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The Art of Asking Questions: How MSLs Can Transform KOL Conversations into Actionable Insights

Survey on Master's Programs for MSLs in Italy: Effectiveness, Opinions, and Improvement Proposals

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Letter from Editor

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Letter from Editor

By Cherie Hyder, PharmD, MSL-BC | Spring 2025

Dear readers,

Last week we celebrated the 6th anniversary of the International MSL Day recognizing all of YOU and the amazing achievements from field MSL engagement and activities that ultimately support patient needs and better care! THANK YOU to each of you for your dedication, energy, efforts and tireless will to make a difference in the lives of all patients waiting for a cure, treatment or improved outcomes!

Do you ever find it challenging to explain to your family and friends what an MSL is, what work they do, and why they do it? The title Medical Science Liaison (or any title that embodies field medical work, as there are so many variations!) means so much more than those three words. To be an MSL, one has already accomplished so much with many years of education, often attaining doctoral level degrees plus work experience from research, academic teaching, and other industry roles prior to joining Medical Affairs, and more than would fit on this page. Yet the real work begins once you join the MSL ranks and take on challenges to support research trials, meeting with opinion leaders and researchers to delve deep into science and move others toward a new understanding of medical conditions such that we can collaborate effectively to bring patients better treatments.

Medical Science Liaisons must be capable of doing so many things; thus their skillsets span a wider range of essential areas, not just scientific expertise! MSLs are viewed as fair and unbiased sources of medical and scientific information by their KOLs and internal stakeholders, cultivating deep trust and elevated respect as well as strong integrity in their relationships. MSLs travel at the “road warrior” level and pace that ensures medical needs are met across their regions which may span an urban area, several states, or even the whole country! Although many MSLs wish for a cloning machine and transporter to manage the extensive level of commitments they have, they somehow manage to make family a priority and maintain healthy friendships, being consummate networkers who have a love of connecting with others.

Next time you get the question about what an MSL does, and even more importantly WHY we do what we do, stand tall and have a proud moment where you share your passion for cutting-edge science, impactful communication, and collaboration that builds consensus and driving science toward meaningful medical value that makes patient lives better each day. Describing who you are with some colorful adjectives that evoke your purpose and passion for what you do will help others around you truly understand what it means to be an MSL!

Thanks for your dedication to this essential and strategic Medical Affairs division of the industry; drug development and successful product launch would not thrive without YOU!

Keep reading and enjoy the new beginnings of Spring as you dive into this rich edition that celebrates the MSL role!

Cheers!

About the author:

Cherie Hyder, PharmD, MSL-BC

The Art of Asking Questions: How MSLs Can Transform KOL Conversations into Actionable Insights

By Samuel Dyer, MD, PhD | Spring 2025

Medical Science Liaisons (MSLs) serve as pivotal links between healthcare companies (i.e., pharma, biotech, medical device, etc.) and Key Opinion Leaders (KOLs), translating scientific conversations into strategic insights. Gathering actionable insights from KOLs has increasingly become a critical activity for MSLs, with many companies measuring the success of their MSL teams partly based on their MSLs effectiveness in this critical activity. The art of asking questions is critical to the success and impact of an MSL. In the following sections, I share observations based on my experience conducting MSL training programs with more than 75 companies across 20 countries, providing practical guidance on enhancing this essential skill. MSLs must develop their questioning skills, aligning them closely with their organization's medical strategy. Improving this skill can significantly increase the strategic impact of MSL teams. Continuous refinement of questioning techniques is essential for long-term professional growth and effectiveness.

Defining an Actionable Insight

Actionable insights are specific, relevant, and practical findings derived from interactions that are directly applicable and aligned with the medical strategy for the product, Key Insight Topics (KITs), or Key Insight Questions (KIQs). These insights facilitate informed decision-making, address unmet medical needs, and improve clinical practices, ultimately improving patient outcomes. Actionable insights differ from general KOL observations because they require specificity and are clearly applicable to the medical strategy. Actionable insights also clearly outline potential actions or strategic responses that the organization can implement to address specific challenges or opportunities.

Alignment with Medical Strategy, KITs, and KIQs

All insights collected by MSLs must be strategically aligned. Before engaging with a KOL, it is essential MSLs clearly understand the organization's medical strategy and if applicable relevant Key Insight Topics (KITs) and/or Key Insight Questions (KIQs). This ensures that each interaction delivers targeted, impactful, and actionable outcomes relevant to organizational objectives. Misalignment or vague understanding of these strategic elements can lead to wasted effort and missed opportunities for significant insights. A clearly defined and communicated medical strategy from Medical Affairs leadership for the product and relevant KITs and KIQs provide a roadmap that guides MSL-KOL engagements, ensuring clarity and precision in insight collection.

The Art and Science of Asking Questions

Effective questioning is both an art and a science (like so many other aspects of the MSL profession), combining thorough preparation, strategy, emotional intelligence, and adaptability. This process involves carefully crafting thoughtful, open-ended questions, actively listening, and adjusting the dialogue dynamically based on KOL responses. The ability to pivot effectively, during a conversation with a KOL, is an advanced skill critical for gaining meaningful insights. Practicing this dynamic approach through role-play (two of the most dreaded words to MSLs) scenarios and feedback-driven exercises helps refine questioning skills and adaptability.

The Importance of Prepared Effective Questions

Successful MSLs approach each engagement armed with a carefully curated list of targeted and relevant questions tailored to the KOL's expertise and interests. Prepared effective questions guide the conversation strategically, ensuring discussions remain productive and aligned with the organization's priorities. In addition, they demonstrate professionalism and respect for the KOL's time, enhancing the likelihood of meaningful and insightful interactions. Prepared effective questions also help MSLs remain focused and organized, especially during complex or challenging interactions. Regularly updating and refining these questions based on previous interactions ensures continued relevance and efficacy. Table 1, provides some examples of both ineffective and effective question examples.

Table 1. **Ineffective vs. Effective Questions**

Ineffective Question Example	Effective Question Example
"Do you find the data interesting?"	"How do you see the recent clinical data impacting patient management in your practice?"

“Anything new in ___(disease state)?”	“What recent developments in ___(disease state) do you think will significantly impact patient outcomes?”
“Is adherence still an issue?”	“What specific challenges have you observed regarding patient adherence, and what strategies have you found effective?”
“Do you think other physicians will prescribe this drug?”	“Based on your experience, what might influence clinicians to consider this treatment option for their patients?”
“Was this study helpful?”	“In what ways do you think the findings from this study could impact clinical decision-making or patient care?”

Building on these examples, it is essential for MSLs to have a structured approach that guides them in formulating and adapting their questions during KOL engagements. Table 2 provides an example of an effective questioning process matrix, outlining a clear framework for developing strategically aligned questions that encourage meaningful discussions with KOLs to uncover actionable insights.

