

SPRING 2011

AMWA-DVC PRESIDENT'S WELCOME

It's a great pleasure to write to you today as President of AMWA-DVC for the next 18 months. I joined AMWA way back in 1993 after 2 colleagues explained to me the benefits of membership. As an inexperienced freelance trying to get my business off the ground, I looked forward to networking with other colleagues and learning from their experience at our monthly meetings. After nearly 18 years as an AMWA member, I continue to learn from my AMWA colleagues, and I hope you will, too.

We have a lot in store for our members in 2011, including the Ninth annual AMWA Freelance Workshop, followed by the annual Princeton Workshop in May. We will continue our tradition of educational dinner meetings and special networking events. In addition, AMWA National has a new benefit for members. Pocket Trainings are short tutorials on a variety of topics useful to medical communicators. Similar to the Short (how-to) Sessions offered at AMWA's Annual Conference, Pocket Trainings are written by AMWA members as a members-only benefit. Three Pocket Trainings are currently available: *Editing and organizing references in EndNote*; *Editing text and reviewing comments in Adobe Acrobat*; and *Making the most of your ad in the AMWA Freelance Directory*. Check the AMWA Web site (www.amwa.org) throughout the year as more Pocket Trainings become available.

Much hard work goes on behind the scenes to keep AMWA-DVC running smoothly and we welcome volunteers. If you would like to get involved, send an e-mail to any member of the executive committee or our very capable volunteer coordinator, Linda Felcone. Getting involved is a great way to make the most of your AMWA membership. And finally, I'd like to thank 2 long-time DVC volunteers, Elizabeth Manning, Membership Chair, and Kira Belkin, NJ Program Chair, who are moving out of their respective volunteer positions. Thank you for your years of work with our chapter. Moving forward, Lori De Milto will serve as Membership Chair and Joanne Rosenberg will serve as NJ Program Chair.

Cheers,

Cyndy Kryder

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OUTGOING AMWA-DVC PRESIDENT'S MESSAGE

LISA BRECK

Dear AMWA Colleagues:

It has been my sincere pleasure to serve as your chapter President for the past 18 months. I had a rather unconventional term in office, as we had several key players leave office prematurely, which necessitated my staying on as President for an additional 6 months. As they say, "no good deed goes unpunished!" All kidding aside, I genuinely appreciated the opportunity you gave me to help guide our Chapter into the future. I now turn the gavel over to the capable hands of Cyndy Kryder and Jennifer Maybin who have graciously agreed to start their terms as President and President Elect six months early.

The Delaware Valley Chapter continues to be the largest and most active chapter within all of AMWA. In the past year we upgraded our Web site (www.amwa-dvc.org), which now allows for online payments for our meetings. And under the skilled guidance of Eileen Girten, our Newsletter Chair, we went "green" with the *Delawriter*.

We continue to try to engage all of our members despite our large geographic reach. Julie Munden and Joanne Rosenberg as respective program chairs continue to provide outstanding educational and networking meetings in Pennsylvania and New Jersey. Our Freelance Workshop and Princeton conferences are becoming "go to" events for AMWA members nationwide.

I am extremely proud to be a part of such a vibrant group of members. I would like to take this opportunity to thank the executive committee and all of our volunteers for all of their support these past 18 months. It is our members who make this such a fantastic chapter. My parting request to all of you reading this is: GET INVOLVED. We need you! Whether you have been a member for 30 years, or 3 months, we need your help to keep our chapter the envy of all the rest!

Lisa

WORDS OF WISDOM FROM DEAR EDIE

EDITH SCHWAGER

Kelly Flaherty, MS, and Edith Schwager were recently discussing the 2011 Freelance Workshop when Edith wished to share the following words of wisdom with the DVC about freelancing:

"About freelancing: you will note that "freelance" is every part of speech; noun, verb, adverb, adjective, and so it comes in handy. You will note also that it is one word, no hyphen is necessary any longer, although at one time it was used...

