

President's Message

Forrest Blocker, PhD



I am delighted to be serving as the new president of AMWA NorCal. Until recently, I served as president elect, but as you know, our president, Elizabeth Matovinovic, was offered an opportunity outside the United States and I took on the balance of her term.

In April, I had the opportunity to attend the national board meeting and became familiar both with the national workings of this great organization and its leadership. We have several seasoned board members who have been diligently steering our chapter for many years, and I am confident that with their help, we will maintain our high standards through this transition. I plan to support the activities of our local board and membership and will continue to forge alliances that will assist our membership to write in support of medical education, the pharmaceutical industry, and emerging biotechnology efforts.

I have deep roots in the Bay Area. I was born in Berkeley and was fortunate enough to return to San Francisco in the early 1980s, where I lived and worked as a Design Physicist and Medical Physicist. I attended graduate school at UCSF, where I received my doctorate in Biophysics.

Afterwards, I spent a number of years in academia, including The Scripps Research Institute and the University of Texas at Austin, where I continued my research on drug discovery and design. My passion for emerging technology in the medical field brought me back to the Bay Area and back to consulting for companies that develop and test new medicines. As a freelancer, I appreciate the difficulties working in this area and the rich possibilities here in Northern California.

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We are living in a remarkable time with a new federal mandate to foster medical research. In the last two months, I have been involved in the efforts of nine local companies working to support the mission goals of several federal institutions, including the NIH, the EPA, and DOE. It is our job, as writers, to support this new federal effort, to maintain existing efforts, and to support local companies and universities in maintaining the scientific edge in the United States. Our Northern California members will have a pivotal role in supporting these efforts and bringing new technologies where they are needed.

I strongly invite the membership to talk to the Board and to me personally. I am particularly interested in fostering bonds between our group and the three major universities in the Bay Area: UCSF; Stanford; and Berkeley. These institutions are often at the kernel of new biotechnology ventures. These ventures need good writing at all phases of development. And I want our group to be right in the middle of those efforts.

An example: Two other local scientific consultants and I will be giving the first in a series of workshops at the San Jose BioCenter on June 4. BioCenter is a technology incubator with an extensive range of products, services and equipment that enables members to grow and scale successful businesses.

These workshops are for local (mostly biotech) companies that are seeking alternative funding. The cost for the all day event is \$65, including lunch and a one-on-one critique of the companies' project goals. More information can be found at: <http://www.sjbiocenter.com/events.html> All proceeds go directly to the efforts of the center.

I look forward to an exciting year!

June 6 Meeting—Space Still Available!

Evidence-Based Design: Improving the Quality of Healthcare

People die in hospitals every day because of hospital-acquired infections. People are forced to stay in facilities longer because they fall and injure themselves. Evidence-based design can help reduce the toll.

The Center for Health Design (CHD) is a research, education and advocacy organization that supports healthcare and

design professionals all over the world in their quest to improve the quality of healthcare through evidence-based design. Healthcare is currently in the midst of a patient safety and quality revolution. Our goal is to provide the tools architects, designers and facilities need to incorporate evidence and research into their designs and facilities in order to make them healthier and safer for everyone.

We will discuss what evidence-based design is and why it is so important.

Healthcare construction costs are rising and healthcare projects are driven by dollar signs. We believe that if patients and communities demand a better quality of care through better design and efficiency, that hospitals and healthcare facilities will see that return on investment through lower operating costs, fewer errors and better results.

But many people look at healthcare facilities and see only dollar signs or more work. We need help to get the information out about the benefits, both financial and quality, of evidence-based design to those who would benefit from it: patients, doctors, nurses, healthcare executives. Help us celebrate those doing it, and get the word out to those who aren't.

Who: Carolyn Quist, Project Manager and Natalie Zensius, Director of Marketing, The Center for Health Design - <http://www.healthdesign.org>

When: Saturday June 6, 2009, 0:30-1:30PM

Where: Delancey Street Restaurant, 600 Embarcadero St., San Francisco, CA 94107

Mapquest map: http://www.mapquest.com/mq/2-xsN7b9*rpK29lfn*

Cost: \$30 for members, \$35 for non-members

Program:

10:30-11:15 networking

11:15-12:00 brunch - choose one selection:

- * cheese blintzes (w/ sour cream and strawberry preserves)
 - * garden scramble (onions, mushrooms, bell peppers, tomato) with 7-grain toast
 - * smoked fish platter (w/bagel, bread, red onion, tomato), or
 - * Mama's omelette (bacon, avocado, white cheddar) w/ home fries and toast
- 12:00-1:00 presentation
1:00-1:30 Q&A

To register (and pay by credit card) click on the link below <http://www.acteva.com/booking.cfm?bevaaid=182744>. Or if you'd like to pay another way, email Catherine Magill, magill_catherine@yahoo.com.