Table 2. **Effective Questioning Process Matrix**

Step	**Objective**	**Example**
Preparation	Align questions with KITs/KIQs and the medical strategy	“How do you see emerging treatments impacting your practice and the challenges your patients face?”
Rapport Building	Establish trust and authenticity	“Given your expertise, I’m particularly interested in your perspective on patient adherence challenges.”
Strategic Alignment	Focus dialogue on strategic objectives	“Considering our shared goal to improve patient outcomes, how can our resources best support your clinical challenges?”
Active Listening & Adaptation	Dynamically respond to KOL input	“You mentioned a gap in patient education: what specific interventions could address this effectively?”
Insight Confirmation	Clarify and deepen understanding	“To ensure clarity, you’re suggesting that enhanced training materials might help address current knowledge gaps among clinicians?”

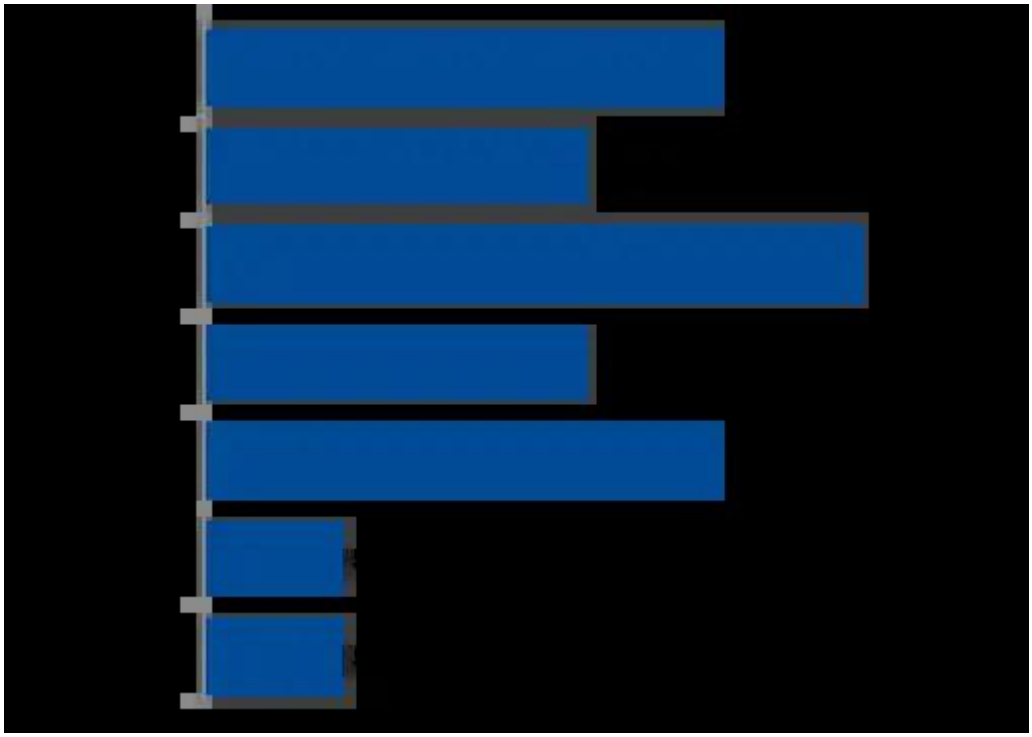
Leading with Emotional Intelligence and Authenticity

Emotional intelligence and authenticity are essential elements in successful insight-gathering. When MSLs approach KOL conversations with genuine curiosity and empathy, they establish a foundation of trust and mutual respect. Authenticity communicates that the MSL values the KOL’s expertise, perspectives, and patient advocacy efforts. KOLs are more inclined to share valuable insights openly when they sense sincerity and genuine intent from the MSL. Conversely, superficial or transactional questioning can limit openness and result in superficial interactions lacking strategic depth. Furthermore, demonstrating authenticity helps build lasting relationships with KOLs, fostering long-term engagement and collaboration. Emotional intelligence enhances the MSL’s ability to recognize subtle cues, further deepening the quality of interactions and insights.

Realistic Expectations and Preparation

While actionable insights are the goal, it is important to recognize that gaining such insights during every engagement is unrealistic. According to a global survey, the majority of MSLs gather actionable insights in less than one-third of engagements with KOLs.(Table 3). MSLs should be prepared for every KOL engagement and ensure conversations are strategically aligned, but realistically expect that not all conversations will result in gathering actionable insight. Preparation ensures that when the opportunity arises, the MSL is well-equipped to capitalize on the moment effectively. This realistic approach reduces potential frustration and encourages a consistent, methodical approach to engagement. It also allows for meaningful reflection and continuous improvement after each interaction.

Table 3. **On average, what percentage of the time do you (or each of the MSLs on your team) obtain an actionable insight during a typical KOL engagement (in-person or virtual)?**



MSL Society. (2024). *Gathering Actionable Insights: Global survey of MSLs, Sr. MSLs, and Medical Advisors (or equivalent titles) (n = 344)* [Survey data].

Common Challenges and Solutions

The most common challenges that I have observed related to gathering actionable insights include asking superficial or closed-ended questions, insufficient probing on important responses, and poor strategic alignment. To address these, MSLs should prioritize developing effective, open-ended questions that are aligned with strategic goals (see examples in Table 1). They should also consistently practice deeper probing techniques, asking follow-up questions like, “Could you elaborate further?” or “Can you provide a specific example of this challenge?” Furthermore, MSLs should regularly review their questioning strategies in relation to the KITs and KIQs to ensure strategic alignment. Dedicated training sessions focusing on specific questioning techniques and regular review of past engagements can significantly mitigate these common challenges. Utilizing structured templates or checklists during preparation can ensure strategic and effective questioning. In addition, working with leadership and fellow MSLs to review and refine questions ensures they align with the medical strategy for the product they support, as well as relevant KITs and KIQs. This collaborative approach strengthens consistency across the team and ensures insights gathered are highly relevant and strategically impactful.

Conclusion

Effective questioning is foundational to the MSL role. Combining structured preparation, strategic alignment to the medical strategy for the product, KITs and KIQs, emotional intelligence, authenticity, and dynamic conversation management empowers MSLs to elevate the value and impact of insights gathered during KOL engagements. By effectively applying strategic questioning, MSLs can impact the medical strategy for the product they support, build value-added relationships with KOLs, and contribute to organizational efforts aimed at ultimately improving patient outcomes.

About the author:

Samuel Dyer, MD, PhD

Dr. Samuel Dyer is the CEO of the Medical Science Liaison Society and has over 25 years of international MSL experience. During his career, he has managed MSL teams and operations in over sixty countries across the United States, Canada, Europe, Africa, the Middle East, Australia, and New Zealand. He has facilitated the successful launch of pharmaceutical and medical device products for both Fortune 500 pharmaceutical companies and small biotechnology companies.

Dr. Dyer has coached, interviewed, and reviewed the CVs of countless aspiring MSLs. His insights and guidance have resulted in hundreds of aspiring MSLs successfully breaking into their first roles.

While leading the MSL Society, he has conducted MSL training programs for over 75 pharmaceutical, biotechnology, and medical device companies in more than 15 countries. Dr. Dyer has also written extensively on the Medical Science Liaison profession, including numerous published articles, benchmark studies, and reports. He has been the keynote speaker and moderated numerous international conferences on various MSL–related topics, including creating teams, management, MSL training, proper utilization of MSLs, global trends, and the KPIs and metrics used to measure MSL performance. Dr. Dyer has also served as a resource and consultant on several MSL–related projects for several organizations, including McKinsey & Company and Bain & Company.