One important thing is to be adaptable. Go with the flow, unless you don't like the flow or you think it's wrong. I had made my living for 40 years freelancing, and have loved every minute of it. It has only sharpened my love for the language, and for its power, and for its authority, and for its beauty."

INTERACTIVE SALES TRAINING - YOU CAN DO IT!

BARBARA WOLDIN

Utilizing online resources has become the norm in our industry and sales training is no exception. If you had been feeling a bit skittish about tackling this task, Brian Bass, President of Bass Advertising & Marketing, Inc, put your mind at ease in a brilliantly given and engaging presentation, "Interactive Sales Training: You Can Do It!" where he explained the ins and outs of developing Web- or CD-ROM-based interactive scripts to close to 80 participants at the Eighth Annual Freelance Workshop held at Plymouth Meeting, Pennsylvania (PA) on April 17, 2010.

Learning Opportunities for Pharmaceutical Sales Representatives

Beginning his presentation, Bass stated that pharmaceutical sales representatives are the "face of the company," "voice of the customer," and "pulse of the market" and need to become partners with their customers as well as promoters of the brand. They not only need to know the strengths of their product and those of their competitors, understand the concerns of their audience, be confident in discussing the science, and adept at handling objections, but also to understand the disease state, know treatment guidelines, and be fluent in their product. Sales training is a means to these ends and serves to educate, empower, and support the brand.

What Makes Interactive Sales Training Different than Print Media

Interactive sales training provides many benefits over traditional print media. It is nonlinear and uses a Web or CD-ROM interface. More importantly, it engages the learner and supports adult learning principles: motivation, participation, and application, and does so by incorporating visual, auditory, and kinesthetic learning styles. Given all these parameters, Bass asked, "How do you write this stuff?" He answered, "Think four-dimensionally," meaning use words, sounds, images, and motion. "That fourth dimension [motion] to interactive sales training is really key," Bass reiterated.

Instructional Design

Instructional design enables you to build your own learning world. Scripts comprise the interactive learning process and include instructional units for the purpose of delivering didactic, interactive, or assessment content. Didactic refers solely to visual and audio components and is strictly instructional in nature, while the latter two kinds of scripts involve a kinesthetic component requiring learner participation. Surprisingly instructional design, rather than actual content, has more to do with how the content is delivered within the interactive environment, including instructions for the programmers. Collectively, the total interactive package incorporates motivation, education, and evaluation.

Brian ended his presentation by giving the group tips on writing interactive scripts, namely, that one should develop concept before content (creative theme and information flow), know your technology (capabilities and limitations), think spatially, and write as you are the learner.

Barbara Woldin is a freelance medical writer and editor and a specialist in marketing communications. She resides in High Bridge, NJ.



Bookmark the AMWA-DVC Web site and stay updated on future workshops and events. Go to www.amwa-dvc.org for more details.

June 15, 2011—PA Dinner Meeting at the Hilton Garden Inn, Ft. Washington

HIGH-PERFORMANCE FREELANCING

NICK SIDOROVICH

The AMWA-DVC Eighth Annual Freelance Workshop held on April 17, 2010 in Plymouth Meeting, PA included a tongue-in-cheek presentation by Debra Gordon entitled “How NOT To Be a High-Performing Freelance,” which highlighted common mistakes that hinder the productivity and earnings of freelance medical writers. Gordon identified the following points as “What to do if you don’t want to succeed.”

Don’t Identify Your Goals — A freelance must have specific goals for self-employment, whether they are related to making your own schedule or making more money.

Don’t Identify Your Strengths and Weaknesses — Consumer health is an area that Gordon has mastered as a writer, but other areas, such as regulatory writing, do not interest her. Writers need to know the kind of writing they are best suited for in order to perform well.

Don’t Run Your Business Like a Business — Using a home phone line that your children often answer does not present a professional image to clients. Gordon maintains a separate phone line for her business and answers it herself.

