Tools and Trends in Medical Communication

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❖ **"How to Prepare and Present a [Medical] Poster,"** a 1-hour video of a live presentation, is free at **http://digbig. com/5betqd**. The instructor is Tracy Volz, PhD, a senior lecturer in professional communications at Rice University in Houston, TX.

❖ **Communicating Risks and Benefits: An Evidence-Based User's Guide**, a book recently published by the FDA, is free online (**http://digbig.com/5betqj**). Introductory chapters consider the goals of risk communications, methods for evaluating them, standards for assessing their adequacy, and the language used. Some other interesting topics are how people interpret quantitative information and how emotions—and age—affect risk perceptions. Each chapter is self-contained, referenced, and annotated. (Tip of the nib: Philip Ross, Barb Woldin)

❖ **Informed consent**—The FDA has issued draft guidance about how to use "exculpatory language" (which essentially means "waivers") in informed consent forms. See **http:// digbig.com/5betqc**.

❖ **Twitter: are you intrigued but still wary?** In a short tutorial designed for academics (**http://digbig.com/5betqk**), neuro-psychologist Dorothy Bishop gives simple directions for starting as a "passive" user of the information sharing site. "Within the first few days, I'd been directed to two new papers in my field that were very relevant to my work and that I hadn't known about." For those who decide to stick around, she includes advice about sending messages, attracting followers, and avoiding spam.

❖ **The new iTunes Room for Healthcare** collects the apps that Apple considers most valuable for clinicians, plus some for the public. Many are reference and educational apps of interest to medical communicators. The links, operable in the United States and Canada only, are **itunes.com/health-careprofessionalsiphoneapps** (for iTunes) and **itunes.com/ healthcareprofessionalsipadapps** (for iPad).

❖ **PubMed Mobile**—PubMed has created a mobile-friendly interface, **www.ncbi.nlm.nih.gov/m/pubmed**. The site, still in its beta version, allows users to conduct basic searches and limit searches to free articles. You can't yet impose additional limits or use other advanced search features.

❖ **JANE (Journal/Author Name Estimator)** (**www.biosemantics.org/jane**) is, among other things, a publication planner's free tool for selecting the target journal for a manuscript. Paste in the proposed title or abstract (there is an option to automatically scramble the words, for confidentiality), and JANE searches virtually all journals in MEDLINE. The list of results shows the "eigenfactor" (a type of impact factor) for each potentially relevant journal and indicates whether the journal is open access and/or archived in PubMed Central. Using the same method, or a keyword search, you can find relevant articles you might wish to cite, and you can identify the top experts on the subject (for example, if you work for a journal that needs to choose reviewers). After experimenting with JANE, I'd say that while careful follow-up research will be needed, pasting inside the search box is good for thinking outside the box about possible journals. (Tip of the nib: Tom Gegeny)

❖ **Commercial support for accredited continuing medical education (CME)** is now by far the exception, not the rule, according to the Accreditation Council for CME. In 2010, only 20% of the 81,500 activities offered had commercial support, and those activities attracted only about 20% of all physician participants. Almost half of CME providers reported $100,000 or less in commercial support.

❖ **The Digital Health Coalition** (**www.digitalhealthcoali-tion.org**) was launched in June as "a national public forum for the discussion of the current and future issues relevant to digital and electronic marketing of health care products and services," including advertisers' use of social media to interact with patients. The FDA held 2 days of talks on those issues in 2009, promising to release guidelines, but last March it said more studies are needed. Tired of waiting, heavy hitters in the industry—major pharmaceutical companies, advertising agencies, health information companies, even Google—decided to convene roundtables and Webinars and publish white papers. They invite input from a wide range of stakeholders.

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