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2024 MSL of the Year Awards: Perspectives From Winners

By Samuel Dyer, MD, PhD | Spring 2025

The 2024 MSL of the Year Awards, held during the 12th Annual MSL Society Conference in Miami (September 3-5, 2024), celebrated excellence in field Medical Affairs on a global scale. The awards are open to all MSLs and MSL Managers worldwide and recognize outstanding contributions across eight categories, including MSL of the Year, MSL Rookie of the Year, and MSL Manager of the Year both in the USA and internationally.

Last year, 28 finalists from 12 countries were honored, and the winners in each category were announced during the Awards Night Celebration during the conference. The rigorous selection process was led by an independent panel of 11 experienced MSL leaders from the pharmaceutical, biotechnology, and medical device industries who served as judges. Each nominee submitted four letters of recommendation from key stakeholders (KOLs and managers), and each judge assessed applications based on structured evaluation criteria. To ensure fairness, all scoring was blinded, and winners remained unknown until the official announcement during the Awards Night Celebration.

Following the event, we spoke with several winners about what the recognition meant to them, their journey to success, and advice to others including:

Lynell D'Sylva
Senior Director, Clinical Trial Ambassadors, North America and Latin America
Syneos Health
MSL Manager of the Year (USA)

Rebecca Fleeman Bechtel
Medical Science Liaison
Teva Pharmaceuticals
MSL Rookie of the Year (USA)

Syeda Quratulain
Medical Science Liaison
Getz Pharma
MSL Rookie of the Year (Outside the USA)

Gerard Sheehan
Global Medical Affairs Director
Sarepta Therapeutics
MSL of the Year (Outside the USA)

Carmelina Rossi
Head of Medical Therapeutical CARE, Italy Medical Affairs
Chiesi
MSL Manager of the Year (Outside the USA)

Why did you enter the competition?

Lynell D'Sylva: I entered the competition because I believe in the importance of recognizing the contributions of MSLs, not only to advance my own career but also to bring attention to the vital role we play in bridging science and clinical practice. Participating in this competition was also an opportunity to reflect on what my team and I have achieved, and share our journey to inspire others in the field.

What were your first thoughts after you heard you won the award?

Rebecca Fleeman Bechtel: I was thrilled to hear my name called for the MSL Rookie of the Year award! I am so passionate about my role as an MSL, and I am grateful to be surrounded by a supportive team and encouraging manager who has given me the tools to make a difference in healthcare. Winning the award felt validating for the long hours I have put in over the past 1.5 years to provide the most value to HCPs in neurology, and overall I am just so grateful!

Syeda Quratulain: Unbelievable, I never thought that I would win and it just surprised me. I was really happy as the announcement came when I was not feeling well. But after this, I got a new sense of hope that everything will get well. I was so thankful to the society members and panel of judges for selecting me as a winner.

Gerard Sheehan: In the wise words of my PhD supervisor Professor Kevin Kavanagh "if you're not in, you can't win". This is the line he would recite before we pressed submit on a travel grant or request for research funding. Admittedly although I was in, I

did NOT expect I would win. The other nominees were all beyond top-tier and from every corner of our planet. Then there's me from a small town in Ireland. I am immensely proud and thankful to be recognised.

Carmelina Rossi: This was simply fantastic! I was so proud for winning this award! I wrote everyone and thanked Chiesi Italy, Chiesi Group and everyone who supported me along the way. This recognition is the first-ever in Chiesi at Global level!!!

What does receiving this award mean to you personally and professionally?

Rebecca Fleeman Bechtel: Winning the MSL Rookie of the Year award professionally has allowed me to meet so many new people. I have learned so much from other medical affairs professionals and I am grateful that this award has given me the visibility to meet more of these super intelligent, kind, and motivated individuals. Personally, winning this award makes my efforts in the field feel truly recognized. I am so appreciative that the MSL Society created these awards because it helps medical affairs professionals excel together and be recognized for all their hard work.

Syeda Quratulain: It's my first ever professional recognition that too from a Global platform. I went through so many hardships to complete my education and to land this job, this award not only empowered me but encouraged me that if you're good you will get recognized. This will forever be the most important and memorable award I will ever have.

Gerard Sheehan: It really is lovely to be recognized for my contributions as an MSL but also to the field. The award validates our teams' efforts in rare diseases. For sure this was a team effort and I believe every single MSL on our Medical Affairs team deserves this award.

Lynell D'Sylva: Winning this award has been incredibly meaningful, both personally and professionally. It validates the hard work, dedication, and passion I've put into growing and supporting my team. This recognition also highlights the impact that MSLs can make in the broader pharmaceutical and healthcare landscape. It's an honor to be acknowledged by peers and leaders in the field, and it motivates me to continue pushing boundaries and advocating for the role of MSLs.

Carmelina Rossi: It was a great pleasure personally and professionally because the recognition is a sign of my hard work and dedication in all the activities helping to ensure that the MSL's role in the medical affairs is recognized, strategic, and valuable!

How do these awards benefit the MSL community?

Lynell D'Sylva: These awards bring visibility to the critical work that MSLs do, which can sometimes be underappreciated. They showcase excellence, innovation, and leadership in our profession, providing a benchmark for others to aspire to. Furthermore, they encourage continuous improvement and foster a sense of community, where we can learn from each other and grow together as a field.

Do you have any advice for your colleagues/peers?

Rebecca Fleeman Bechtel: My advice to colleagues is to learn something from everyone you meet. Take the time to speak up in internal meetings and to introduce yourself to strangers at conferences. With so many virtual calls these days, there can be a lack of initiative to participate. Be the person with your camera on, fully engaged and asking questions. In a world where everyone is on their phone when they don't know someone at an event, break the silence and get people engaged. Typically everyone is friendly, you just have to have the courage to talk first! You never know who you are sitting next to and what you may learn from them.

Syeda Quratulain: Keep working hard and doing better regardless if no one is appreciating you. If you are good and you are doing your work honestly and excelling in it trust me good things will come your way!

Gerard Sheehan: Keep doing what you're doing. Most people transition into an MSL position because they love science and want to be closer to patients – to feel the difference we can make. Although rewarding, the position can be difficult, continue to learn and realise why you wanted to become an MSL in the first place. I think personal and professional development is important too. Outside of your therapeutic area, we can all present data better, we could all brush up on our stats and health economics. Find that one area you love and run with it.

Lynell D'Sylva: My advice is to always focus on building strong, authentic relationships with the healthcare professionals you work with and your team. Be curious, never stop learning, and always keep the patient at the center of everything you do. Flexibility and adaptability are also key—our role evolves constantly, and those who succeed are the ones who can pivot and thrive in changing environments. Lastly, don't underestimate the power of collaboration; we're stronger when we work together.

Carmelina Rossi: My advice is to be proud for working in the medical affairs, to continue to work with passion and dedication,

and to face new challenges and changes in order to develop expertise, efficiency, visibility, for better contributing to write a big story of strategic and cross functional work.

What do you think are some of the keys to being successful within the MSL profession?

