

# Pacemaker



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*(email addresses are spelled out to discourage spam.)*

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# Letter From Our Chapter President Mark Hagerty



**My dear AMWA colleagues,**

I'm happy to write to you in this spring 2023 issue of the Pacemaker. I don't know most of you, but I believe we all share a kindred spirit. I imagine we all became members for common

reasons, circling around enhancing our professionalism and medical writing and editing skills.

***... it is not altruism alone that drives me.***

How does that enhancement happen? We might attend events, read shared materials,

or maybe take some training. But the best way to strengthen that professional muscle is through action. Want to be a better writer? Write more. Want to meet more freelance contacts? Network more.

Remember that AMWA NorCal is YOUR chapter, and it is here to serve your professional needs. I do not have a crystal ball into those needs, however. You must make them known. Write to me or any other chapter leader to share what you want from your chapter.

I serve as president this year to support all 200 of us in this chapter, to keep it strong.

But it is not altruism alone that drives me. Serving in a leadership spot looks very good when I'm talking to a potential new client for my

freelance business. It opens doors to learn about areas of medical editing in which I am weaker. It allows me to share my strengths, like continuing education and learning, so people know what they might call me about. It pays back the effort put in many times over.

What about you? If you maintain your membership solely to put the AMWA

logo on your resume and business cards, I respect that completely. I believe, though, that doing that leaves money on the table. Putting in a little effort, however much that is, boosts your credibility, builds your skills, and ends up being a whole lot of fun. I hope you will consider offering some of your talent to grow the chapter.

***Putting in a little effort ... boosts your credibility, builds your skills, and ends up being a whole lot of fun.***

***Do as much or as little as you decide is right for you.***

*(CONTINUED)*

Worried that it might take too much time, or you'll get pulled down into a bottomless commitment rabbit hole? Don't be.

Do as much or as little as you decide is right for you. If you

***I'd be over the moon to hear suggestions for activities...that will boost your professional capacities and spirits.***

are a writer who wants to build your portfolio, write one article for the Pacemaker and be done. Write an opinion on a guest speaker's presentation. That's enough. But don't be surprised, however, if you

enjoy it and want to do more. We are a fun chapter, and the affiliation gravity can get strong.

I'm currently hoping more of us will help on our membership committee and communications committee, and I'd be over the moon to hear suggestions for activities we could do that will boost your professional capacities and spirits.

Please contact me any time to share your thoughts and ideas. I am at your service.

**Mark Hagerty**

[president@amwancal.org](mailto:president@amwancal.org)



## Editor's Note

**As I initially considered this issue, I was thinking about the definition of "medical" — and what is a medical profession?**

To me, a medical profession is one where knowledge of the body is applied to restore health and comfort to persons who suffer.

To that end, I interviewed a medical professional — a physical therapist — whose knowledge of the muscular-skeletal system has helped his patients to resolve chronic pain.

Along the same lines, my Co-Editor and I chose a book for review in the BookNook section that describes how limited medicine can be, faced with suffering the doesn't fit established definitions.

I hope this somewhat diverse approach to medicine ultimately results in deepened understanding that informs our work as medical writers!



# Annual Chapter Meeting

**N**orCal AMWA Chapter Members who attended the Annual Chapter Membership Meeting on March 29th, 2023 were treated to a presentation on Zotero, a free software tool that can help users to organize their writing work efficiently. No sales pitch was required (or delivered) to intrigue listeners and medical writers of the value of this reference management tool.

Presenter Abe Jellinek started his presentation by sharing that he began to use Zotero while studying at UC Berkeley. Abe opened with this: "Zotero really saved my life as a student. And I think anyone who does research, who writes, or who just has knowledge and thoughts they want to organize, can benefit from Zotero."

Zotero is a true necessity and is the mother of invention story that led to the creation of a non-profit offering an open-source research tool available to all of us. In this 30 minute talk, Abe presented a compelling case for the usefulness of Zotero and demonstrated the simplicity of using the software. Here are a few highlights from his presentation.

**What is Zotero?** Zotero is a free, easy to use research tool that allows you to collect, organize, annotate, cite, and share vs show your research. It is a free, open-source citation management tool. Think of Zotero as your personal research assistant.

**Who is Zotero for?** Researchers, students, writers, libraries, and universities are Zotero users.

Anyone who wants to organize information and data, even in a non-professional capacity, will benefit from Zotero. Yes, medical and science writers included!