RECEIVE \$25 GIFT CARDS

That's right! This is not a typo! AMWA is giving away \$25 gift cards from Amazon.com to every AMWA member who successfully recruits a new member in 2009.

No drawing to enter, no waiting until the end of the year to receive your reward-just successfully recruit a new member by December 31, 2009, and the gift card is yours. Don't miss this opportunity to share the benefits of AMWA membership with your colleagues and have a little shopping time on us. More detailed information and a form are available on our Web site.

Coming Events

BioEconomy Summit

How will the economic impact of expanding populations in need of healthcare, food, and fuel and suffering from environmental degradation and pandemic threats change how business is done globally? Will we be able to harness scientific breakthroughs to reach our social and economic goals? How will the workforce prepare for the scientific challenges ahead? What can governments do to stimulate innovation in the BioEconomy?

The BioEconomy Summit is the first global conference to convene leaders and provide forums for consideration, understanding and consensus-building regarding issues surrounding the rapidly evolving BioEconomy.

Speakers, panelists, and attendees will jointly consider and offer direction for the future of the BioEconomy and assess the potential for bio-based industries to significantly improve the health and well being of both the Earth and its inhabitants.

When: 7:30am – 8:00pm, Thursday, June 25th, 2009

Where: Santa Clara University, Santa Clara, CA

Registration: \$950 (academic and other subsidies available); [click here for information](#)

Stanford Publishing Courses Writers Workshop

A sea change has occurred within the publishing community. Power has shifted significantly from publishers to authors. Today's top authors know not only how to write, but also how to establish and maintain their voice in the marketplace of ideas.

Dive deep into your craft under the guidance of seasoned editors. Then learn how to use today's powerful new media tools to develop your professional persona—one that will make it easier to get your work noticed and maximize your publishing opportunities.

When: July 31, August 1, 2009

Where: Stanford University, Palo Alto, CA

Registration: \$990; [click here for information](#)

SAVE THE DATE!

Planning has already begun for the 2010 AMWA Pacific Coast Conference, sponsored by the Northern California Chapter. The next PCC will be held on April 18 to 21, 2010 at Asilomar in Pacific Grove, California.

You won't want to miss:

- * Asilomar State Beach and Conference Grounds: 107 acres of beachfront land, Monterey pines, oaks, and cypress trees; and historic buildings designed by Julia Morgan.
- * The rolling sand dunes, the deer, the beach stomp in search of bioluminescence.
- * The serenity and natural beauty that pervade Asilomar.
- * A fascinating keynote speaker discussing a timely subject.
- * Three days of great workshops and noncredit forums.
- * Fellow writers/editors/scientists/medical communicators who are interesting, informative, and always helpful.
- * The famous post-banquet topical comedy entertainment, written and performed by your fellow AMWA members.

Stay tuned for further information as the conference plans develop over the next few months. If you would like to volunteer to be on the 2010 PCC planning committee, please join us for our kick-off meeting on Saturday, June 6 in San Francisco, immediately after the chapter event (see the announcement on page two).

Or contact Kristen Mayo, our 2010 conference director, at kmayo2222@comcast.net.

In Case You Missed Asilomar 2009

AMWA's Pacific Southwest Chapter wrapped up its own Pacific Coast Conference barely a month ago. Here's a glimpse of three of the most popular and best-attended sessions at Asilomar 2009.

A Blind Man Climbing Everest

Mimi Wessling, PhD

"Looking for the perfect transplant." That sentence fragment from my notes taken at Dr. Oscar Salvatierra's keynote talk opening the PCC 2009 describes the arc traversed by transplant medicine after the first successful kidney transplant in 1954. What he said next about an obstacle his team faced serves as a metaphor for his approach to work and to life: "If a blind man can climb Mt. Everest, we can do this."