Lynell D'Sylva: Success in the MSL profession comes from a combination of scientific expertise, excellent communication skills, and the ability to build trust with healthcare professionals. It's essential to be a good listener and to understand the needs of your audience, whether you're engaging with key opinion leaders, clinical trial teams, or internal stakeholders. A strategic mindset is also important—knowing how to prioritize and execute effectively can make all the difference. Finally, resilience and passion are critical. This field can be challenging, but it's also incredibly rewarding when you see the impact of your work on patient outcomes.

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The Value of Networking: Fresh Perspectives and Seasoned Insights

By Rebecca Fontaine | Spring 2025

Introduction

Any career advice you give or receive is sure to include a conversation on the importance of networking. For many, especially early on in your career, this can seem intimidating, but there is a reason everyone always encourages expanding your network. The values that networking can bring are endless. This may be a connection that helps you land your next job, start a collaboration, become a part of your support system and mentor team, or help build new skills. Our connection, made recently at the MSL Society Annual Conference, is just one example of that. We’ve come together to discuss networking from two perspectives: Rebecca (Becca), a PhD candidate and aspiring MSL; and Maria, an experienced MSL manager and MSL society board member.

Especially heading into a conference where you do not know a single person, networking can be intimidating. But remember you are there to learn as much as possible, and networking is sometimes the only way to gather some of the best insights. What is the worst that could happen? Just introduce yourself. The rest will build from there. If it clicks, it clicks; but if not, continue to introduce yourself. You never know who you are going to meet, and sometimes the most unexpected introductions become the most valuable. All of this may sound like a lot of work, but you get what you put in. Building your network will also build confidence, and the more you do it, the more comfortable you will be.

Although you should always be prepared when you know networking will be a focus, also be open to networking in unexpected ways and meeting anyone at any time. We have both made connections that led to new opportunities, new ideas, and friendships just through everyday life. You never know who you will run into at the grocery store, your library, or local events. At the end of the day, just being a kind person will take you far.

Becca’s Perspective

Early on, Becca understood the power of networking. Being from a small town, Becca took advantage of every opportunity she came upon, and these connections became some of her most valuable. One example of this was while she was working at her local library during her undergraduate studies. Through talking with a patron about what they did for work and her career goals, she was offered an internship she would never have come across otherwise. Being open to following interests and opportunities has led Becca to diverse experience in clinical laboratories, forensic science, terrorism, newborn screening, and osteoporosis.

Even while just visiting family, Becca has found unexpected but valuable connections. One example of this was highlighted while visiting her parents and one of her dad’s clients stopped by. Her dad was logging for someone who had a long-standing career at a large pharmaceutical company. Being open to just chatting and talking about life led to receiving a handwritten letter in the mail shortly after with potential opportunities if they were of interest. One of Becca’s key assets has become understanding people from all walks of life and working to understand and appreciate all points of view.

Understanding that you truly never know what you will get out of an experience or connection is one of the most important aspects of career development. Becca has incorporated this into her approach to networking and actively found that valuing personal connections and finding those who truly support you is the best way to further your career.

Building a network of people who are your biggest supporters will not only make day-to-day life more enjoyable but also connect you to people that you may not have met otherwise. When starting to explore the MSL role, Becca’s committee chair was more than willing to connect her to an MSL. After meeting and learning more about the position, Becca understood that it would take talking to several MSLs to truly understand the role. By seeking out guidance from another MSL previously involved in a webinar that sparked Becca’s interest in a career as an MSL, she knew she wanted to keep developing and attended the MSL Society

Conference. Several meaningful connections were made, some of the most valuable being made by following up, being open to meeting anyone, and just building relationships naturally.

Maria's Perspective

As a former Senior Manager, Maria continues to network and cultivate both new and existing relationships, understanding that the outcome of effective networking is much more than just expanding a contact list—it's about building meaningful, lasting connections. From her days as an MSL, Maria realized that one of her key strengths was relationship building. She began by actively listening to those she met, seeking to understand them beyond just their professional roles. By engaging in thoughtful conversations and taking mental notes on unique details about each person, she laid the groundwork for connections that were personal and memorable for both parties.

Rather than approaching networking to gain something immediately, Maria's focus has always been on building authentic relationships that transcend transactional needs. A follow-up message on LinkedIn or a thoughtful note after a meeting—genuinely expressing the impression someone made on her—became part of her natural process. This genuine approach sets the foundation for relationships that last a lifetime, with no expectation of reciprocity.

In the pharmaceutical and medical industries, where professionals often cross paths over the years, these authentic connections can lead to unexpected opportunities. A recent example highlights the strength of these enduring relationships. Maria attended a conference alongside a long-time friend she had met back in 2018 at a Women's Summit. This friend invited Maria to another conference where Maria was able to reconnect with a Key Opinion Leader (KOL) she hadn't seen in over six years. The KOL not only remembered her but also recalled the hospital tour and lab visit they shared years ago. They spoke about their former colleagues and discussed ways to continue their collaboration, deepening the connection even further.

This kind of networking demonstrates how investing in relationships with sincerity and thoughtfulness can create valuable, long-lasting professional connections. It is about cherishing the relationships you build because you never know when they will become significant again—and more importantly, the bond you form can turn into something more meaningful over time.

How Maria and Becca Met

Networking can spark a meaningful relationship which happened at the recent MSL Society Conference in Miami, FL. Maria and Becca's meeting and exchange went far beyond the typical conference small talk. They discussed career paths, shared personal and professional experiences, and found common ground in their passion for the field. What began as a casual, thoughtful conversation at the conference quickly grew into something more substantial.

What made Becca stand out?

From the very beginning, Becca displayed an authenticity that immediately resonated with Maria. She didn't approach the conversation with any expectations or requests but was genuinely interested in learning from Maria sincerely and thoughtfully. Maria noticed this rare quality—someone who sought a connection based on shared interests rather than transactional benefits. This authenticity made Becca memorable, and Maria reciprocated with equal sincerity. The instant connection they shared was uncommon, but Maria felt it was because they mirrored each other's approach to building relationships.

Becca followed up with Maria afterward, sending her a thoughtful message that transformed their initial conversation into a lively and engaging dialogue. A collaborative effort that culminated in this article they co-authored and published together—an accomplishment born from mutual respect and shared enthusiasm.

This example perfectly illustrates what networking and the start of building relationships can lead to. Casual encounters, like the one at the conference, can evolve into valuable connections and meaningful partnerships. Becca's persistence, authenticity, and willingness to learn left a lasting impression on Maria, leading to a successful collaboration. It underscores the power of being genuine, thoughtful, and proactive in nurturing relationships—often, these are the connections that yield the most rewarding and unexpected professional opportunities and sometimes even long-lasting partnerships.

Key takeaways for building meaningful connections

1. **Be Genuine and Authentic**

When networking, focus on building real connections without expecting anything in return. People expect you to be you, whether you are chatting in a small group, up on stage, or one-on-one. Authenticity creates a lasting impression and fosters trust, which is the foundation of strong professional relationships.

2. **Follow Up Thoughtfully**

After meeting someone, take the time to send a personalized message. Be prompt in sending a follow-up message. Humor, sincerity, or a thoughtful reflection on your conversation can go a long way in reigniting the connection and showing that you value the relationship. Express gratitude. People's time is valuable, and respecting their time will continue to make a good impression.

