concepts and terms of anatomy and medical device technology helped the audience hit the ground running in this important and exciting field.



Workshops

Bart Harvey, MD, MSc, PhD, MEd, *University of Toronto*

Basics of Epidemiology

ABCs of data interpretation according to basic epidemiological concepts and research techniques.

Understanding Sample Size and Study Power

Sample size and the influence of a study's "power"—the ability to detect a measured and statistically significant event.



Roundtable Discussions

Medical Device Writing: The “Other” Opportunity

Moderator: William Pietrzak, Research Scientist, Biomet, Inc.

Opportunities to Grow with AMWA

Moderator: Greg Adams, Manager, Global Editing Services, Cook Incorporated

Table’s Choice

Moderator: Ellen Stoltzfus, lead medical writer, JK Medical Communications

Patient Education and Writing for the Lay Audience

Moderator: Elaine Crabtree, senior medical writer, Parexel



(L to R) David Gunter, Elaine Crabtree, Angela Beeler, Sherri Fugit

Making an Impression: Problems in Patient Education

Sam Clapp (sclapp@willtown.com)

As a writer and editor, I've worked on textbooks, pamphlets, web copy, magazine articles, and online courses, so I know firsthand the difficulty of communicating cogently to diverse audiences. There are a number of issues facing the writer who wants an audience to pay attention. People have ever-higher standards for the entertainment value of the content they read, competition from online educational resources is always growing, and then there's the most fundamental problem of all: readers get bored! I'm keenly aware of these issues in writing for a general audience, but my roundtable discussion on patient education at the 2015 Indiana Chapter American Medical Writers Association (AMWA) Conference brought into focus an area where being understood is even more crucial. Medical writers who work in patient education write the medication information, disclaimers, and pamphlets we all use whenever we visit the doctor, research a medical condition, or begin a course of treatment. For patient educators, lives hang in the balance.

One of the first things we discussed at the AMWA patient education roundtable was the difficulty of keeping reading level appropriate to all patients. Elaine Crabtree, the discussion leader and a Senior Medical Writer at PAREXEL, told us how her team is tasked with keeping medication information at an eighth-grade reading level. The writers are not legally allowed to test out informational materials on actual readers before publication, so the team has to feed the text through a computer program that estimates difficulty. The program is riddled with glitches (mistaking periods in abbreviations for periods at the ends of sentences, for example), which frequently leads to a misappraisal of the reading level. The group's best option, unfortunately, is to pass copy around the team and attempt to discern whether or not any words would be incomprehensible to an eighth-grader.



**Lives hang in
the balance**

Patient educators address the problems of reading level, patient fear, and audience disengagement

One member of the roundtable brought up her work calling cancer patients to routinely inform them of the details of their treatment. For the most part, the patients have been in treatment for a while and have heard the information a dozen times before. This anecdote points to the major difficulty of patient education: even if you perfect the text, people won't necessarily pay attention. For one thing, patients receiving education are frequently afraid and confused. They may have just received a scary or unexpected diagnosis, and even the most educated and inquisitive patients can blank out while receiving an initial diagnosis or prescription. Another major problem for patient educators is that people simply don't like to read large masses of text. So often, medical conditions and drug information are explained in long pamphlets with small text. Even the most literate patients drift off or quit reading during a long, boring pamphlet full of possible side effects. And that is if they look at the document at all.

How can patient educators address the problems of reading level, patient fear, and audience disengagement? There's no easy answer because patient education is a field governed by an intricate network of legal requirements and medical necessities. Pharmaceutical documents, for example, will always be long and ungainly: there is simply no way to provide all the relevant side effects and considerations without spelling them out at length. The roundtable group did have some ideas for improving patient engagement, though. Several participants emphasized the importance of clear, concise writing. Good writing translates to readers of all levels, so patient educators have to strive for a high level of excellence. Writers at the roundtable also emphasized the importance of using graphics in communicating to patients with different learning styles. Patient educators should develop some graphic communication skills to help reach visual learners and others with principally nonverbal intelligences.

