

# Pacemaker



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### AMWA Northern California Chapter, 2021 Board of Directors

Please join us in welcoming this year's board members. Our board members truly welcome your thoughts and questions so please don't hesitate to write.  
(e-mail addresses are spelled out to discourage spam.)

#### Northern California Chapter Officers

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#### Northern California Chapter Leaders

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Communications Committee: Open  
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Jobs List Administrator: Nisha Nair, BDS, M.Sc, MBA  
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Membership Committee: Suzanne Canada, PhD  
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Chapter Website: <https://amwanca.org/>

# Letter From Our Chapter President

**G**reetings fellow chapter members... Oh what a year!

By the time you read this we will be well into 2021. Please accept my belated but heartfelt wish that this year brings you and your loved ones good health, well-being, and reconnection, as well as meaningful work as medical communicators.

I want to extend a warm welcome to our new chapter board members: Vice President/President-Elect, Faezeh "Fae" Koohestani, and Pacific Coast Conference (PCC) Committee Co-Chair, Mark Hagerty. Both Fae and Mark hit the ground running, serving as hosts for recent successful chapter program events.

Veteran board members are the anchor of our chapter, ensuring continuity and success in countless aspects of our organization. I am indebted to those who have lent their expertise in chapter operations and guided me as a young member of the board and the medical writing community. Thank you Barbara Arnoldussen, Suzanne Canada, Nancy Katz, Nisha Nair, Maggie Norris, Sandy Ruhl, Mimi Wessling.

Thank you outgoing board members Treasurer Rose Tomey and Communications Committee Chair Snehal Mohile for

your valuable contributions. We look forward to seeing you at chapter events or, when time permits, back on the board!

It is a privilege to work with such devoted chapter members and skilled medical communicators. In 2021, my hope is to engage more members in building our community. Please reach out to me or to committee chairs with your ideas or volunteer interests. Our contact emails are listed on the [\*Chapter Website\*](#) and on the [\*first page of this newsletter\*](#).

Time is marked in my memory by moments, not dates. Pandemic life began for me at a café where I met Board members Barbara Arnoldussen and Maggie Norris for lunch. No, I didn't catch COVID! Maggie asked me if as a nurse, I was concerned about the Coronavirus. In late January, COVID wasn't on my encyclopedic worry list. Six weeks later, I was quarantined at home like the rest of the Bay Area worrying about my toilet paper supply. So began a year of adaptation.

"Fluid" aptly describes 2020 planning. The naïve hope that "it might be over" after the first lockdown dissipated over the summer as more long-term adjustments, both personal and professional, became necessary. Our chapter-sponsored

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conference scheduled for June, The Pacific Coast Conference (PCC), was postponed to April 2021. By the time of this publication, that date may have changed again.

We waded into the world of video conferencing and shifted to virtual meetings. The Aperitif Hour was our most well-received COVID adaptation. Started by long-time member and past-president Andrea Johnson, these virtual gatherings provided welcome connections when in-person events were prohibited. We learned a lot about each other. One member from southern Oregon was evacuated during the fires, her home just four houses away from the edge of the blaze. Pandemic home schooling seemed like a fable to some of us until hearing from members who shared their humorous antics trying to work at home while overseeing middle-schoolers and teenagers. We got an epidemiologist's perspective on the unfolding health crisis. Through collage artwork we learned that this tiny virus was responsible for separating a chapter member and her fiancé, keeping them a half-continent apart (both healthy, just postponing travel). That same art project helped us touch on social justice issues affecting members. We learned one member is writing a murder mystery and another, a memoir based on his experience working in a Bay Area medical facility. Our program chair moved cross-country mid-pandemic

maintaining her NorCal connection and proving her dedication by staying awake for Aperitif Hour while on EST.

I believe the Aperitif Hours are here to stay. Leslie Kowitz is exploring more creative themes to help us connect and have fun. Join us!

COVID compelled the AMWA National Conference to go virtual. Conference planners did an extraordinary job bringing the excellent content we count on, right to our homes. We missed meeting in person, but the upside was, we were able to attend sessions in our pajamas. Our chapter was well represented, with upwards of 20 attendees, including two NorCal members who delivered excellent programs. Nancy Katz, PhD, led a workshop on the Electronic Common Technical Document. Crystal Herron, PhD, led sessions on Collaborative Writing and on Writer-Editor relationship.