3. **Find Common Ground**

Meaningful conversations go beyond small talk. Take the opportunity to discuss shared interests, goals, and passions. This helps to build rapport and lays the groundwork for future collaborations. Finding mutual connections and shared experiences can boost trust and strengthen the relationship.

4. **Nurture the Relationship**

Relationships don't end after the first conversation. Stay engaged and follow-up periodically. Ongoing conversations will help develop your relationships. Update your network on professional achievements and ensure they have your current contact information. Even casual encounters can evolve into lasting professional partnerships with time and effort.

How you can build relationships by networking

Here are five key steps to leverage networking for both fresh perspectives and seasoned insights (Figure 1):

1. **Diversify Your Network**

Engage with individuals from different industries, roles, and experience levels. A diverse network exposes you to a range of perspectives, from fresh ideas to seasoned wisdom, helping you stay innovative while also learning from proven strategies.

2. **Cultivate Genuine Relationships**

Networking is not just about collecting contacts but also about building meaningful, reciprocal relationships. Networking should also not be approached as an information grab. It's okay if you don't ask every single question you may have. That is why you build your network: to have connections you can reach out to. The most successful networking is when the relationships you build continue to develop after the event. Offer value to your connections through advice, support, or collaboration.

3. **Stay Open to Learning**

Approach each interaction with a learning mindset. Whether you're speaking to someone new in their career or a seasoned expert, everyone has valuable insights. Many times, leveraging your network can be the only way to find out some information, including insights on company values and culture. Stay curious and ask thoughtful questions to gain a well-rounded understanding.

4. **Seek Out Mentors and Mentees**

Find mentors who can offer seasoned advice and guidance based on their experience. At the same time, I act as a mentor to others who may offer fresh, innovative perspectives. This two-way learning keeps you both grounded and forward-thinking.

5. **Leverage Technology and In-Person Opportunities**

Use both digital platforms (like LinkedIn) and in-person events (conferences, workshops) to expand your network. Virtual spaces can provide quick, global connections, while in-person interactions often lead to deeper, more authentic relationships. Balancing both avenues gives you access to a broader pool of knowledge and insights.

Conclusion

Building relationships through networking begins with authentic, meaningful interactions. Instead of focusing on what you can gain, prioritize building trust and rapport by showing genuine interest in the other person. Actively listen, ask thoughtful questions, and identify common ground based on shared values or experiences.

After your initial meeting, follow up with a personalized message that continues the conversation, demonstrating that you value the connection. Over time, nurture the relationship by staying engaged, offering support, or suggesting collaboration without expecting anything in return. This approach transforms networking into lasting, meaningful relationships that can lead to new opportunities and mutual growth.

To build lasting professional relationships, it's important to be genuine, thoughtful, kind, proactive, and committed to maintaining connections. By consistently investing in diverse relationships and staying open to learning and mentoring, you can leverage networking to gain fresh perspectives and benefit from experienced professionals, ultimately driving personal and professional development.

About the authors:

Maria Abunto, MD, MPH

Dr. Maria Abunto's career integrates medical expertise with a profound commitment to public health. She began her journey by earning an MD from the University of the East, followed by an MPH, magna cum laude, from the University of Pittsburgh School of Public Health. She completed an Executive MBA at the Katz Graduate School of Business, graduating with high scholastic achievement and induction into the Beta Gamma Sigma International Business Honors Society, distinguishing her as one of the top 20% of her class.

Her professional path spans diverse roles that have enriched her understanding of healthcare's intersection with technology and innovation. As an Epidemiologist at the National Institutes of Health, Dr. Abunto collaborated with the National Cancer Institute on pioneering cancer research, which sparked her passion for bridging the gap between research and its real-world application.

As a senior medical affairs manager, Dr. Abunto led a dynamic team, drawing on her experience in the diagnostic and medical device sectors. Her leadership was recognized in 2021 when she received the Medical Affairs Award of Excellence from Exact Sciences and the prestigious Medical Science Liaison of the Year honor from the MSL Society, a testament to her dedication and impact in the field.

Additionally, Dr. Abunto serves on the Advisory Board and as an onboarding trainer with the MSL Society. In this role, she mentors aspiring and current professionals shares her expertise and cultivates the development of future leaders in Medical Affairs. Her mentorship approach is rooted in her belief that knowledge-sharing drives healthcare innovation.

In 2024, Dr. Abunto's contributions to public health were further acknowledged when she was awarded the Margaret F. Gloninger Service Award as an alumna from the University of Pittsburgh. This honor celebrates her decade-long dedication to community service. It recognizes her relentless efforts in organizing public health initiatives, from blood pressure screenings to spearheading COVID-19 vaccination clinics at local barbershops and salons in underserved communities. Her commitment to community health remains a driving force in her career.

In every endeavor she undertakes throughout her career, Dr. Abunto remains focused on a singular goal: to make meaningful contributions to the evolving healthcare landscape by advancing scientific understanding and improving patient outcomes.

Rebecca (Peters) Fontaine

Rebecca holds a BS in Forensic Science and BS in Biology, magna cum laude from the University of New Haven. She is currently a PhD Candidate in the Graduate School for Biomedical Science and Engineering (GSBSE) at the University of Maine. Her research at the MaineHealth Institute for Research (MHIR) focuses on understanding the role of the sympathetic nervous system in bone remodeling, specifically through beta-adrenergic signaling in osteoclasts.

Being from a small town, Becca has taken advantage of every opportunity to gain scientific experience, leading to her diverse background and panning experience in spaces including clinical laboratories, forensic science, newborn screening, terrorism, and osteoporosis. Within every role, she prioritizes improving human life. Becca's first-hand experience as a patient allows her to approach the advancement of science and healthcare with an understanding of the patient's perspective and diverse backgrounds, including those from rural areas.
Throughout her time at the Newborn Screening Translational Research Network, Becca worked on several projects and collaborated with outside researchers, clinicians, and newborn screening programs. She has carried the value of collaboration

and outside perspective to her PhD studies, collaborating with experts in pharmacology, statistics, and AI to improve the reach and translational value of her research.

During her graduate studies, Becca has been involved in supporting trainee and institutional development. Becca has held several roles through both her graduate program and at MHIR. These include being on the GSBSE student executive committee and a trainee liaison through the student and postdoctoral association at MHIR, advocating for trainees and improving programming.
Being fortunate to have strong, supportive mentors throughout her own career, Becca has sought out development as a mentor. She has mentored an undergraduate student and stays involved in volunteer activities. By volunteering at ME Bioscience Day and BioME Career Exploration events, Becca has had the opportunity to inspire kids to consider a career in science. Through the American Society of Bone and Mineral Research, Becca also volunteered during Capitol Hill Day, helping to voice the need for fracture liaison services to be covered.
Becca will finish her PhD in 2025. She hopes to bring her passion for improving patient outcomes and eagerness to learn to her next role. She aspires to become an MSL to connect healthcare professionals to medical solutions to positively impact patient lives.