And what did "we" do? Dr. Salvatierra and his colleagues tackled problems inherent in the introduction of a foreign body into a recipient. Between the first successful kidney transplant in 1954 and the 1970s, half of transplanted kidneys were rejected within the first year. The introduction of immunosuppression drugs such as Imuran and prednisone improved success rates, but transplants, even from living donors, topped the 50% success rate only for 2-haplotype, i.e., identical twin donors.

In 1980, Dr. Salvatierra and his team introduced a procedure for deliberate donor-specific blood transfusions. These biweekly transfusions from the donor before surgery improved the rate of successful transplants from 1-haplotype and 0-haplotype donors and reduced the need for immunosuppression drugs. As fate would have it, donor-specific transfusions were abandoned in 1986 with the wide introduction of new cyclosporins. While these new immunosuppressants improved short-term graft survival, increased nephrotoxicity of these new agents meant that the long-term survival did not improve. The search for the perfect transplant continued.

With his move from UCSF to Stanford, the focus of Dr. Salvatierra's research moved to pediatric patients. In pediatric

patients, congenital malformation of the kidney and ureter is the most common cause of renal failure and transplantation.

In 1994, when pediatric transplants were still considered experimental, Dr. Salvatierra's group at Stanford's Lucille Packard Children's Hospital attacked the problem of size differential between adult donors and pediatric recipients. By 1998, they had developed a way to overcome problems of thrombosis inherent in transplanting adult kidneys in child-sized bodies.

By 1999, they had found a way to engage the child's unused or underdeveloped bladder by using the native ureter to move wastes from kidney to bladder. Remembering his experience in VietNam with children whose horribly damaged bladders regenerated, Dr. Salvatierra and his group developed a technique to implant the ureter into the bladder. The crucial part of the procedure was positioning the ureter so that the full capacity of the bladder could be used. Natural processes took over, regenerating the submucosal tissue as support and healing the wound with no scarring, thus avoiding reflux.

The operative words in Dr. Salvatierra's talk were "we" and "they." In each of these steps along the path toward the perfect transplant, Dr. Salvatierra was central. Yet he always focused on the contributions of others to his life and work, from five key mentors to the children he treated as a medic in VietNam and the students he guides at the Lucile Packard Children's Hospital at Stanford University.

"Life is about people," Dr. Salvatierra said again and again. This philosophy of life and its emphasis on cooperation is a guiding principle we adopt as medical writers, he noted. We cooperate with authors as we assist them in turning their work into a publishable document. Dr. Salvatierra, true to his approach, acknowledged medical writers as carabiners and ropes to his publication career.

By the way, pediatric transplantation now has a success rate comparable to adult transplantation, and is routinely reimbursed by insurance providers. The climbers are close to the summit.

Marketing Your Career—Becoming a Proactive Job Seeker

Mitch Gordon

The global economic crisis has hurt all of us in various ways. If you are one of the millions of people who've been laid off in recent months, you're feeling its effects very directly. It's discouraging to try to get a job while

the news reports continue to announce massive new layoffs and the resumes you send out lie buried in stacks on hiring managers' desks.

However, your job loss can be an opportunity to reassess your career, figure out what you want to do next, and take more control of your future. This was the message of an excellent workshop led by Jim Dodgen and Noelle Demas, "Marketing Your Career in a Shifting Marketplace," at last month's Pacific Coast Conference in Asilomar. Jim is a career coach who mostly works with those who are recently laid off; Noelle is a medical writer who lost her "ideal job" 3 years ago due to layoffs, but (with coaching from Jim) turned her situation around and is happily employed again after a period of successful freelancing.

The days when one company took care of you from graduation through retirement are gone. While you may still meet people who've worked for one company for 30 or 40 years, their situation has little in common with ours. In fact, the average worker today changes jobs every 3 years.

In hiring managers' eyes, that's the worker with broad experience and the worker they want. The worker who's stayed with one company for 20 years is now a questionable bet unless he or she moved around within the company and continued to learn and grow.

Since you can't rely on a company to manage your career, you have to manage it yourself. As Noelle puts it, "If you don't have a plan, someone else will make your plan." And forming that plan for your career is a critical first step in creating the future you want. You need a strategy for the short term and the long term.