2020 brought energy to updating our newsletter, the *Pacemaker*. At the request of our co-editors, we contracted with an Adobe expert to create a new template and potentially a more interactive publication. Interested in contributing an article? Our editors want to hear from you.

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In January our program committee offered an informative education program on cybersecurity presented by medical translator Carola Berger, PhD. If you weren't panicky about internet security before the session, you were after the session! Carola has graciously provided her slides to chapter members. When my heart rate gets back to normal, I will review the slides and update my security measures.

***Science is real. It's mind boggling to me that this statement must be spoken...***

As we settle into 2021, I encourage members to be in touch. Our chapter will continue to offer virtual events until we can reconvene in person. I also encourage you to take advantage

of the many offerings available through AMWA National. Take in one of the many informative AMWA webinars, learn about professional opportunities, or sit in on a gathering sponsored by another chapter. Get answers to your questions and to questions you haven't even thought of yet by reading the daily communications in Engage.

Plans are underway for the 2021 Conference October 27 to 30, "Spotlight on Medical Communication: Disruption Innovation and Resilience." Whether it will be in-person or virtual is to be determined. Think about volunteering to be a session reporter. I can vouch for what a great experience it is.

Working with the presenter, receiving coaching from AMWA editors, and having my report published in the AMWA Journal was a conference highlight for me.

A parting thought from my 2020 memories. SCIENCE IS REAL. It's mind-boggling to me that this statement must be spoken let alone proclaimed on a lawn sign. Now when I see these words, I think of my medical communication colleagues. You demonstrate a commitment to the truth, to the rigorous process of scientific research and discovery, and a commitment to translating that truth into language that people, patients included, can understand and act on. I want to express my deep gratitude and respect for my fellow chapter members and medical communicators. You strive everyday to tell the truth. This is a formidable purpose.

I am proud and happy to be part of this community.

With respect,  
Bridget Mazzini, RN, OCN  
AMWA NCal President



# Editor's Note

**I**t's been quite a year for all of us, but for me, thinking back on the last months, I come to a higher level of appreciation for our Northern California chapter of AMWA. My objective for this issue of *Pacemaker* is to honor the amazing creativity that our members have displayed. No

***I have come to a higher level of appreciation for our Northern California chapter of AMWA.***

more fun meetings in a restaurant—what the heck, we'll do our Aperitif Hours on Zoom (thanks to Andrea Johnson for that suggestion). How about the opportunities

for communication the internet presents to alleviate some of our isolation... we need to be careful... so we have a webinar presented by a security expert. Thanks to Leslie Kowitz for her writeup.

Talk about serendipity, Allen Long's article on patient-doctor communication fits right into the issues discussed in the two books I've chosen for the Book Nook. And to make a point about the Book Nook, its purpose is to inspire you to read these two books, not to present book reviews on a level best left to experts.

However, we do have an expert on board: Maggie Norris, our chapter Word expert—alias the Word Witch. Her clear guidance to useful Microsoft Word procedures comes back in our next *Pacemaker* issue. We profile our former president Suzanne Canada, who has helped with important chapter jobs for as long as I can remember.

I hope the articles you read in this issue will inspire you to add your own creative thinking to the mix in future issues of the *Pacemaker*!