**What features make Zotero stand out from other reference management tools?**

- It is free, easy to install and to use.
- Provides a central place to keep all your information and sources.
- It organizes users information in libraries, a visually appealing format similar to music playlists.
- It enables collaboration with other users.
- It simplifies creating a bibliography ,significantly reducing users work time.

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- Generating citations is easy: the Zotero user can choose what format (AMA, Chicago Style, etc.) and can change to other formats as needed.
- The sidebar meta-data for citations provides extensive information about the publication in an at a glance format.
- Users are notified if a publication is retracted by red highlighting, and the reason for retraction is provided.
- Users retain full control of their data: Zotero doesn't train AI.
- Easy to sync; entries are visible instantaneously across devices.
- Zotero provides expert support services with dedicated individuals and an extensive library of forums to answer common questions and issues.
- There is the option to work directly with a Zotero support person if the users question might involve sharing a sensitive document not suitable for a forum.

After a demonstration on how to install Zotero and use various features, Abe then addressed questions from meeting participants:

**Q: *How does Zotero survive financially if the service is free?***

Zotero relies on storage subscriptions to meet expenses. Zotero is free for up to 300MB of storage. If you wish to secure additional storage, the fee is \$10 per month. The non-

profit receives much of its income from large organizations such as libraries and universities.

**Q: *Is free software an invitation to hacking?***

Abe reassured listeners that Zotero has a strong security team working around the clock. Any vulnerabilities are recognized and patched quickly. The security team members have not had reports of any significant security issues.

**Q: *Will Zotero use my work to train AI?***

NO! Zotero does not train AI and takes privacy very seriously. Your libraries and data are yours to manage and control.

Abe's presentation generated much interest amongst NorCal Members. At least one listener was downloading the software before our meeting ended! To listen to Abe's presentation and to watch him demonstrate how to install and use Zotero, contact AMWA NorCal Chapter President, Mark Hagerty for link access.

#### ***About the Presenter***

***Abe Jellinek graduated with honors from the University of California, Berkeley in 2021, with bachelor's degrees in History, Arabic, and Computer Science. He is presently a co-developer of Zotero.***

# AI Tools and Medical Writing: Competitors or Assistants

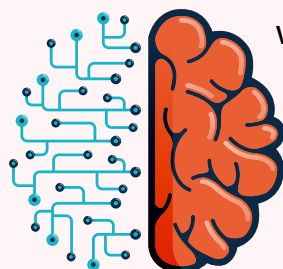
By Barbara Arnoldussen

**D**r. Nuria Negrao, a writer with a doctorate in cell biology, pointed out the pros and cons of using Artificial Intelligence (AI) tools in our workplaces. She started and ended her talk for the Southwest chapter of AMWA on April 11, 2023, by stressing two points:

- Use an iterative process with AI tools. Engage in a conversation; ask repeated questions. The tools need to be given clear directions to establish context.
- Recognize that the AI output will include “hallucinations”. To try to please the user, the tools will produce lies.

“Vague prompts produce generic results,” Dr. Negrao added. One example asked three different AI tools to find the names and email addresses of 10 specialists in heart failure. The output took seconds. However, the quality varied with each tool. To get a list of credible interviewees, she showed it was more helpful to search for cardiologists who had been quoted about heart failure in journal articles. The prompt matters greatly.

Literature scanning is another way AI could help writers. To avoid copyright infringement, limit the literature search



to open-access material. The tools can produce concise summaries of lengthy articles or a list of its bullet points. However, Nuria warned that the AI output would not be ready for submission for publication. Their statements

would have to be checked for accuracy. “Treat it like Wikipedia,” she cautioned.