Don’t Build a Professional Web site — Presenting a professional image includes having a Web site that is not cobbled together in amateurish fashion. Gordon recommends using a professional to design your Web site. The cost of hiring a Web designer can be kept down by preparing your own Web site copy. To increase awareness of your Web site, include your domain name in your e-mail signature.

Don’t Continue Learning — Knowledge gained through conferences and AMWA certification courses will positively impact your performance as a medical writer. For those considering pursuing a degree, Gordon recommended that they speak with others familiar with that degree program to ascertain whether it helps a writer gain practical knowledge. Earning a credential in order to place a few letters after your name has limited professional value if the credential is not backed up with useful knowledge.

Don’t Track Your Time or Bill On a Project Basis — Gordon urged freelances to bill clients on a project basis but keep track of the hours worked on the project for their personal information. This information will help you estimate fees for future projects based on the hourly rate of pay you want to earn and how long you think the job will take. Gordon uses separate software to track work time and business finances.

Don’t Diversify — The week this workshop was held, Gordon was working simultaneously on a sales module, consumer book, disease overview, CME monograph, and a CME needs assessment. She warned that it is financially risky to have any one client represent more than 25 percent of your business.

Don’t List Yourself in the AMWA Directory — Listing yourself in the AMWA directory only costs \$75 and will get your name seen by your target audience – people looking for medical writers!

Don’t Refer Work to Other Freelances — Referring fellow freelances for jobs you are either too busy or otherwise unprepared to take often results in them returning the favor.

Don’t Say No or Listen to Your Gut — If you sense that a job, or client, may be too difficult, say no! Furthermore, don’t allow yourself to be micromanaged by a client. You must set boundaries and not allow a project to become a round-the-clock job.

Don’t Take Breaks or Take Care of Yourself — After working in the morning for a few hours, Gordon then goes to the gym at 11 a.m. to exercise. Later in the afternoon, she will take a brief nap to refresh herself before resuming her schedule. Gordon said that she doubled her income last year despite the recession. “There are no shortcuts; I work hard,” said Gordon.

Nick Sidorovich is the owner of Rolling Hill Media, LLC, a medical communications company in Chatham, NJ, and teaches screenwriting at Fairleigh Dickinson University in Madison, NJ.

THE CLIENT'S PERSPECTIVE OF FREELANCE MEDICAL WRITING

RUTHANN DEVENEY

At the AMWA-DVC Eighth Annual Freelance Workshop held April 17, 2010, in Plymouth Meeting, PA, Chris Morabito, MD, Vice President of Medical Strategy at Hudson Global, delivered a presentation about the relationship between freelance medical writers and medical communications companies entitled, "What Clients Look for in Freelance Medical Writers."

Morabito opened his talk by providing background information on Hudson Global, a provider of medical communications services for the pharmaceutical and health care industries, which employs freelance medical writers when staff writers are at full capacity and assignments require specialized experience in the type of project or therapeutic area. He asked the audience, "What do you think *your* clients are looking for?"

"Cheap!"

The first response triggered a laugh in the group before other answers sprang up.

"Reliable!"

"Good communication!"

Key Aspects of a Freelance Writer

The audience and speaker both agreed on the most important aspects of a freelance writer, even though the first attributes did not pinpoint skill level. Morabito explained, "We're hiring a freelancer for a specific experience skill set," such as a particular therapeutic area or target audience (eg, specialists, nurses, pharmacists). He gave examples of what he calls "the right writing skills":

- Content: medical and scientific accuracy
- Interpretation and expression: clear and concise writing skills
- Relevance: strategic focus

Where these three skills intersect is where the most effective medical writer – and most attractive to medical communications companies – will operate. However, a base of strong technical and verbal skill is not enough to foster a warm, productive working relationship. After establishing a reputation for high-quality work, the freelance writer must aspire to high-quality, professional behaviors to retain clients and acquire referrals.

Morabito emphasized the need for clear communication between the freelance writer and the client regarding feedback, responsiveness, and deadlines. He advised, "Be aware of internal sub-timelines that may surprise you, and try to beat the timeline. That makes everybody happy."