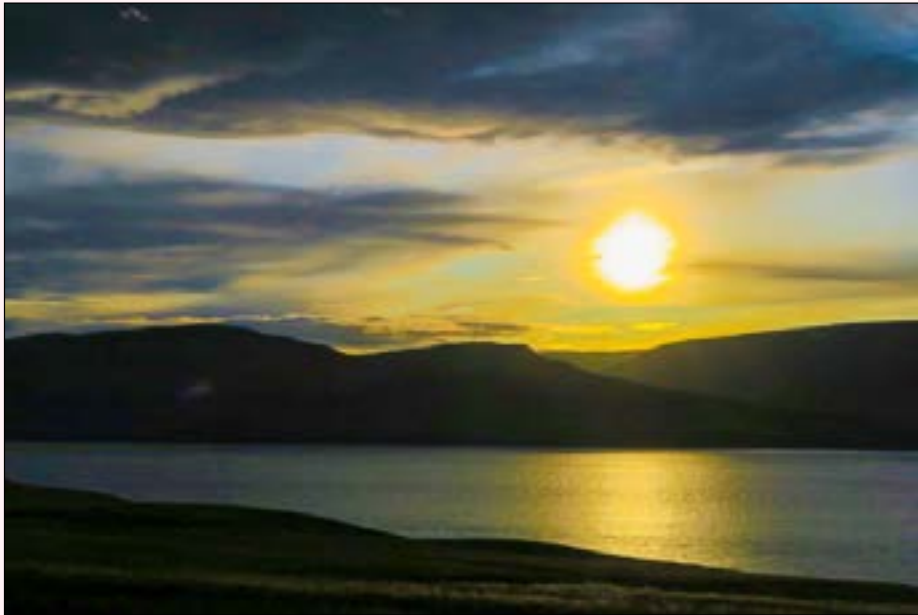


# December Aperitif Hour

By Michele Anderson

The year 2020 had pestilence, electoral chaos, a tanking economy, but a welcome break from all this Sturm und Drang was December's Aperitif Hour (on Zoom, of course). In it, AMWA members showed they are as skilled in the visual arts as they are with the written word.

Several members answered the call to create collages from images and/or words (internet, magazines, photos, et al).



*Iceland photo: Sandra Ruhl*



*Panic collage: Leslie Kowitz*

Collages could have a theme—a visual 2020, a vision for 2021—or not; freeform would be fine.

The upshot? A stellar display of fine collages and photos, including a photo of an austere yet serene Iceland landscape, a spoof of the 1985 film *Back to the Future*, and a delightful nod to the emblems of pandemic panic that featured a picture of a roll of toilet paper.

Check 'em out.

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# MARTY, WHATEVER HAPPENS



Back To The Past

# DON'T EVER GO TO 2020

*Back to the Future collage: our guest contributor, Liz Orient*

## About the author

*Michele Anderson began as a pre-med person and ended up as an editor. She spent a few years doing law (she's licensed to practice in New York State), then veered off into the food business (catering, food writer) and ended up as a news editor (S.F. Chronicle).*

*She lives in San Francisco and is now a freelance editor.*



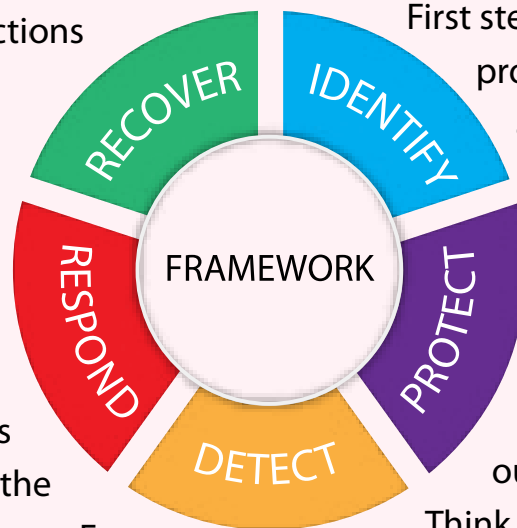
# Webinar: Cybersecurity for Medical Writers

**I**s your data—and your clients' confidential data—safe and secure on your home network? Are you making it easy for hackers to steal your passwords? As the pandemic continues, many more of us are working from home using our personal home networks for business. In her timely webinar, Cybersecurity for Medical Writers, Carola F. Berger, PhD, shared her expertise in setting up and keeping home networks secure and provided concrete actions to detect and ward off scams.

Based on AMWA National data, two-thirds of AMWA members work for companies (W2) and one-third are freelancers or independent entities (eg, LLC). Those who work for companies are usually given hardware with proper security measures installed and if IT discovers a data breach, the company is responsible for closing any gaps. For individuals, though, they are responsible for any confidential information leaks, so heeding these tips may prevent compromising events.

Based on the Framework Core model from National Institute of Standards and Technology (NIST), Berger walked through the activities to achieve specific cybersecurity outcomes: Identify, Protect, Detect, Respond, and Recover.

## **Identify—Which processes and assets need protection?**



First step is to identify what devices (and who) need protection. The who is easy, that's you. But are you aware of each device that accesses your network? Not only the obvious ones like a laptop and mobile phone, but also printers, external hard drives, and smart devices (eg, Ring or Nest)—anything that connects to your IP address.

We all use or store sensitive data, whether for ourselves personally or for our work products. Think credit card numbers, personal identification information such as social security numbers and date of birth, or clients' proprietary information (clinical trial data or regulatory approvals).

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## **Protect—What is in place to protect your systems?**

The first line of defense is your internet router, which comes with a default administrator password. Make sure to change the router/network name and password. Set up encryption (aka, a firewall), on the router with the latest encryption standard. You may see various options, but the current standard is AES/WPA2. [See below for “how to.”]