Navigating Career Transitions: Sales to Medical Science Liaison in the Middle East

By Amir Boshra | Spring 2025

The transition from being part of a commercial team working in the sales-related function to the role of Medical Science Liaison (MSL) does not come without challenges. In the Middle East region, such a shift in careers is increasingly common in both local and international pharmaceutical companies. An educational background in pharmacy, science, and medicine is standard to join the workforce of these companies in this region. This article aims to share our experiences in the onboarding process of newly hired MSLs, establishing key performance indicators (KPIs), and closely monitoring their progress during the initial stages of this transition.

For the past 3 years we identified certain challenges, that sparked the need to create a framework, these challenges were:

- The lack of proper assessment for selecting the MSL candidates:

There were no standardized assessment materials to ensure a fair selection process to eliminate the bias, and provide objective outcomes.

- Mind shift:

The transition from working in the sales-related function to medical affairs proved to be of challenge to some, which needed interference to decrease the load of confusion as well as manage the expectations of involved stockholders.

- KPIs for MSLs

One of the challenges we encountered was the contrast between sales-related functions, where KPIs are directly tied to sales achievements and market share, and the medical affairs field, where the absence of concrete KPIs made performance monitoring more complex.

From our experience, we found that what makes the transition phase easier is to focus on the pain points mentioned and create an in-house system to address these challenges. We recognized that it is a learning journey for us, so self-monitoring and fostering a learning safe environment were essential to harvest our efforts' seeds later.

1- Selection is key

Selecting the right candidate who can work as MSL is of paramount importance, those who have aspirations to join the medical affairs function would be the most appropriate, which can be visible through their work style, and personal development trajectory. We established an assessment based on real situations encountered in usual daily work, to assess how candidates will behave, and give them the opportunity to explain their rationale. add to assess their presentation, interaction skills, and ability

to articulate their understanding of scientific materials.

2- Manage expectations

We observed that when an MSL joins, there is shock from the amount of training materials, and internal policy documents that need reading, and a state of confusion about what's needed exactly from the role. We made sure to give the newly joined members time to read and digest the policy's reading materials. We provided an environment of assistance and assurance while setting practical expectations.

3- KPIs setting

We tried to choose a set of KPIs that can reflect part of MSL effort in face-to-face and remote (online meetings) HCPs interactions such as:

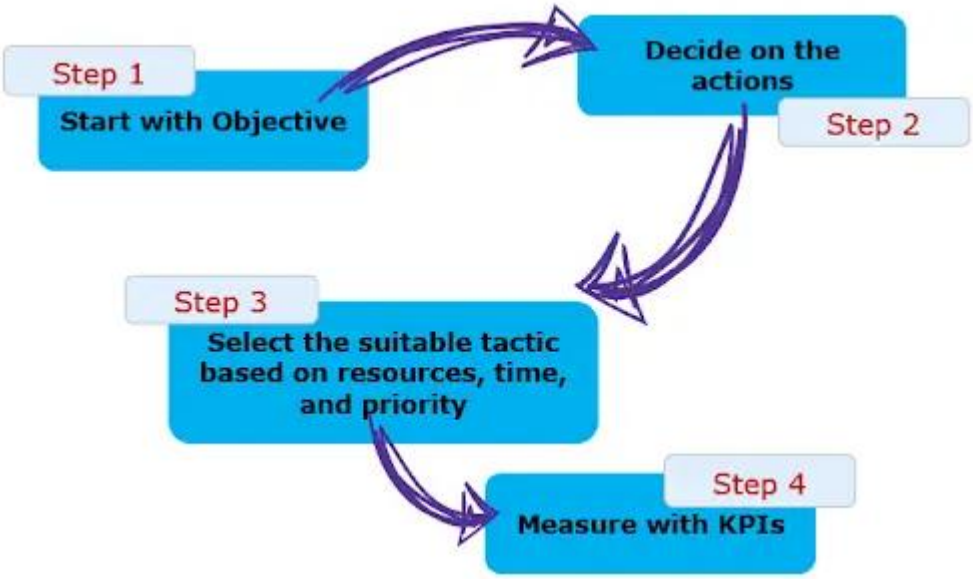
- Time spent in the field: captured by reporting the interactions with HCP either in clinics, online meetings, and during scientific congresses.
- Coverage: the percentage of HCPs interacted with of the total list of HCPs
- Frequency: the number of interactions with the same HCP in a certain predefined period
- Time spent on projects: defined as time consumed in preparing slides, and materials.
- Time spent in training other colleagues.
- Office/admin time: defined as the time spent in the office for internal meetings.

After deliberate discussion and benchmarking, we reached a set of targets that can reasonably reflect the effort. Such target figures are flexible to accommodate the business model we operate. In our case, the MSL is responsible for multiple countries, which requires cross-border traveling, while the number of HCPs is not high due to the small population.

4- Start with end in mind

we encouraged and implemented thinking methodology of executing tactics. The model was very simple yet effective as in the table below. We need to start with the end in mind, once this is agreed upon, selecting the right tactic is decided accordingly. In the example we share: a competitor's data was presented at an international congress, which can change the treatment guidelines in certain disease areas, with such consequences, we decided that

- Objective to be: obtain a clear picture of the local adoption of new data presented from Key thought leaders in a specific country/ region.
- Action was to collect actional insights from top key thought leaders to understand their perception of the new data
- Tactic: conduct MSL face-to-face survey to collect the insight among top 15 KTLs
- KPI: number of responses vs. invitation, number of insights, and quality of information to measure the performance.



5- Close coaching

The mind shift in creating an MSL narrative during the interaction with HCPs which is different from the typical sales focus visits, can be a challenge if close coaching is not established during the early weeks of on-boarding. This coaching and continuous feedback loop can shorten the transition period. In our experience, we were committed to offering this support by:

- Being present in the face-to-face HCP clinic visits.
- Provide feedback on the quality of the narrative and handling the different situations.
- Answering the questions as soon as they arise to lessen the confusion.
- Set periodic MSL excellence meetings to review the KPI's status and monitor performance.
- Share best practices that can enrich the experience.

Conclusion

In our experience of the last 3 years, we found this methodology provided a structured onboarding approach, clarity of expectations, and a monitoring system that can be easily interpreted. This does not mean it comes with no limitations. The number can indicate a fraction of the total picture, yet there is still an important factor to consider. We strongly believe that the quality of scientific communication is the edge that makes the MSL role impactful and differentiating. We sincerely hope that our approach will be helpful to other colleagues in the industry.

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Survey on Master's Programs for MSLs in Italy: Effectiveness, Opinions, and Improvement Proposals

By Viviana Anelli, PhD | Spring 2025

The Medical Science Liaison (MSL) role has become crucial in pharmaceutical companies, bridging scientific research and clinical practice. Landing a first role as an MSL is not always easy, as many job postings require prior experience in the position. Pursuing specialized training focused on the MSL role and Medical Affairs can be a way to enhance one's CV and make it more appealing to recruiters. The question is: Do these specialized courses truly provide all the tools necessary for a professional to secure their first MSL position? This survey analyzed the effectiveness and perception of MSL master's programs in Italy.

The anonymous survey involved 28 participants, primarily from backgrounds in Biology, Biotechnology, and Pharmaceutical Chemistry and Technology (CTF), who completed an MSL master's program after their undergraduate or doctoral studies. Among the participants, 46.4% hold a doctorate, with 32.1% earned in Italy and 14.3% abroad.