Jim pigeonholes work into three categories--the ideal job, the transitional job, and the survival job. Here's how he describes them:

Ideal Job: This is what you really want to be doing—"right livelihood" in Buddhist terms, the job that grabs your heart, where your needs and abilities align with those of a company. However, be warned that, at best, your ideal job will last for

seven years: at some point, your soul-mate boss will leave or your great company will be acquired and probably messed up. The ideal job is not a single destination, but one of several destinations on a long journey.

Transitional Job: The transitional job is an OK place to be for one to three years. It serves a purpose, but it's intentionally temporary. It may be a stepping-stone job in a company or career that you want to break into, or a job that gives you a good shot at the job you want later. But you don't want to get too comfortable in a transitional job and stay there—you should always keep your longer term goals in mind.

Survival Job: Waiting tables, temping in offices or warehouses—this is bottom-of-the-scale work. Its purpose is to keep you employed for sanity's sake and to keep some semblance of money coming in. However, you should try to align survival work with your strategy, at least a little. Don't wash dishes in the back of Denny's—be in the public eye, meet people, make connections.

In essence, figure out what you want to become and rough out a plan to get there. Your plan may change, but you need to have one.

That's strategy. Now what about tactics? What do you do next as a recently unemployed job seeker to get that next job (hopefully at least a transitional job if not an ideal one)? The answer? Marketing.

Every job counselor says the same thing: firing off resumes at every job opening that passes by is an ineffective way to get hired, much less hired at something that fits your long-term plan. We could call this passive-reactive job searching. You wait passively for a job opening, then reach out and try to grab it as it goes by, much like a sea creature attached to a rock. True, we've all gotten jobs this way at one point or another, but it works less and less well as the times get harder and the work world becomes more complex.

Marketing yourself, which we could call proactive job searching, starts with identifying what you can offer, what distinguishes you from your competition, and who your target market is. Marketing yourself is no different from a company marketing a product, but the product is you.

To effectively market yourself, develop a good understanding of your assets, your skills and personal traits. You may want help from a career coach, a mentor, or a workshop at a local job seekers' support agency (available in most US cities and counties).

You also need to understand the marketplace for people with your

skills or related skills, which takes research. You may discover that you need to go back to school for a degree, or that people with skills similar to yours are employed in industries you hadn't thought of.

After you know your product and your market, your job search should rely on a pair of essential techniques: informational interviewing and networking.

Informational interviewing means contacting people who work in a field or at a company that interests you, and asking questions to increase your understanding. It could be on the telephone or in person. You can take the following approach: "I'm not sure that this is the kind of work I want to do, but I want to learn more about you and your work." The informational interview is an extension of the research you've already done. Your interviews should help you to learn more about your field of interest, and help you to intelligently revise your plan. You might make a connection through interviewing that leads to a job, but don't approach it that way. Be a researcher. Thank your interviewees for taking time to help you, and keep them updated on how things work out.

The second key tactic is networking. In simple terms, it means meeting people—lots of them—and staying in touch with them. Target your networking so that the people you meet are in the field in which you want to work. An effective way to do this is to attend professional association meetings in your chosen field. As a medical writer, you should belong to the American Medical Writers Association. But there are many other associations whose members work in the regulated life sciences, such as the Drug Information Association, or DIA. By regularly attending meetings of such organizations and meeting as many members as you can, you will gradually build a professional network.

I can suggest a short, but very helpful, book that explains the reasons for and practicalities of informational interviewing and networking. It's "A Foot in the Door: Networking your Way into the Hidden Job Market" by Katherine Hansen. You can buy it for roughly \$10 at Amazon.com.

Why do you want a network? Because the people in your network care about your success, just as you will hopefully care about theirs. It's also because one of them is going to need a writer at some point. Given a choice between another stack of anonymous resumes and that smart, pleasant writer they've gotten to know at meetings—you—the choice is easy.

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The Medical Writer as Project Manager

Mitch Gordon

As a medical writer, you may be great at turning technical talk into well-organized, well-explained written pieces. You may have an amenable personality, a strong work ethic, thoroughness, an eye for detail. But is this enough? Maybe not, especially in writing clinical and regulatory documentation, when you rely on a number of people from different disciplines. The deadlines may be rigid and very challenging, too. You need to wear another hat: Project Manager.