In addition to a router firewall, encrypt and password-protect your computer. Windows 10 (but not Windows 7) and Mac OS have built-in password protection capabilities [see Resources]. Firewalls protect your devices from people breaking into your network from the outside. In contrast, antivirus software protects your devices from attacks that occur from websites you visit or emails you inadvertently open that may install a variety of malware (spyware, adware, bots) on your system. You need both an encrypted firewall and antivirus software; always keep them on! If you ever work outside your home network (eg, coffee shop), always use Virtual Private Network (VPN)—never WiFi, which is unsecured and vulnerable. Various free VPNs are available [see Resources].

Password hacking is the most common security breach, but it’s also one that users can easily fortify with a few

actions. The FBI recommendation goes beyond just a strong password and encourages passphrases, which are combinations of multiple words into long strings of at least 15 characters. Additionally, 2-factor authentication (2FA) provides an extra layer of security by requiring a code from a secondary device like a phone. Most financial institutions use 2FA to protect your accounts. Although hard to conform for some, do not reuse login credentials for multiple accounts! Use a password manager to keep them all straight but avoid those that allow recovery of a master password.

Beware of social engineering. Hackers who access your social media posts can figure out personal details like your favorite foods, sports, etc., which are often used for security questions. Experts suggest using incorrect security questions if you post on social media frequently to thwart potential social engineers. Look at any devices shared within your household. Create separate accounts and logins for each user. The same goes for online accounts and cloud software. Make sure any portable storage device uses encryption.

## **Detect—Recognizing Scams**

Your antivirus software will detect malware, but it’s up to each of us to keep alert for the many scams out there today.

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Just when you think you can spot one, another newer type grows in its place.

*Phishing*—the fraudulent practice of sending emails impersonating reputable companies to induce

individuals to reveal personal information—and *smishing* (using text messaging for the same end) can fool some of the best of us if we are not careful. Both involve *spoofing*, or impersonating.

Look for clues in the email header. Hovering your cursor over the sender's name will show that the email address is not the purported sender (eg, impersonating a bank but address is a gmail account, not bank.com). Another clue is the message itself is written poorly (incorrect words or spelling/grammatical errors).

### **Freelance medical communicators: Don't fall for these scams**

*Note: The presenter collected these examples from actual cases.*

**Fake Check scam:** Client hires you very quickly for a service and sends a very real-looking business check for amount

over the invoice (eg, \$1000 instead of \$100). Client calls and informs of "bookkeeping" error and suggests you wire transfer the overage. After you comply, your bank informs you the check bounced. You're out all the money paid plus your fee.

**Identity theft through online job interviews:** Scammer sends email or text about a job. "Interview" conducted online using a service that allows anonymity (eg, Google Hangouts) and fake company "hires" you immediately then requests identifying data (eg, SSN, birthdate, etc). If it's too good to be true, it is!

Freelancers: use an employer identification number (EIN) not SSN, which is available to sole proprietors as well as companies.

### **Other scams**

Jobseekers: Password-protect a PDF of your CV (not editable Word file) so nobody can pretend to be you.

### **Respond—Have a plan**

- Ensure regular backups for your important data.
- Quarantine infected devices by taking them offline immediately and wiping it clean.

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- Restore with a clean backup.
- Digital forensics—find how the attack occurred and how to prevent future events.

## Recover

Once you restore your system, let others who may be affected (friends, colleagues, your bank, credit bureau) know of the breach. Depending on the delivery mechanism (email, US postal service, etc.), report to local or national authorities (see Resources).

## Cybersecurity checklist

- Change SSID (router name) and password
- Ensure latest encryption standard is set on router: AES/WPA2
- Back up your files!
- Always run antivirus software in addition to firewall (computer and router)
- Do not reuse login credentials for multiple accounts!
- Password protect all devices
- Turn off Bluetooth when not in use
- Check suspicious emails for scams

## How to secure your router

1. Log into the router by typing its IP address (assigned by the internet provider or see Resources) in the browser bar.
2. Change the admin password. If you forget this password, you need to reset your router and start over.
3. Change the router SSID and password and set encryption to WPA2, if possible.
4. Check the firewall security settings. (Medium to high security should work for most people).
5. Check the connected devices.



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## Resources

Many thanks to Carola Berger, PhD for the wealth of resources shared!