The majority of participants (85.8%) were satisfied or partially satisfied (39.3% and 46.4%, respectively) with the master's program they attended, while only a tiny percentage, 14.2%, found it unsatisfactory. Many respondents appreciated the quality of the instructors and networking opportunities. However, the lack of industry internships was noted, suggesting the need for a more practical, operations-oriented approach to the role. Only 46.4% of respondents reported receiving practical support for CV preparation and job searching after completing the master's program. Additionally, 53.6% highlighted the absence of structured assistance during the transition to the job market. Participants identified this as a significant shortcoming and expressed a desire for more targeted support in securing their first job. Table 1 outlines the main Pros and Cons noted by those who attended the master's programs.

In response to the question about obtaining an MSL position after the master's program, 57.1% of participants answered positively, with an additional 3.6% currently in the selection process. A notable finding is that 64.7% of those who secured MSL positions hold a doctorate, compared to 35.3% among those without one. Moreover, 81.8% of those who have not yet obtained an MSL position do not have a doctorate (Figure 1). These results suggest that a doctorate, combined with a specific master's program, can significantly increase the chances of success in Medical Affairs. Additionally, a follow-up poll conducted on LinkedIn within the *MSL Networking Group Italy* revealed that 67% of the survey participants (8 out of 12 respondents) took a year or more to secure a position as an MSL.

Finally, survey participants highlighted that, in addition to MSL master's programs, building a solid professional network is

essential, facilitating access to meaningful opportunities and relationships in the sector. They also consider proactivity and adaptability essential. Critical skills include communication abilities, crucial for interacting with clinicians and KOLs, and a solid scientific background supported by practical experiences like internships or roles in company departments (e.g., ISF, CRA). Many participants also emphasized the importance of soft skills such as emotional intelligence, flexibility, teamwork, and a constant desire to learn, all deemed crucial for entering and thriving in Medical Affairs.

In conclusion, MSL master's programs represent a valuable resource for acquiring technical skills and building a professional network, which is essential for entry into Medical Affairs. However, survey participants highlighted program shortcomings, including the lack of structured support for job placement and internships that provide practical field experience. Alongside training, participants consider personal qualities such as proactivity, adaptability, and soft skills essential, as well as a solid scientific foundation and communication skills for interacting with clinicians and KOLs. Securing a first MSL position is rarely immediate after completing a master's program. Most aspiring MSLs take a year or more to land their first role. Persistence is key: don't get discouraged, and consistently submit job applications every day!

Notably, while a doctorate combined with a master's program increases success opportunities, about a third of participants without a doctorate have still managed to secure an MSL position at the time of this survey. This suggests that master's programs can help individuals without a doctorate secure their first MSL role. Introducing internships or training opportunities within pharmaceutical companies could further increase this success rate.

PROS	CONS
1-Qualified and Competent Instructors: Participants praised the high level of instructors, many of whom are industry professionals or managerial figures with relevant experience, making the lessons engaging and well-structured.	**1-Lack of Internships or Guaranteed Placement:** The most common limitation is the need for more structured support in finding an internship or employment. Many participants wished for a more practical path to facilitate entry into the industry.
2-Networking Opportunities: A professional network of pharmaceutical company executives was appreciated as an opportunity to connect with industry professionals.	**2-High Cost:** Several programs are considered too expensive compared to the benefits offered. The price seems disproportionate for those seeking an introduction or practical in-depth study.
3-Flexible and Accessible Structure: Many courses are organized in weekend or online formats, catering to the needs of working individuals and providing a good overview of various corporate functions.	**3-General and Not Very Practical Content:** Courses are often described as too theoretical, offering a generic overview rather than focusing on specific practical skills, such as Medical Affairs. This limitation is particularly noted by those already working in the sector.
4-Overview of the Pharmaceutical Industry: Some courses provide a general informational foundation and introduce cross-functional roles, offering a comprehensive idea of how a pharmaceutical company operates.	**4-Structure Not Optimal for All Needs:** Some courses, aimed at a heterogeneous audience, are less practical for those already working in the industry or with sector experience. Some participants suggest creating differentiated paths for recent graduates and professionals already in the pharmaceutical field.

Table 1: Pros and Cons reported by participants of MSL Master's Programs

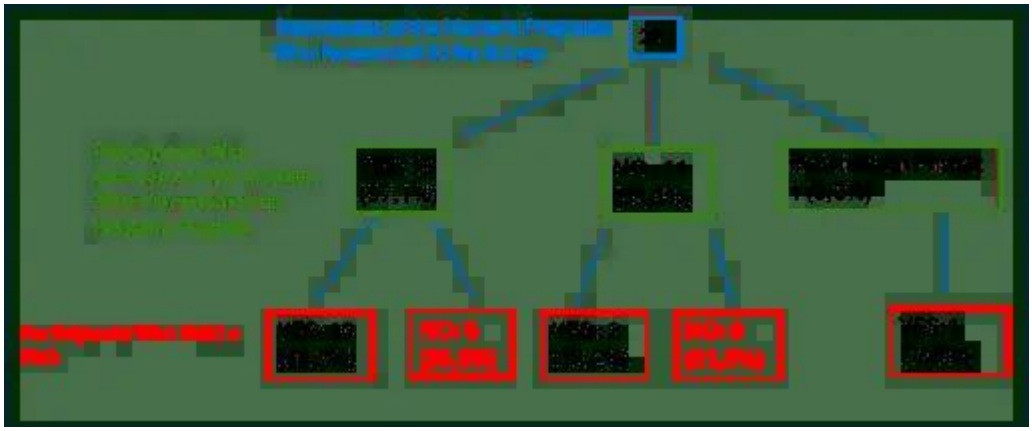

Figure 1: Participants who secured an MSL position after a Master's Program, with or without a PhD

About the author:

Viviana Anelli, PhD

Viviana Anelli is a Medical Science Liaison with deep expertise in rare diseases and oncology, dedicated to bridging the gap between innovative research and clinical practice. With a PhD in Biochemistry and over 23 peer-reviewed publications, she has contributed to developing therapies for acute myeloid leukemia (AML), Wilson disease, and hereditary hemolytic anemias while collaborating with leading pharmaceutical companies.

Currently, Viviana serves as the sole MSL in Italy for Agios Pharmaceuticals (via Amplity Health), where she plays a pivotal role in phase 2/3 clinical trials, fosters relationships with healthcare professionals, and supports patient advocacy initiatives. She founded *MSL Networking Group Italy*, the first LinkedIn networking group for Italian MSLs, and the creator of a highly regarded LinkedIn newsletter on the MSL profession.

A proactive leader and mentor, Viviana combines her scientific acumen with exceptional interpersonal and organizational skills. She drives impactful contributions to Medical Affairs and inspires the next generation of MSLs.

Launch Excellence – Moments of Truth

By Marcus West | Spring 2025

How clear, positive communications can steer the product's narrative journey to success

Introduction

It is the moment of truth. Launch is that critical time when the science, clinical need, regulation, and reimbursement coalesce with elegant symmetry or smash together like atoms colliding.

If Proof of Concept is a product's birth then launch excellence is its coming of age, navigating the turbulent teen years, when all the potential and hope is released and makes its way in the world.