Other desirable traits of a freelance writer include tact in handling negative feedback, enthusiasm, and creativity. Morabito clarified the last item, saying, "Creativity is not about choosing cool colors." Instead, creativity in medical writing lies in presenting a value proposition in new ways that are compelling and assimilating previous knowledge into intriguing content. Many of these intangible characteristics won't be on a writer's resume, and clients rely on references to determine a candidate's personality. It is critical to develop strong relationships with past clients who can vouch for character.

When asked how to begin a career in freelance medical writing, Morabito said, "Companies like us don't know what we're missing." He recommended networking proactively, seeking out regional medical communications companies, and above all, making one's competitive advantage clear.

RuthAnn Deveney is a medical editor at Nemours/Alfred I. duPont Hospital for Children.

INTERNET STRATEGIES TO INCREASE YOUR ONLINE PRESENCE

ANA MARIA RODRIGUEZ-ROJAS

In "Web 2.0: Retooling How Freelancers Market Their Services", Cyndy Kryder, MS, CCC-Sp, described the benefits of virtual networking and online marketing strategies for medical writers. Kryder spoke in April to freelance medical communicators during the AMWA-DVC Eighth Annual Freelance Workshop in Plymouth Meeting, PA.

Web 1.0 vs Web 2.0

She started her presentation with an explanation of the differences between the internet's static content nature (Web 1.0) against the dynamic and interactive platform (Web 2.0) for end-users as well as the content producers. Just like her father in the time of radio was an early adopter of television, she reminded medical communicators of the value of embracing popular online trends as marketing business tools. "Now more than ever, you need a web presence to do business!" said Kryder. "You do have a Web site, don't you?"

She stated that social networking, article syndication, online press releases and blogs are cost-effective internet strategies freelance medical writers should employ when marketing their services while leveraging toward their business goals. She presented three social networking methods to reach out and engage clients: LinkedIn, Biznik, and Twitter. Memberships for these are available free of charge with a paid upgrade option available as well.

Using LinkedIn

LinkedIn, as a professional social networking site, allows registered users to build an online profile, connect with colleagues or clients and join topic-specific professional groups. Kryder shared her online LinkedIn profile with the audience and noted other attractive LinkedIn features available including email, job search and applications. The application platform allows embedding of other online services within a LinkedIn member's profile page by enabling users to synch in blog posts, slide presentations, tweets or Amazon's reading lists. She said, "there is a lot of valuable information shared in LinkedIn groups." Kryder noted that "the power of LinkedIn is that by starting a discussion or by responding intelligently and professionally to questions posted in groups, people are able to see what you bring to the table."

Biznik is similar to LinkedIn but focuses on business professional networking. Kryder shared her Biznik profile and explained how article publication and reader ratings benefits small business owners to raise their online visibility and credibility.

Using Twitter to Attract Potential Clients

She invited freelancers to engage followers in Twitter, the microblogging platform known for its maximum 140 characters messages called tweets. Kryder said "tweeting gives you an opportunity to hone your writing skills." She explained how to use Twitter by teaching mini-lessons on medical communication topics, share useful links to resources, information on study reports as well as highlight skills by providing software tips.

Kryder emphasized following only those that provide valuable content. She tweets about medical writing resources and websites where medical writers can find demographic data, disease-state information, and much more. She attracts prospective clients by syndicating articles which highlight her areas of expertise and which are distributed to anybody looking for free online or offline content. Writers, on the other hand, receive metrics about the article's activity, a byline and more visibility.

Online press releases are another way to underscore accomplishments and drive traffic to a blog or website as Kryder pointed out. She then invited everybody to "write about content that is important to you," as blogging is such a great way for writers to establish themselves as experts in a particular niche hence offering an opportunity to polish their writing skills.