VPN services	<a href="https://thatoneprivacysite.net">https://thatoneprivacysite.net</a>
Cybersecurity checklists and workbooks (Washington Small Business Development Center)	<a href="https://wsbdc.org/protect-your-business/cybersecurity/">https://wsbdc.org/protect-your-business/cybersecurity/</a>
Password protect files/folders	Mac OS: <a href="https://www.igeeksblog.com/how-to-password-protect-folder-on-mac/">https://www.igeeksblog.com/how-to-password-protect-folder-on-mac/</a> Windows: <a href="https://www.onmsft.com/how-to/how-to-password-protect-a-folder-or-file-in-windows-10#:~:text=Password%20protect%20Windows%2010%20files%20and%20folders,lose%20access%20to%20your%20encrypted%20files%20More">https://www.onmsft.com/how-to/how-to-password-protect-a-folder-or-file-in-windows-10#:~:text=Password protect Windows 10 files and folders,lose access to your encrypted files More</a>
Password managers	<a href="https://www.wired.com/story/best-password-managers/">https://www.wired.com/story/best-password-managers/</a>
Antivirus protection	<a href="https://www.pcmag.com/picks/the-best-antivirus-protection">https://www.pcmag.com/picks/the-best-antivirus-protection</a>
Fake check scams	<a href="https://www.consumer.ftc.gov/articles/how-spot-avoid-and-report-fake-check-scams">https://www.consumer.ftc.gov/articles/how-spot-avoid-and-report-fake-check-scams</a>
Apply for EIN as sole proprietor	<a href="https://www.irs.gov/businesses/small-businesses-self-employed/how-to-apply-for-an-ein">https://www.irs.gov/businesses/small-businesses-self-employed/how-to-apply-for-an-ein</a>
Mac OS encryption	<a href="https://www.intego.com/mac-security-blog/how-to-encrypt-and-password-protect-files-on-your-mac/#:~:text=Click%20the%20%E2%80%9CFile%E2%80%9D%20menu%20and,password%20and%20save%20the%20file">https://www.intego.com/mac-security-blog/how-to-encrypt-and-password-protect-files-on-your-mac/#:~:text=Click%20the%20%E2%80%9CFile%E2%80%9D%20menu%20and,password%20and%20save%20the%20file</a>
Windows encryption	<a href="https://www.businessinsider.com/how-to-password-protect-a-folder">https://www.businessinsider.com/how-to-password-protect-a-folder</a>
Reporting scams and information	FBI: <a href="https://www.fbi.gov/scams-and-safety">https://www.fbi.gov/scams-and-safety</a> National Consumers League: <a href="http://www.fraud.org">http://www.fraud.org</a> Cybersecurity & Infrastructure Security Agency (CISA) National Cyber Awareness System - Alerts: <a href="https://us-cert.cisa.gov/ncas">https://us-cert.cisa.gov/ncas</a>
Find IP address	<a href="https://www.iplocation.net/ip-lookup">https://www.iplocation.net/ip-lookup</a>

(CONTINUED)

## Further reading (articles written by presenter)

*Translation Scams: Avoiding Them and Protecting Your Identity*

Carola F Berger

The ATA Chronicle, October 2014:10-15

*Translation Scams Reloaded*

Carola F Berger

The ATA Chronicle, July/August 2018:13-15

[https://www.ata-chronicle.online/wp-content/uploads/Chronicle-July-August\\_FinalProof.pdf](https://www.ata-chronicle.online/wp-content/uploads/Chronicle-July-August_FinalProof.pdf)

*New Twists on Old Scams: Language Professionals Beware!*

Carola F Berger

The ATA Chronicle, July/August 2020

<https://www.ata-chronicle.online/featured/new-twists-on-old-scams-language-professionals-beware/>

See also Carola's series of blog posts

<https://www.cfbtranslations.com/?s=scams>,



## About the author

**Leslie Kowitz**, MA, ELS, is a medical communication professional with over 25 years in the bio-pharmaceutical industry. She is currently a senior regulatory submissions editor for BeiGene. Leslie enjoys transforming unwieldy documents into streamlined, consistent information, as well as spending time in her “She Shed” creating art.

## About the presenter

**Carola F. Berger** is a German-English translator certified by the American Translators Association; she specializes in patent and scientific/technical translation. She holds a PhD in physics and a master's degree in engineering physics. The nature of her work, which is highly confidential, as well as her current role as webmaster of the Northern California Translators Association, gives her up-to-date cybersecurity knowledge. She can be reached at [info@cfbtranslations.com](mailto:info@cfbtranslations.com).