I had not considered the most exciting and ethical use of AI tools: overcoming writer’s block or “getting unstuck.” Nuria suggested a writer could create prompts for drafts of:

- Article title and subtitle options
- Executive and lay summaries
- Case studies\* Social media posts
- Questions for author interviews and CME materials

## About the author

*Barbara Arnoldussen has written career self-help books for Kaplan Publishing, such as First Year Nurse and Nursing as Your New Profession. Pearson Publishing’s newest edition of Nursing: A Concept-Based Approach to Learning included her chapters on Assessment, Healthcare Systems, and Emergency Preparedness. She has also authored many instructor resource materials for clinical and managerial textbooks.*

# Book Nook: The Invisible Kingdom

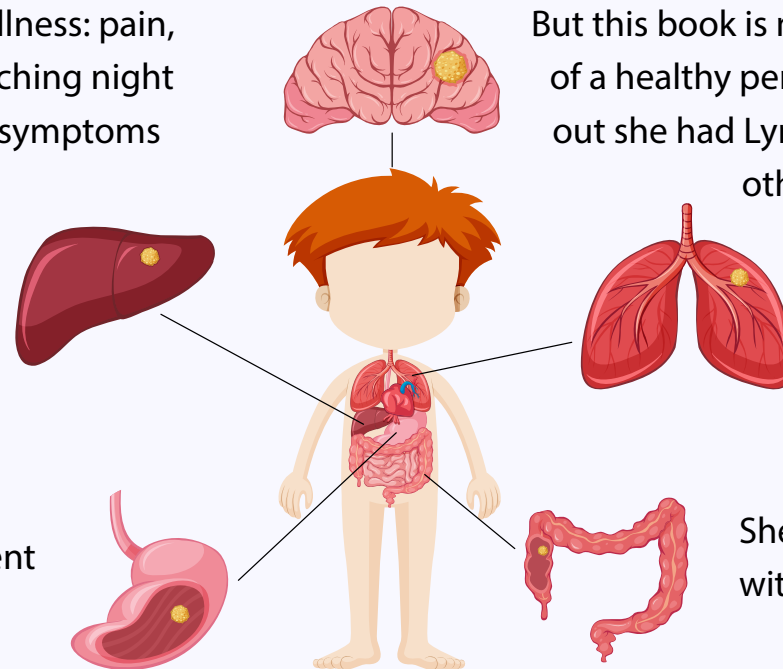
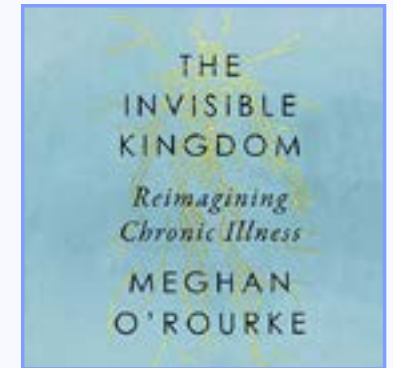
**P**atient beware! If you are bedeviled by aches you can't shake and pains you can't name, you may be in for long-haul misery of the kind chronicled in painful detail after painful detail by poet and Yale Review editor Meghan O'Rourke in *The Invisible Kingdom: Re-imagining Chronic Illness*.

***"The problem isn't doctors so much as the system"***

In what could be labeled a journal of her plague years, she tells a tale of nearly a decade of a chronic illness: pain,

crippling exhaustion, brain fog, drenching night sweats, rashes and other enervating symptoms that long resisted a definitive medical diagnosis. Her account of her odyssey is clear-eyed, compelling, and cautionary — going in and out of the doctors' offices; dipping into homeopathic remedies; enduring misguided diagnoses and toughing out treatment regimens. As she takes the reader along with her on her journey, the

acronyms and medical shorthand come fast and furious: ME/CFS (myalgic encephalomyelitis/chronic fatigue syndrome); POTS (postural orthostatic tachycardia syndrome), TMS (tension myositis syndrome); long-COVID — there are so many that a reader may come down with a case of MEGO (my eyes glaze over...).



But this book is much more than a “poor me” account of a healthy person hitting a physical nadir (turns out she had Lyme disease augmented by a couple of other autoimmune ailments). O’Rourke cogently explains the science of illness and health; for example, explaining the immune system and the gut microbiome (yep, those intestinal bacteria weigh in).