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INTERNET STRATEGIES TO INCREASE YOUR ONLINE PRESENCE (CONT'D)

ANA MARIA RODRIGUEZ-ROJAS

“Social networking works only if you work social networking.” Using social media to implement online marketing strategies is a commodity every medical writer's toolkit must possess and master. The bottom line for medical writers is that social media marketing works.

Ana Maria Rodriguez-Rojas, MS, medical writer and founder of GXP Medical Writing, LLC, has experience in several therapeutic areas and specializes in the development of manuscripts, posters, abstracts, slide presentations, newsletters as well as SOPs.

AMWA-DVC VOLUNTEER CORNER

WHO WITHIN THE DVC HAS INSPIRED YOU?

Is there someone within the DVC who has inspired you? How has that person inspired you in your work in the medical writing and editing field? Send a short note to delawriter@amwa-dvc.org identifying that individual who has made a difference.

LOOKING TO GET INVOLVED WITH AMWA-DVC? CALLING ALL VOLUNTEERS!

AMWA-DVC seeks volunteers to get involved. There are many ways to volunteer for the DVC, whether it is helping with registration, writing for the *Delawriter*, or planning for upcoming events. It's a great way to meet your colleagues. For more information on getting involved, contact Linda Felcone, our Volunteer Coordinator at volunteer@amwa-dvc.org.

SEEKING WEB-SAVVY VOLUNTEERS

Do you have experience designing and maintaining Web sites? Join the Web site committee and help maintain the AMWA-DVC Web site. For more information, contact Janet Manfre at webchair@amwa-dvc.org.



SEEKING PA PROGRAM CHAIR

AMWA-DVC is seeking a volunteer to take over the role of PA Program Chair. The PA Program Chair oversees activities, such as selecting topics and speakers, selecting venues, and registering participants at the PA meetings. For more information about becoming a PA Program Chair, please contact Julie Munden (programs@amwa-dvc.org).

RPS NETWORKING EVENT

JESSICA PITT

On September 30, 2010, AMWA-DVC members attended a networking event at ReSearch Pharmaceutical Solutions, Inc (RPS) in Fort Washington, PA despite inclement weather. While folding up their umbrellas, AMWA-DVC attendees regaled one another with harrowing tales of navigating the major roadways as 40-mile per hour winds pummeled their cars and the downpour impaired their visibility.

In stark contrast to the murky night, the brightly lit foyer of RPS welcomed the slightly bedraggled crowd with the smell of delicious hors d'oeuvres permeating the air and lovely flower arrangements centered on coordinating purple tablecloths. The food and weather provided members with the initial fodder for conversation as the attendees wondered out loud about the purpose of the secret words and tickets that they had received at the registration desk.

The Networking Game

Once guests had an opportunity to quench their thirst and sample some of the appetizers, PA Program Chair Julie Munden explained the rules of the networking game. The attendees had to give each other clues about how each of their secret words had to do with medical writing, and their audience members had to guess their words. For each correct guess by the audience members, the attendee earned a chance to win one of three prize packs, which included a \$25 Barnes and Noble gift card and a leather portfolio from RPS.

The confusion that ensued from the explanation of the evening's networking game ended up providing the true ice breaker. Attendees approached one another scratching their heads a little and exclaiming, "Do I give you a ticket if you guess my word correctly, or do you give me a ticket?" Regardless of how each person had interpreted the instructions to the game, they ambled around the reception area engaging fellow colleagues in conversation that began with the secret words and evolved into discussions about the business of writing. AMWA members mingled, shared what projects they were working on, greeted old friends, and welcomed new attendees. "Through sponsoring the event, we get to know who's out there and what's available," said Chris Rogers from RPS. The desire to stay abreast of industry trends and professional opportunities enticed members to venture out — even in the midst of driving rain. Congratulations to the winners of the gift cards and portfolios: Sheila Erespe, Joseph Kim, and Liz Troy.