# Book Nook: Aging in Context

**T**here's been quite a bit of information lately about the percent growth in the older population. For instance, according to the Population Reference Bureau, the share of Americans ages 65 and older will increase from 16% to 23%. Further, the older population is becoming more racially and ethnically diverse. So, I became interested in finding out more about aging. A colleague recommended *Louise Aronson's Elderhood: Redefining Aging, Transforming Medicine, Reimagining Life* (Bloomsbury Publishing; 2019); I'd been reading Daniel J. Levitin's *Successful Aging: A Neuroscientist Explores the Power and Potential of Our Lives* (Dutton; 2020). These two books are very different, yet complementary.

***These two books are very different, yet complementary***

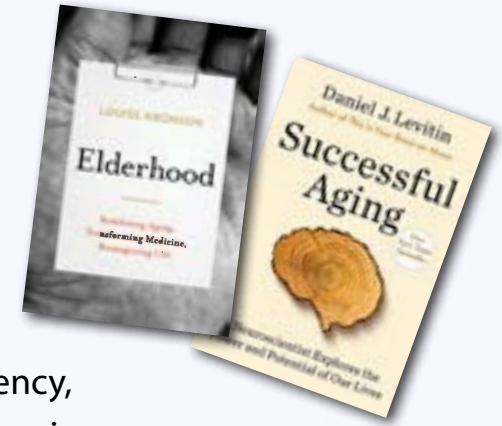
I'm putting them forward in this issue of *Pacemaker's* Book Nook because I found the pair provides a powerful guide to aging as a natural life process and a call-out

to our medical colleagues to consider how treatment of older persons is in need of serious re-evaluation. Aronson organizes her book in a semi-autobiographical manner. As she proceeds through the early stages of her training as a physician, she gradually becomes aware of

the limitations of our medical system, based as it is on science and much less on the characteristics of the patients she treats. During her first residency, a prescription she ordered—following established standards of care—caused a serious effect on the sodium levels of an elderly patient.

As she proceeds through her career, she encounters example after example of the desperation on the part of elder patients and their caregivers that has inspired her to write this book.

Medical science and standards of care are based largely on the middle range of the population and are not fully applicable—and in some instances harmful to—the younger and older ranges of the population that aren't proportionally represented in clinical trials. Medicine seems to gain attention through scientific advances; important as they are, Aronson is frustrated that focus on the needs of the patient beyond treatment is not keeping pace. New medical facilities may be based on “green”, environmentally favorable



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structures, but rarely allow for spaces where patients can socialize or their caregivers can be comfortable. She does not disparage the need for new treatment development but is frustrated by the depth of the interconnections between medical science and the standards of medical practice.

Levitin starts most of his chapters with a very clear and readable explanation of the neurology behind the changes that occur as the body ages—and aging starts right after development into adult bodily structures has completed. He then proceeds to give the reader what his title promises—steps to take for “successful” aging. He also relies on autobiographical material, as well as advice drawn from respected scientists. How, then is this book complementary to Aronson’s? It gives the reader a positive approach to their own aging body and deepens understanding of aging in others for whom they are either caregivers or a responsible family member. In one chapter on social life, he fills in what Aronson recommends: socialization is crucial to health. One of Aronson’s main peeves about the current medical situation is that it largely neglects this aspect of health for the aging patient: pleasant facial expression, conversing at a level understandable to the patient and caregiver. But beyond that, Levitin fills in the neurological basis for one of

the most damaging conditions for elderly patients: social isolation.

What Aronson suggests in her final chapters is a medical revolution as complex as the scientific revolution described by Thomas Kuhn (*The Structure of Scientific Revolutions*): changes in the view of older people and the vocabulary of aging, concern for empathetic behavior as deep as the concern for effective pharmaceutical and surgical treatments, concern for the wellbeing of those who practice patient-centered geriatric medicine.

To conclude, I challenge medical writers to contribute to the revolution through the understanding that these two books provide. One way this can be achieved is through local and national politics: pay attention to proposed changes in the current system of health care that further the health of the entire population.

### **About the author**

**Mary (Mimi) Wessling, MS, PhD**, is a translator and historian of science and medicine, with emphasis on medical ethics, immunology, and epidemiology. She has translated two books on the History of Medicine from German.



# Improving Doctor-Patient Verbal Communication

## Overview

**M**any health care professionals, including me, agree that high-quality health literacy improves patient outcomes while minimizing costs. As someone with 7 years of experience working as a hospital-certified nursing assistant (CNA), I also believe doctor-patient verbal communication is a key component of health literacy and one with vast room for improvement.