This was the subject of useful talk by Anna Hindle at the AMWA Pacific Coast Conference last month. Anna is the Associate Director of Medical Writing at Biogen-Idec in San Diego. She manages a large number of clinical and regulatory writing projects, overseeing both staff medical writers and freelancers. Anna doesn't have the time to micromanage all of her department's many writing projects. Instead, she relies on her writers to take a large chunk of the responsibility for keeping their own projects on track. Anna sees this as a model for successfully managing the highly complex and very important medical writing function in regulated life-sciences companies.

You may not see yourself in the project manager role. You may just want to sit quietly at your desk, massaging sentences and making the occasional phone call to clarify an issue. While this works well enough for journal articles, regulatory/clinical writing requires an extra measure of control over deliverables and deadlines. Anna likens the project manager role to that of a basketball or football coach: they call out encouragement and admonish from the sidelines, and can change strategy at a moment's notice to adapt to changing conditions. Like a sports coach, the project manager is the hub who holds the project together.

To be effective in a medical writing project management role, you need to learn the players and processes. In other words, get to know the

relevant document development processes and project team members. You should begin a project knowing who the team is and who the approvers and reviewers are.

What should you do to be effective in managing your medical writing project?

1. Meet the people on the team in person, or at least call each of them. You should also research the team members by talking with the medical writing or clinical ops manager you're reporting to.

2. Find out what project management style and procedures have worked in the past, and what has put projects on the rocks.

3. Find out who you're going to have to keep on a short leash when it comes to getting first-drafts or their reviews of your drafts.

4. Learn about the client's existing processes and obtain their document template, style guide, SOPs, background documents (e.g., an investigator brochure or clinical study protocol), and samples of deliverables. Acquiring these documents serves two purposes:

- * It helps you integrate into the client's way of doing things.

- * It helps you estimate the project cost for bidding. You may be in the fortunate circumstance of billing on a time-and-materials basis, but if you have to provide a fixed-price bid, which is becoming more common, you should find out everything you can up front, before you submit a bid.

5. Develop a timeline. Figure out each task that will be required, who will do it, how long it will take, and what other tasks must be completed before starting it. Then create a project map in a project planning software package, such as Microsoft Project. You can generate reports and charts listing the tasks from the project map file.

6. Hold a kickoff meeting. Gather the team members in a conference room and explain what is going to happen in the project. Discuss the following items:

- * Timeline - Present and discuss the draft timeline you've created and get consensus.

* Responsibilities - Spell out the responsibilities of each person on the team.

* Milestones - Determine what steps will be taken when milestones are missed. Get agreement so that if it happens, the offender won't be surprised by the consequences.

* Issues and Problems - Voice your concerns about the project, and get the team to voice theirs, too.

* Recap everything that was discussed and agreed to, and summarize the meeting's discussion in an email to the team.

7. Manage each task and the entire project as the project proceeds. Keep the team and your management contact informed of how well the project is keeping to the schedule, and which tasks, if any, are off track. There will inevitably be project plan changes and unexpected holdups; you'll need to respond to those with a revised project plan and often some quick thinking.

8. Guide the project team members. During the project, you'll need to practice your sheepdog skills on the team members who forget about their deadlines, don't see the importance of their deadlines, or don't concentrate on the pieces of the work that they owe you.

9. Review the status of the project, and report the results to your management contact. The contact should be kept informed what's finished (or isn't), changes to scheduled start and end dates, estimates of expenditures vs. budget, and resource (especially personnel) requirements. Watch for signs of trouble with the project's schedule or budget, and make your concerns known early.

10. Thank everyone and celebrate when the project is done! Go out for a beer together, or get management to pay for pizzas. It doesn't have to be something big. People just need to hear those magic words, "thank you."

The bottom line is this: as the medical writer and project manager, you don't get to be a wallflower. You are the glue that holds the project together because all of the pieces involve writing or reviewing—and that's your specialty. By wearing the project management hat, you enhance the chance of your project's success, and make yourself valuable to the client. And successful projects with satisfied clients are what make a successful freelancing business.

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About the Author

Mitch Gordon, www.mitchgordonwriter.com has been a professional technical writer in the software and other industries for 16 years, and is now a freelance medical writer. His specialties are regulatory and clinical documentation, medical device and diagnostics manuals, training materials, journal articles, slide shows, and posters. Email Mitch at mitchgord@aol.com

AMA MANUAL OF STYLE-AVAILABLE ONLINE

Special rate for members of the American Medical Writers Association!