Benefits of Networking at an AMWA-DVC Event

"I think we should periodically do these networking meetings because it will be a great chance to build relationships and bring in new members," said Munden. If you are interested in coordinating an AMWA-DVC social networking event in your area, please contact Julie Munden, PA Program Chair, at juliemunden@comcast.net or Volunteer Coordinator, Linda Felcone, at volunteer@amwa-dvc.org.

AMWA-DVC warmly thanks the RPS staff members who made the event a success. Those from RPS included Monica Hawkins, Jennie Van Sant, Chris Rogers, and the team of RPS staff who helped throughout the evening.

About RPS

RPS is a contract research organization that provides comprehensive global phase 1 through phase 4 clinical development solutions to the pharmaceutical, biotechnology, and medical device industries. The company's Web site is www.rpsweb.com.

Jessica Pitt, PharmD, MBA, is a practicing pharmacist with more than 10 years of health care and sales and marketing experience.

CURRENT TRENDS IN CME NEEDS ANALYSIS

GABRIELE DIETRICH

At the AMWA-DVC dinner meeting on June 17, 2010, in Radnor, PA, a panel of medical educators discussed changes in needs assessments for continuing medical education (CME). Six invited CME specialists from medical institutions, pharmaceutical, and medical communication companies discussed new developments for writing needs assessments.

Needs Assessment and Gap Analysis

Karen Overstreet, EdD, RPh, FACME, CCMEP, Executive Director, Continuing Education for Wolters Kluwer Health and President of the National Commission for certification of CME Professionals, said her office prefers that needs assessments be limited to two pages or less. She does not consider it necessary to include multiple pages of detailed information about scientific issues that grantors for CME activities already know. She added “Concentrate on the practice gaps — the difference between current practice and best practice — and the underlying educational needs that cause the gaps.”

Leslie Howell, Associate Director for CME for the Pennsylvania Medical Society in Harrisburg, PA and liaison with the Commission on Continuing Medical Education (CCME) and the Accreditation Council for Continuing Medical Education (ACCME), described how needs assessments are changing, stating “When our office talks about CME assessments, we ask the questions: ‘What is current practice and what should be best practice?’ This is the gap analysis. ‘What do you want the physicians to do differently at the end of the CME program?’ This is the needs assessment.” For those submitting applications for CME activities, she noted that an extensive literature search was not as important a requirement as a detailed report about the actual problem and the information extrapolated from the data sources that were used.

Reviewing Proposals

Brian McGowan, PhD, Senior Director of the Medical Education Group at Pfizer Inc in Collegeville, PA, and his team receive up to 200 proposals every 3 months. His group uses a quarterly review process to judge the merits of each proposal and decide which proposals his company should fund. McGowan said he sees needs assessments in his office that are largely a review of the science and clinical data relevant to the proposed CME activity. He stated that his company is looking for proposals that show evidence that there is a practice gap. His team funds only those projects that clearly show the need for education and can improve outcome in patient care.

Kathy Ann Smith, Coordinator of CME at Fox Chase Cancer Center in Northeast Philadelphia, said that needs assessment for CME has transitioned to require a more detailed gap analysis. When working with planning committees, she helps them look at “What is current practice, what is best practice, and why is it not occurring?”

Jane Mihelic, Director of CME for AO North America, a medical specialty society in Paoli, PA, has a broad range of experience working with different institutions, such as teaching hospitals, academic education companies, and specialty societies. She summarized her varied experience, stressing that “Each organization has their own methods for identifying practice gaps and conducting needs assessments, and they all struggle with the same issues and concepts.”

Mila Kostic, Director for CME at the University of Pennsylvania, oversees a very large and varied CME program. In her institution, gaps in practice and learners’ needs range from very specific ones, such as those of internal clinical departments to those of the national specialty or primary care audiences. Whenever possible, data from continuous effectiveness and quality improvement (CEQI) sources are looked at to drive gap analysis at all levels. Her office considers it very important for the gap analysis to include information from the patient perspective. They have realized that there is no shortage of highly technical clinical topics in CME and are trying to focus increasingly on the needs related to the coordination of medical care.