Multiple studies indicate doctors overestimate the effectiveness of their communication with patients. For example, 75% of orthopedic surgeons surveyed believed they communicated satisfactorily with patients, whereas only 21% of their patients agreed.<sup>1</sup> Similarly, a U.S. study discovered that 50% of patients with serious chronic illnesses were not taking their prescribed medications because they misunderstood information about their diagnoses, treatment plans, and the importance of taking their medications.<sup>2</sup>

So, where are some doctors getting off the track? Listed below are guidelines for effective verbal communication.

## Tailor communication to best suit the audience

Assess the patient's ability to understand the message. Is the patient elderly or hearing impaired or compromised in some other manner that affects their ability to understand verbal communication? Is the patient a native English speaker? How well-educated is that person, and what does that imply about their vocabulary and comprehension ability? In 2020, Forbes reported that 54% of adults 16 to 74 years old lacked proficiency in literacy and read below the sixth-grade level.<sup>3</sup>

Consider word choice, how words will be spoken, and how they will be reinforced by nonverbal communications such as eye contact, the tone, pitch, and volume of the voice, the speed with which the message is delivered, and the pauses and hesitations between words.<sup>4</sup> Although some doctors are skilled at tailoring their verbal communications to best



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fit their audiences, others are not. Some doctors speak to patients at a rapid-fire pace while using sophisticated vocabulary words and lots of medical jargon. Needless to say, their patients do not understand them. In one case, a doctor ordered a patient with a digestive tract ailment to evacuate (his bowels) within 24 hours. The confused patient replied, "But I'm really sick. Why are you kicking me out of the hospital?"

### **Keep the message simple**

The Partnership for Clear Health Communication has developed a tool called Ask Me 3, which suggests that doctors structure their verbal communication to answer three patient questions:

1. What is my main problem?
2. What do I need to do?
3. Why is it important for me to do this?<sup>5</sup>

Some doctors deliver simple messages like this, whereas others overwhelm patients with extraneous details.

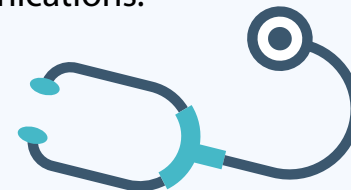
### **Confirm that the patient understands**

I've been surprised by how many doctors have no clue that their patients don't understand them. Doctors have

often ignored the confused looks on their patients' faces as well as questions that signal bewilderment. In many cases, these doctors answered questions with the same language they had used previously. When they asked if the patient understood them, the embarrassed patient replied yes, but as soon as the doctor left the room, the patient said to me, "I didn't understand a word she said. Could you please explain it to me in plain English?" An effective way for a doctor to determine that the patient has understood the message is to ask, "Can you please tell me in your own words what I just said to you?" This technique is called teach-back.

### **Conclusion**

Some doctors receive excellent training in patient communications in medical school. I hope all medical schools embrace this communications training, and I hope hospitals and other health care facilities demand excellent doctor-patient verbal communications, even for residents and interns who have crushing workloads. Finally, I hope health literacy programs nationwide address doctor-patient verbal communications.



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## References

1. Ha JF, Longnecker N. "Doctor-patient communication: A review," <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3096184/?tool>, The Ochsner Journal, Spring 2010.
2. Kreps GL. "Promoting patient comprehension of relevant health information," <https://ijhpr.biomedcentral.com/articles/10.1186/s13584-018-0250-z>, *Israel Journal of Health Policy Research*, September 18, 2018.
3. Nietzel MT. "Low literacy levels among U.S. adults could be costing the economy \$2.2 trillion a year," <https://www.forbes.com/sites/michaelnietzel/2020/09/09/low-literacy-levels-among-us-adults-could-be-costing-the-economy-22-trillion-a-year/?sh=74614efd4c90>, Forbes.com, September 9, 2020.
4. "Verbal communications skills," <https://www.skillsyouneed.com/ips/verbal-communication.html>, SkillsYouNeed.com.
5. Graham S, Brookey J. "Do patients understand?" <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3037129/>, *The Permanente Journal*, Summer 2008.