She does, however, have a serious quibble with modern Western medicine,

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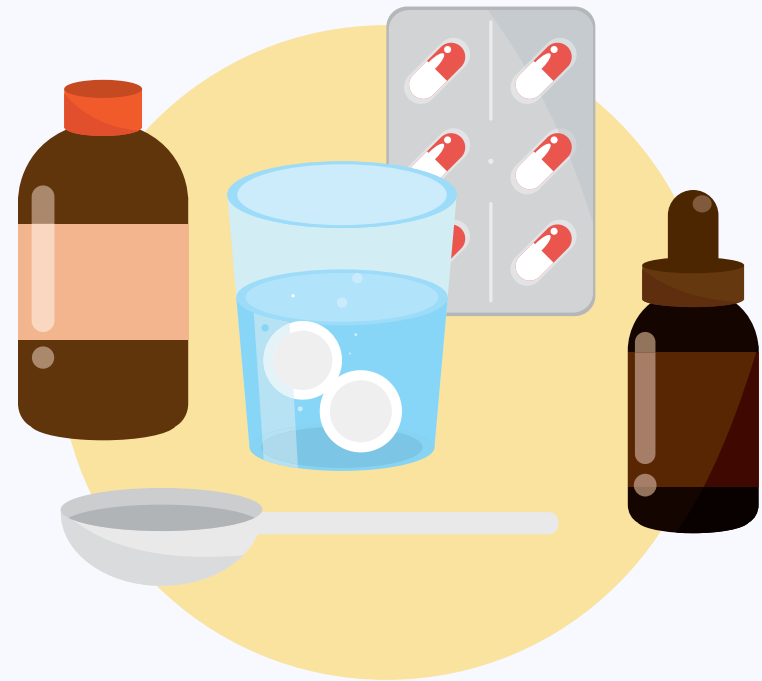
which O'Rourke believes is flummoxed by autoimmune diseases and how to treat them. "The problem isn't doctors so much as the system," she writes. She indicts, for example, the length of typical medical appointments — 15 minutes — and the extreme

specialization "silos" that discourage what she believes is the importance of coordinating care in a world of "a silent epidemic of chronic illnesses that are often marginalized, contested, or even unrecognized."

The core of the problem, she believes, is that the medical profession loves certainty, something hard to come by in treating autoimmune ailments marked by stealth and unpredictability. She claims that if medical science can't define a malady, it does not exist or it's all in a patient's head. ("Hysteria" was a popular diagnosis women received in the 19th century; it was a precursor to today's "poorly understood diseases [that] are routinely psychologized by doctors, patients, and laypeople", O'Rourke tartly observes.)

There is, however, no escaping the poet in her. O'Rourke's prose is graceful and supple. She evokes poets, such as John Donne and John Keats, as she limns living with uncertainty. Here's Keats: "Negative Capability" is the quality "of being

in uncertainties Mysteries, doubts, without any irritable reaching after fact and reason." And then there's Donne: "As sickness is the greatest misery, so the greatest misery of sickness is solitude." Whew! That's a long way from discussing T-cells and fecal transplants (yes, there was that).





# Interview With Physical Therapist Ki Cheng, DPT



## What aroused your interest in physical therapy?

I originally wanted to pursue a career in medicine as an MD. It seemed more prestigious and was probably what my parents wanted. However, I really wanted to be in a field where I could spend more time preventing illness and injury and have time to help patients work through the challenges in their body. In physical therapy (PT), patients are seen across a continuum of functions: our goals as therapists are to empower patients with the skillsets necessary to manage and correct their own musculoskeletal injuries.

## What was your first training in physical therapy? How was it expanded upon receiving a doctorate and other qualifying certifications.

Unlike many other of my classmates in my doctoral program, I didn't have a background in



kinesiology—which is where many people start. I studied psychology with pre-med requirements as an undergrad. In my program at UCSF, we were trained to triage and diagnose patients based on various musculoskeletal pathologies.

Doctoral training in PT demands learning anatomy and physiology in depth, as well as medical screening for pathologies that are present in orthopedic, neurological, and even cardiovascular cases. From there, you learn best practices on treatment. Much of this training happens at the clinical site where you complete varying rotations through both outpatient and inpatient settings.

## Describe the treatments done on the patient's body by hands-on – are they meant to diagnose problems or perhaps to help heal problems?

The hands-on portion of physical therapy can be controversial. It is highly debated even within the physical

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therapy world regarding its merits as a diagnostic and treatment tool. What we know is that patient expectations really dictate the outcomes of their care. So, if patients expect to receive hands-on care but don't, their health treatment outcomes can be less effective.

From a scientific standpoint, hands-on work is used initially to assess strength, range of motion, muscle tone, and location of pain. From there, we may use hands-on modalities (soft tissue massage, cupping, Graston tools, joint manipulations) to reduce pain and calm the nervous system. But to initiate long-term changes, we must get the patients moving through prescriptive exercises.