The AMA Manual of Style is a must-have guide for anyone involved in medical or scientific publishing. This 10th edition thoroughly covers ethical and legal issues, authorship, conflicts of interest, scientific misconduct, and intellectual property, in addition to preparation of articles for publication, style, terminology, measurement, and quantification. Now available online, for the first time ever!

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AMA Manual of Style Online is available to members of the American Medical Writers Association at the special rate of \$39.95 per subscription year. You save \$10.00! Details are on the AMWA Web site.

The Word Witch Troubleshoot the Document Structure In Outline View

Maggie Norris

This article demonstrates the procedure for troubleshooting the structure of a complex document using the Outline document view.

Basics of Document Views

We routinely use the Normal and Print Layout document views to display the electronic document as a simulation of a scroll

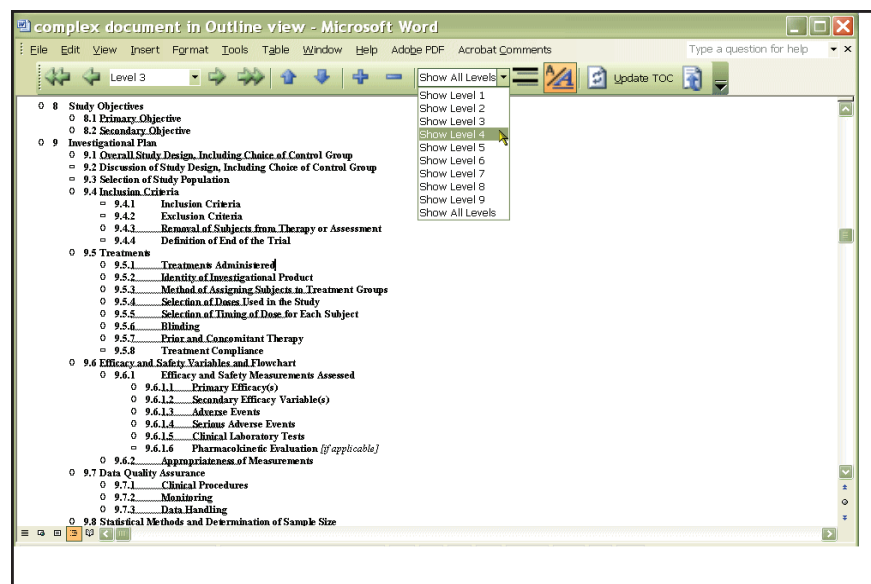
(Normal document view) or as a simulation of printed pages (Print Layout document view).

We toggle the document view by choosing the corresponding command: **View | Normal** or **View | Page Layout**.

We go back and forth between these views understanding that changes made in Normal view are present when we switch to Page Layout view, and that page headers and footers, although not displayed in Normal view, are still in the document.

Outline Document View

In exactly the same way, we can display the electronic document as a simulation of its outline (structure): choose **View | Outline** in Microsoft Word 2003 or later. The advantage of Outline view is that it allows us to filter (selectively hide and display) the content by heading level, thus allowing us to focus on the document structure (verify that all the headings are at the hierarchical level they should be) and the heading paragraph content (verify capitalization, parallel syntax, et cetera).



Screenshot 1. Complex Document in Outline View (Win)

Screenshot 1 shows a complex document in Outline view. The document displays as a stepped hierarchy of headings, with each lower level indented

from the one just above it; all headings at a given structural level are displayed at the same level of indent.

Notice the Outlining toolbar, which is automatically displayed. To get the best view of the document structure, use the **Show Level** tool to hide the body text: in the drop-down list, choose any level above **Body Text**. We recommend **Show Level 3** or **4**.

Outline Toolbar

Performing a structure review in Outline view is a matter of deftly using the tools on the Outlining toolbar.

Identifying the Tools

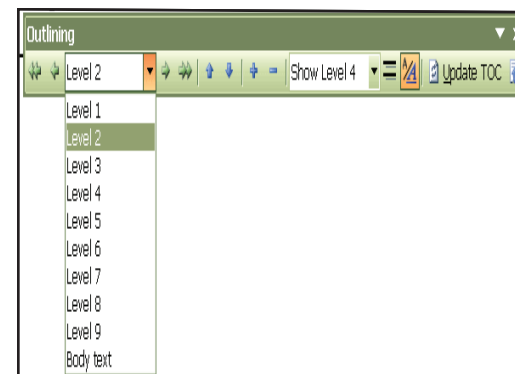
Working with Screen Tips activated can help us to get familiar with the Outlining tools.