Article continued on page 10

CURRENT TRENDS IN CME NEEDS ANALYSIS (CONT'D)

GABRIELE DIETRICH

“You need to be looking at improvements in various systems of practice; sometimes there are barriers to optimal care that need to be assessed beyond just stating the practice gaps, she explained. We need to consider what CME can change and where we can make a difference in addressing those barriers in order to improve patient outcomes.”

Kostic uses CEQI data sets from medical teams and nurses initiatives, patient reports and satisfaction surveys, as well as regional and national data resources, such as the evidence-based quality indicators that come from organizations such as the National Committee for Quality Assurance, Centers for Disease Control and Prevention, Centers for Medicare and Medicaid Services, and the Agency for Healthcare Research and Quality.

Mihelic said her organization focuses on surgical specialties for which there are not many clinical guidelines available and has to pull from the “best available” evidence from the literature. Her organization has to find other sources to identify practice gaps. She interviews residents and practicing surgeons and uses information from other medical specialty societies and other sources. She added, “Know your audience, be creative in seeking information from different sources outside of what you would normally use.

The panel suggested that good CME education designed to narrow identified practice gaps is essential for improving clinical decision making and ultimately, patient care and outcomes.

Gabriele Dietrich, PhD, is a principal of Whole Health Communications, a medical communications company in Central New Jersey.

AMWA-DVC CELEBRATES ITS LONG-TERM MEMBERS

Congratulations to 41 AMWA-DVC members who have achieved 10 or more years of AMWA membership and have reached an anniversary divisible by 5!

35 years – since 1975

John E Hoover, Swarthmore PA

30 years – since 1980

Thomas R Henzel, Philadelphia PA

Joel H Tau, MA, Wilmington DE

20 years – since 1990

Jane L Conley, MS, Carlisle PA

Jamie A Grattan, PhD, Bridgewater NJ

Susan Jacovino, Philadelphia PA

Michael Josbena, Wallingford PA

Rick Mentley, Audubon PA

Barbara Rinehart, MS, West Chester PA

Russ M Sprague, MEd, Paoli PA

Judith A Swan, PhD, Highland Park NJ

Robert H Tannen, PhD, Princeton NJ

15 years – since 1995

Joan C Affleck, MA, ELS, Bridgewater NJ

Tuli Ahmed, Blue Bell PA

Joanne M Bicknese, DVM, ELS, Cream Ridge NJ

Felicia J Del Buono, BS, MT(ASCP), Elverson PA

Neil R Grobman, PhD, Wilmington DE

Neil A Izenberg, MD, Wilmington DE

Patricia D Novak, PhD, Haddon Twp NJ

Maurice J Rosenstrauss, PhD, Somerset NJ

David K Schroeder, MS, Wynnewood PA

Michael Kay Oluwole, DVM, Roslyn PA

10 years – since 2000

Gregory Cuca, MS, ELS, Westfield NJ

Michael A Ginsberg, Glenside PA

Thomas M Golbert, MD, East Windsor NJ

Lyle W Horn, PhD, Watsontown PA

Carolyn M Hustad, PhD, Wales PA

Gail S Jones, West Chester PA

Lisa Kao, PharmD, Harleysville PA

Kelly J Karpa, PhD, RPh, Hershey PA

Diane J Klatzman, RN, BSN, Long Valley NJ

Gloria Kropa, MS, Milford PA

Agnes C Machmer, MS, Moscow PA

10 years – since 2000

Dolores R Massari, Parlin NJ

Bruce E Miller, PhD, Collegeville PA

Judith E Nager, RPh, MBA, Blue Bell PA

Susan A Nastasee, MS, Princeton NJ

Susan R Parrish, ELS, Telford PA

Michael F Ryan, PhD, Bridgewater NJ

Lynn M Schultz, Lake Ariel PA

John A Smith, BS, PhD, Princeton NJ



Delawriter

Published quarterly by the American Medical Writers Association – Delaware Valley Chapter (www.amwa-dvc.org)
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