The later part of our roundtable discussion focused on new directions in patient education. Members of the group raised the possibility of providing patients with short educational videos in addition to written information. Videos might help engage visual,

kinesthetic, and aural learners, but it's still hard to ensure that patients will take the time to watch. One member of the roundtable mentioned the possibility of providing video education to patients at physicians' offices. A part of a patient's doctor visit could involve a few minutes of video education about disease prevention and treatment.

No matter the new forms that patient education takes in the coming years, the essential job of patient education will remain the same: communicate effectively to a diverse, non-specialist audience. Medical writers are in the unique position of consuming as well as writing medical texts. We know firsthand the feelings of confusion that confront readers when they are forced to interpret jargon-laced medical documents. As medical writers, we can channel this empathic understanding of readers' needs to produce clearer, more engaging patient education materials.

Editor's Note: Sam Clapp is a writer and editor at WilliamsTown Communications.

**Communicate
to a diverse,
non-specialist
audience**



Connecting with the audience



Networking lunch

Medical Writing Certification Examination

To qualify:

Bachelor's degree in any field.

Minimum of 2 years of paid full-time medical writing experience (or equivalent) within the past 5 years.

September 30, 2015, [AMWA 75th Annual Conference](#), San Antonio, TX

Application Deadline: June 30, 2015

Exam Registration Deadline: September 2, 2015

Summary:

Low-Cost Apps and Web Sites for Maximizing (Medical) Writer Efficiency

Adapted by David Caldwell, PhD (davidccaldwell@att.net), at the suggestion of Amanda Gellett Seward, PhD (Gelletta@gmail.com), from [*Low-Cost Apps and Web Sites for Maximizing \(Medical\) Writer Efficiency*](#) by Emma Hitt.

Minimize Typing

Quickly reuse the same graphic or text in different contexts. Type a few letters, hit Enter, and the [AutoText](#) feature of Microsoft Word or Outlook inserts a graphic or paragraphs of document type-specific text. Software applications [PhaseExpress](#) (\$50) and [TextExpander](#) (\$35) do the same.

Most people speak faster than they type. A transcription service ([Rev.com](#) [\$60/hour]; [TranscriptsNow](#) [\$200/hour; specializes in medical terms]) that converts a dictated audio recording to a typed document within 24 hours can save you time (and maybe money). A microphone, such as the Logitech [ClearChat Comfort/USB Headset H390](#), helps create a clear recording online or on a digital recorder. [TapeACallPro](#) (\$10) for both iPhone and Android records interviews or important conversations by dialing into a third party line. A well-designed interface lets you send the recording to transcribers by means of [DropBox](#), [Google Drive](#), or Rev.com.

Manage Time

[RescueTime](#), available for PC or Mac (standard – free; premium – \$9/month or \$72/year), helps you track your computer activity by providing a weekly report of your computer time, programs used, and productivity level of each program.

Schedule appointments efficiently with [ScheduleOnce](#) (\$5/month). A link added to your email signature or business card takes your clients to your booking page, which displays your availability (but not details of times when you are not available). Clients select a

time, identify themselves, provide any additional information you require, and request an appointment. Your decision on whether to accept or decline the request is automatically sent to the requester and any appointment is added to your calendar. Professional level service (\$19/month) provides secure integration with your Google or Outlook calendar.

Scheduling your breaks can help you focus and maintain a steady work pace. [Pomodoro Tomato](#) apps ([free and pay](#)) for computer, iPhone, or Android provide an automated alarm that helps you do just that.

[LastPass](#) (free) automatically generates, records, and fills in needed passwords.

Learn

[Lynda.com](#) (\$25/month, \$240/year) can help you work more efficiently by teaching you how to use medical writing software (e.g., Word, WordPress, PowerPoint, social media), manage projects, improve your memory, or read faster.

Apple's iTunes Podcast [App](#) lets you listen to podcasts on almost any topic while you travel or exercise.

The Scientist Career Expo

When: Wednesday, June 10, 2015, 2-3 p.m. EDT

What: Career opportunities in scientific communication

Where: [Online](#)

Cost: Free

How: [Register](#)