

AROUND THE CAREER BLOCK

From Public Health to Patient Education

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ABSTRACT

Kelly Henderson, MScPH, defies the conventional path to medical writing with a rich background in journalism, teaching, public health, and humanitarian work. This article delves into Kelly's nonlinear career trajectory, providing insights and tips for individuals in similar circumstances aspiring to venture into medical writing.



EARLY CAREER

Journal (Petrus): *You did not come into the field of medical writing from a “traditional” background—can you tell us a bit about your academic and early professional background?*

Henderson: I actually started my career as a journalist and editor. That experience early in my career provided a good foundation—I know how editing works, how to work with authors, and how to write to deadlines. After a few years of that, I taught English as a second language at universities internationally. Teaching gave me a deeper understanding of how language works, how to communicate effectively, and how to write more simply and concisely to improve comprehension. It was probably my first experience with plain language.

I wanted to fulfill my dream of working in global health, so I took a break from teaching to get a postgraduate certificate in project management for international development and relief. This included a full year's course in program design and proposal development. It was the foundation for my grant writing expertise; I still use a lot of what I learned there today.

After that, I enrolled in the Master of Science in Public Health (MScPH) program at the London School of Hygiene and Tropical Medicine in the UK. While pursuing my MScPH part-time, I got my first humanitarian job working for a medical emergency relief organization at their UK head-

quarters. It was there that I implemented all of that program design and proposal development knowledge. A key part of my role was to write 6- and 7-figure grant applications for emergency primary health care projects in conflict- and disaster-affected countries like Afghanistan, Nepal, Pakistan, and Palestine. When I was transferred to Sub-Saharan Africa to work as a public health project manager, that grant writing work continued, and I took on medical writing work, too. I lived in Francophone Africa, and I was the only native English speaker on the team, so they relied on me to write donor proposals. Aside from the clinical staff, who were not tasked with this work, I was the only one with a public health education. I was relied on to do the collection and interpretation of epidemiological data and make it understandable for donors.

TRANSITIONING TO MEDICAL WRITING

Journal: *How did you translate this experience into a successful medical writing career?*

Henderson: The MScPH gave me a solid understanding of global health issues, familiarity with peer-reviewed journals, and comfort with technical medical terminology and statistics.

My public health work has given me deep insight into how health systems work internationally. It has also provided me with intercultural communication skills. I have conducted research internationally, and that has given me experience writing up and presenting results.

My experience writing grants as part of subsequent project management roles taught me how to write to an audience, interpret requests for proposals (RFPs) and donor motivation, and project-manage massive proposals that have multiple parts and numerous technical contributors. These can include a narrative, logical framework, timeline, and budget. It also taught me about results-based management (a particular method of program design that is common in the international development sector) and how to use that to design projects with an outcomes-first approach, which donors are more likely to fund. I learned a

lot about different donors, from government to foundations to private funders. I learned how to adapt proposals and funding plans to different donor requirements to help get different aspects funded.

Believe it or not, most donor employees and grant reviewers do not have deep medical knowledge; they are not clinicians. I had to write in a way that made sense to them, in a way they understood, in plain language, and in alignment with their values and policies. It is a skill.

Journal: *What are your tips for people who are interested in pursuing medical writing as a career but might not feel like they have the “right” scientific background?*

Henderson: A writer’s job is to make things understandable for the reader. So, if you are a half-decent writer (and people have told you this), you are halfway there. It is simply a matter of applying your skills to the right environment.

- Look at what you already know how to do as a writer, editor, researcher, etc, and start from that point of strength.
- Learn about the different types of medical writing; talk to people doing it and figure out what piques your interest.
- Take a course or two, such as the AMWA courses or courses from schools that teach medical writing, and see what resonates with you.
- Start out freelancing, or subcontracting to another writer, and see how it works for you.
- Talk to agencies and companies in the sectors you want to work in, in the specialties that interest you.
- It may help to take some medical science courses so that you are familiar with the vocabulary and methodology and how research and implementation work.
- Personally, I can only write about topics or ideas that interest me or that have a deeper purpose, such as health promotion or patient education. Otherwise, I wilt and cannot get any writing done. I recognize that, and it drives the kinds of work I pursue. I recommend understanding what drives you as a writer and using it to your advantage.

FROM GRANT WRITING TO PLAIN LANGUAGE SUMMARIES

Journal: *You run The Grant Writing School, where you share your expertise to help people learn how to write better grants and secure grant funding. For medical writers interested specifically in grant writing, what are some of the top skills they need to develop?*

Henderson: That is a great question, and it is something I teach. It is not enough to be a good writer; you also need

all the skills external to the task of writing to be successful at grants:

- How to read and understand RFPs and grant invitations
- How to write concisely, in jargon-free plain language. Not all donors are familiar with medical terminology. However, you can and should use correct terminology if it is a donor who works in that field and has their own level of expertise. It is about knowing the donor and gaining an understanding of how they work.
- How to understand the audience, which is the donors and reviewers, and what they are looking for
- How to build relationships with people at donor agencies; ultimately, you need them to know, understand, and like your project so they can become champions of it. That can make the difference between being funded or not.

Journal: *In addition to grant writing, you have a special interest in plain language summaries and patient-facing materials. How are you finding the transition/expansion from one niche to another after 15+ years of specializing in grants?*

Henderson: It has been a challenge to find my niche and understand where I fit in. I realized I do not like pure science as a writing discipline. Plain language is a better fit, simply because it matches why I got into humanitarian aid and public health in the first place: I believe in health equity. I believe everyone has the right to good health, medical care, and knowledge. I believe in health literacy and that knowledge and information make for better and more informed patient decision-making.

ON A CONTINUOUS JOURNEY

Journal: *Have there been any specific challenges or things that have surprised you on this journey?*

Henderson: I should not be surprised by this, but it is the ongoing “silozation” of writing disciplines, types of writing, and writing outputs. To me, medical writing exists on a continuum: you start at the pure science end, which is crucial as you need to be accurate and specific about the work. This is where you have things like clinical reports or regulatory applications—writing that would be hard to understand without some medical or scientific knowledge and training. Next is the point where information is written to be understood outside the lab and by others with a science and medicine background: peer-reviewed journal articles, marketing materials to clinicians, clinician/pharmacist education, and so on. The final place on the continuum is having the patients, caregivers, and general public understand the

medical science and what it means for their daily lives. This includes general health literacy, where people can read and understand prescription instructions, over-the-counter drug inserts, how to give medications to people they care for, and so forth. It also means being able to understand enough to advocate for yourself because you know your history and understand what language to use to talk about it.

This is a simplistic view, but that is how I think we should view medical writing. It is a continuum of translation, from lab to regulator to clinician to public.

Journal: *You are currently working on a Certificate in Medical Writing and Editing. How important is continuing education for you?*

Henderson: I think continuing education is important, not just to gain new skills, but to refine current ones. In the medical writing and editing course that I took at the

University of Chicago, I learned that my years as an editor had served me well, and I actually remembered quite a lot. It reminded me that I know more than I had given myself credit for and gave me new ways to apply those skills. Education and learning are never wasted. If anything, you will learn more about what you do and do not like.

Journal: *What is next in your medical writing journey?*

Henderson: I am continuing my global health grant writing work. I want to become a plain language medical writer and editor, and continue to advocate for health literacy.

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