## About the author

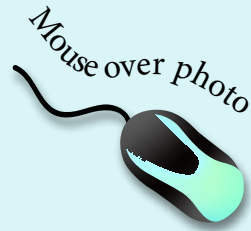
**Allen Long is the author of two memoirs, *Less than Human* (Black Rose, 2016), and *Praying for Restraint* (Legacy Book Press, 2021). He has 7 years of experience working as a certified nursing assistant (CNA) and facilitating doctor-patient communication.**

**An assistant editor at *Narrative Magazine* since 2007, Allen lives with his wife near San Francisco, California.**





# Interview with Suzanne Canada



## Give us some info about your motivation for becoming a medical writer

Like so many people in medical writing, I transitioned into it. After graduate school training on publishing and working with a journal editor, I worked for a few years as a bench/production scientist, but I found the hours were too long and there were too many dangerous chemicals for someone with small children.

I always wanted to write about the science, rather than spend long hours producing vats of chemicals, so I got a

job at a biotech company writing educational materials about how to use their products. After a few years there was a big change in the market and three rounds of layoffs at that company, so my friend and colleague Myrna Faulds connected me to Kristin Mayo, who was a medical writer and member of AMWA.

It seemed like medical writing would be my ideal career, since it valued well-educated people who wanted to write accurate and clear scientific documents, and there always seemed to be plenty of work. My only drawback was that nobody wanted to take a chance on someone with “no experience” in clinical writing, so I got to work learning everything I could and filling any gaps in my skill set. After two years of informational interviews, classes on medical writing skills, and networking through AMWA; I finally got an opportunity to work as a contract medical writer that turned into a full-time job. If it wasn't for the great people I met through our chapter, and the many accessible classes on medical writing that I took, nobody would have given me a chance.

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## Why did you become a freelancer?

Soon after joining the Northern California Chapter of AMWA, I met several established medical writers who were freelancers. I realized that this was a better life for me and for my young family because freelancing would allow a more flexible schedule and help prevent the burnout that arose from long commutes, demanding timelines, and a school system that is unsupportive of working mothers. After 6 years working as a medical writer at different companies, and researching freelancing, I had made three friends who understood the freelance business; they helped me get started as an independent contractor.

## Why are you a member of AMWA?

I joined AMWA because of the kind, helpful and accepting people in the Northern California Chapter. I think that our group has provided a lot of value to medical and science writers in a number of ways:

1. There are great, affordable classes taught by experts in medical writing. These classes don't require a huge amount of homework—important for people who are working and have other obligations. These classes used to be developed and taught by volunteers; but I don't know if/why the national organization has come

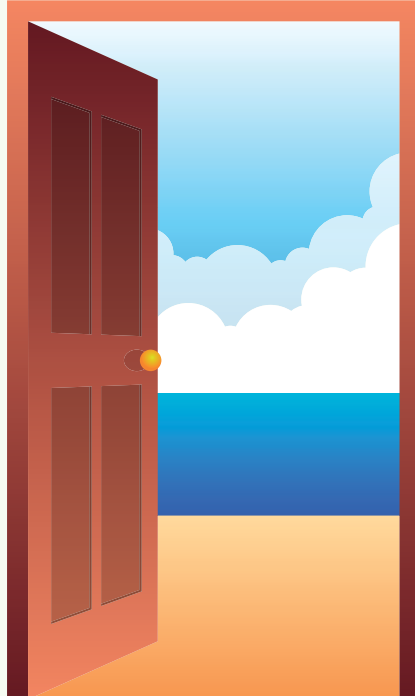
to monopolize the educational materials that were developed for free by its members.

2. AMWA can be a great place to network for freelancers and job hunters. There appears to be plenty of work for people from a diverse background: scientists, academics, journalists, and nurses become medical writers.
3. Having a national organization that provides a set of standards and helps elevate the role of medical writing and science communicators creates a greater sense of legitimacy. The organization used to try to help writers throughout the country with better understanding of their value.



# Welcome New Members

**AMWA Northern California members who joined from August 2020 through February 10, 2021:**



Melissa Bein

Nichole Bond

Susie Bryan

Annamarie Bustion

Divya Chakravarthy

Anuradha Dixit

Suzanne Dixon

Saitu Dubbal

Phil Dutt

Ginte Jasulaitis

Rachel Klukovich

Allen Long

Wendy McCleod

Susan Mashiyama

Brandy Mattson

Oishika Panda

Janell Penha

Nicole Pettit

R. Andrew Schulz-Ross

Joseph Steward

Jessica Viscomi

Kaleigh Whitehall

***We want to hear from you!***

We value your ideas and encourage you to contact us. Our emails are listed on the ***Chapter Website*** and on the ***first page of this newsletter.***