**For your patients, what are the considerations that make the exercises you prescribe and demonstrate effective? How can you evaluate whether or not your patients follow these procedures properly?**

There is so much more that goes into consideration for exercise selection than diagnosis only. I might have 5 patients with the same diagnosis but choose different



exercises. This is because the presentation of that pathology can vary greatly; depending on the irritability of those symptoms, I may choose easier or harder exercises. A lot of patients' movement background is also taken into consideration; if they already know how to perform exercises, I feel more confident in giving them more or harder exercises. To follow up with patients, I just ask them to show me how they've been doing the exercises. If they've been practicing, usually they are doing them correctly.

**Do you find that patients expect immediate improvement, not realizing the difference in physical therapy approach that requires patients follow a regime carefully and work with you when they don't seem to be improving?**

We live in a world of instant gratification. We receive social validation online to get quick dopamine hits and we expect the same from our healthcare providers. So yes, patients do expect quick improvements. But often, they expect FULL improvement and that's where the communication piece comes into play.

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Pain is a complicated entity that is governed by so much more than just a noxious stimulus. Pain is processed emotionally, mentally, and arguably spiritually as well. It is a normal aspect of living. So I'm often in conversation with patients regarding their expectations about their experience of pain and what to make of it. At the end of the day, participation and success with physical therapy can be difficult. It requires constant effort from the patient and the provider to communicate symptoms, lifestyle changes, and adherence to a treatment program. It requires concentration and attention to position when doing home exercises. It's more akin to psychotherapy than anything else in medicine. It is as much a science as an art.

**What differences would there be if the patient were treated only by the physiatrist—ie, why do physiatrists recommend physical therapy, and is it frequently recommended in addition to medications?**

Physiatrists are experts in musculoskeletal care, but unlike their orthopedist colleagues, they do not perform surgical



treatments. They often suggest non-surgical treatment options such as corticosteroid injections and/or other medications, to manage pain. Physiatrists often partner with physical therapists to create a treatment plan for a patient.

**Is physical therapy used as treatment for illnesses other than body pain—for instance, neurological disorders such as Parkinsons?**

A huge section of physical therapy is dedicated to the treatment of neurological and cardiovascular disorders. There is even a growing field of physical therapy for oncology patients to manage pain and function in the context of cancer. Common neurological conditions that physical therapists treat include Parkinson's disease, multiple sclerosis, spinal cord injuries, nerve pain, Tourette's, ataxia, cerebral palsy, to name a few.

#### **About Dr. Ki Cheng**

*Dr. Ki Cheng is an experienced Doctor of Physical Therapy serving the musculoskeletal needs of Oakland and the greater Bay Area. He received his doctorate in physical therapy from the University of California San Francisco. He has treated patients with a wide range of lived experiences—from spinal cord injuries to injuries resulting from professional athletics. Currently, he works as the founder and physical therapist of Opus Physio, a private clinic in Oakland, CA.*

# A Warm Welcome to New Members since September 7, 2023!

Eiman Aboaziza

Bradley Bakalarski

Kwi Bulow

Virginia Cooper

Douglas Fox

Coline Gaillard

Nancy Hwang

Jenny Johnson

Julie Kluxdal

Jennifer Leslie

Grace Liao

Yanhong Lu

Andrew Lynch

Michelle McRae

Shailja Mehta

Alex Miller

## Want to make your membership in AMWA NorCal more meaningful?

Your inspiring ideas are essential to maintaining the vitality and effectiveness of AMWA NorCal.

At present, we have two volunteer opportunities available: The only qualification is your desire to get involved.

### **Membership Chair of our local board**

The Membership Chair updates the AMWA NorCal membership list using the list provided by AMWA National and proactively recruits volunteers to support our chapter. The time involved is only about 1 hour per month.

Please reply to the Membership Chair at [membership@amwanocal.org](mailto:membership@amwanocal.org) to volunteer or get more information.

### **Pacific Coast Conference Chair (or Co-chairs)**

The PCC is a regional educational and networking event held by our chapter about every 2 years.

The chair (or co-chairs) will coordinate the efforts to make 2024 PCC happen (probably in the spring). Duties include leading Zoom PCC planning meetings starting within the next few months.

Please contact our chapter president, Mark Hagerty, at [president@amwanocal.org](mailto:president@amwanocal.org) for more information.