To activate Screen Tips, choose **Tools | Options**. On the **View** tab, check **Screen Tips**. Hover the pointer over each of the tools to read its name or function.

Two Tricky Tools

The **Outline Level** tool and the **Show Level** tool might be a bit confusing at first. Both include a drop-down list, but they perform very different functions (Screenshots 1 and 2).

* Use the **Outline Level** tool to apply (ie, change) any paragraph style. But be aware that changing any of the paragraph styles, eg,



Screenshot 2. Outlining Toolbar, Outline Level dropdown list (Win)

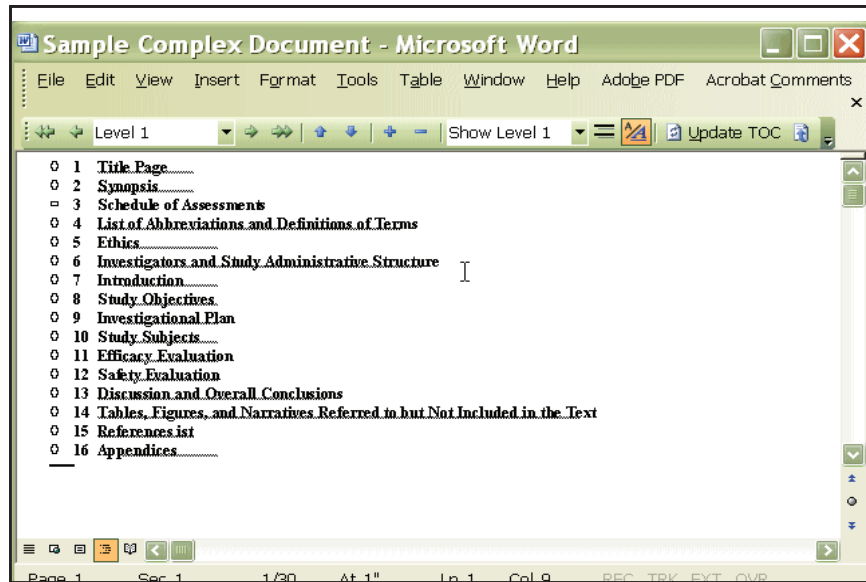
4 to **Heading 3**, changes the hierarchical level of the heading.

* Use the **Show Level** tool to filter the display by level, eg, choose **Show Level 2** to display **Heading 1** and **Heading 2** paragraphs only.

Procedure

Troubleshoot the Level 1 Headings

With the document in Outline view, choose **Show Level 1** from the Show Level drop-down list. (In Mac, click the **1** tool.) The document display changes to show only those paragraphs formatted in the **Heading 1** style. All other content is hidden



Screenshot 3. Complex Document, Outline Level 1 (Win)

Examine the Level 1 headings (Screenshot 3):

- * Are they all there and in the order you expected?
- * Is numbering and all other Heading 1 formatting correct?

(To reapply Heading 1 style, choose Heading 1 in the Outline Level list.)

* Any typing errors or style guide transgressions?. Edit as you would in Normal or Page Layout view.

When the level 1 headings are as they should be, proceed to check the level 2 headings.

Troubleshoot the Level 2 Headings

Choose **Show Level 2**

Troubleshoot these as you did the level 1 headings.

Troubleshoot the Level 3 and Lower headings.

Beyond the Basics

Your humble tutor recommends that, for now, major structural anomalies and template deviations detected through this procedure be corrected in Normal or Page Layout view. However, the writer who takes some time to get to know the Outline view will discover many effective techniques for managing document structure and template adherence.

At an AMWA Northern California chapter meeting later this year, we will be discussing advanced template techniques. The seminar will delve into the power of the Outline view, among other matters.

Like What You See? Want to Make it Better?

Please send your suggestions and submissions to *Pacemaker* editor Fred Gebhart, pacemaker@amwancal.org. The deadline for submissions to the next bimonthly issue is July 24, 2009

2009 Northern California Board of Directors

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