How an organization frames its tasks, ethos, and culture is critical to brand awareness, reputation, and a drug's success and profitability in a fragmented and rapidly evolving environment.

The alchemy that fuses a good launch is clear, consistent communication that unites often disparate internal drivers and messaging and creates a strong value proposition for external engagements, across payers, patients, HCPs, and regulators

This White Paper – the first in the three-part *Launch Excellence: Moments of Truth* series which examines the product story through pre-launch, launch, and post-launch phases –

explores the demands of the pre-launch phase and lays out learnings, strategies, and areas of focus to help performance. It focuses on how communication is a vital tool to enrich MSL team engagements at summits and meetings with KOLs and enable the value of a therapeutic product to shine and connect with regulators, payors, physicians, and patients.

Driven by an eminent panel of experts who have been involved in taking multiple products to market across a spectrum of blockbuster drugs to niche therapies, it delivers a unique insider view.

Across the series, we will learn from Catarina Santos, Executive Director of Medical Launch Region Europe in Novartis, Cathrin Schaefer, BeiGene's Head, of Market Access Europe, Marc van Unen, of Bristol Myers Squibb, and Duncan Trew, an experienced pharma executive in Oncology and Emerging Markets.

Their testimony provides a rich commentary and guide on how communication can harness scientific excellence with commercial expertise to supercharge launches.

Start Early

The launch environment is changing and expanding with products spinning out across niche markets and multiple geographies. Blockbuster drugs have not vanished but organizations are gearing up for a higher number of smaller launches each year rather than locking into almost annual set-pieces, which represents a new challenge for the internal organization.

An IQVIA report – *The Global Use of Medicines 2023* – predicts the global medicine market will expand at 3-6% per annum through to a value of $1.9 trillion by 2027 with the key growth being executed in biotech, which is predicted to represent 35% of spending and 'includes both breakthrough cell and gene therapies as well as a maturing biosimilar segment'. [1]

In 2022, the FDA's Center for Drug Evaluation and Research approved 37 novel drugs, 20 of them first-in-class drugs, 12 of which achieved Fast Track status, indicating the dynamism of the sector. [2] The global orphan drugs market size is on an impressive parabola from $1. 4 billion in 2020 to $4.35 billion by 2030, according to Allied Market Research statistics. [3]

It is a dynamic market outlook that, with the pandemic's aftershocks still resonating and the introduction of digital tools disrupting, makes pre-launch an increasingly challenging operational arena.

The keys to success play across a complex, fluid medley of inspiration, integration, intelligence, and instigation but Cathrin Schaefer, BeiGene's Head, Market Access Europe, an expert in the processes of preparing a product, the market and the company for launch,

Identifies four value markers to rally around: clinical, patient, economic, and access. And, it is never too early to begin, she observes.

"If you look at launch excellence from an access perspective, the preparation starts very early, earlier than any kind of commercial preparation," she says. "It's the heavy workload phase of the entire pre-launch period. Access has to be considered within the design of clinical trials. The prime tasks are to anticipate the questions that will come from regulatory bodies and to anticipate the future landscape as today's standard of treatment and care may change in years to come. You need to understand how the market is evolving and reflect this in clinical trials. Access needs to be involved in all development discussions: How clinical trials are designed, the endpoints, the comparators, and inclusion and exclusion criteria to improve reimbursement success."

An 'early start' ethos requires agility to account for the myriad of fast-moving elements of health care systems across markets and geographies and Schaefer makes a key insight in stating: "Anticipating the questions from different national systems way in advance facilitates success as does good planning for patient-related outcomes, and these should be reflected in the trial design. Ultimately, everything circles around proving that a product brings additional value to a market health system. These systems will only pay for something if it's adding an additional value, such as economic value in improving their budgets, better patient quality of life, and a societal value.

"The aim, therefore, is to meet the four dimensions of value – clinical, patient, economic, and access – as strongly as possible. If you cannot meet any of the four then the product will never fly."

Meeting them is essential but every point needs to be infused with excellent communication so they can resonate across the value chain.

The early start mantra is echoed by Marc van Unen, of Bristol Myers Squibb, an experienced pharma business leader and launch expert, who feels existing industry core approaches still have validity and there is no need to invent a new launch lexicography or formulate a new range of processes.

"There is a lot of turmoil and businesses are really struggling to adapt but, whether you have a small product or a big product,

the work is essentially the same, teasing out the brand benefit, creating a brand architecture, brand name, key message and sales aids. What is relevant for millions of patients is relevant for a 200-patient population," he comments.

"It is about preparing the product when to market it, and preparing the company and, here, I would really focus on clarity of message about the end benefit of a product and, ideally, describe that in a few words. That will help guide everything else."

The imperative to translate product benefits into voices that can have an impact at both scientific and commercial levels is echoed by Catarina Santos, Executive Director of Medical Launch Region Europe at Novartis, who observes. "It is essential to engage with the medical experts and key opinion leaders in the area, who are often also the investigators in the clinical trials, so we can learn from their experience and understand, early on, their key needs and concerns, and those of the patients who will ultimately benefit from our medicines," she said.

"Pre-launch noncommercial teams may begin mapping all the essential stakeholders as soon as feasible, building a strong scientific engagement plan, and gathering many layers of pertinent insights to inform launch strategy.

"Starting early seems to be a key factor for launch success however, many times, we start these processes and deploy resources quite late, constrained by the polarity of short-term revenue *versus* mid-term pre-launch impact"

The unifier throughout the entire product journey is the patient. Communicating to them via HCPs, patient groups or general condition awareness projects is the oil that stops initiatives from grinding and jarring.

Communication, both internal and external, is the binding agent of the process, and developing a strong narrative around the science, efficacy and value comes early in the operation. Marc van Unen, the author of The Product Launch Playbook, adds: "What is critical is the thinking around the product profile. What is the real end benefit? What are the clinical endpoints and how can we translate that to a benefit for the patients, for the physician for their practice? Also, how do we see its potential in society? How can we show its value in terms of cost savings for the healthcare system?

"All of this has to be done at the dawn of the product's existence."

Communicate to Elevate

The increased pressures are crystalized in a commentary by analyst firm Deloitte which highlights that one-third of drug launches miss expectations: It states: "Today's drug launches require manufacturers to have more resources, deeper clinical expertise, better cross-functional coordination, and greater agility." [4]

The commentary further observes that launches are a window into an organization's health, adding: "Our interpretation is that as the market continues to evolve, companies' traditional organizational structures and approaches have not kept pace.

"Through our analysis, we have concluded that a company's overall performance is reflected in the way their drug launches perform. As such, companies have the opportunity to rethink their operating model, portfolio strategy, and research and development, as well as their ways of working and collaborating. Companies should think of their drug launch strategy as an organization-wide effort that involves all organizational functions and requires diligent planning and synchronized collaboration."

Pre-launch planning is never an exercise in isolation and cross-departmental collaboration is essential. Communication is a ground zero basic but its importance is often overlooked or drowned in the weight of process.

Cathrin Schaefer views internal collaboration as a powerful component of launch success. She states: "I go back to the four dimensions of value, clinical, patient, economic and access, and it is super important to have very clear messages around these for both internal and external stakeholders."

Catarina Santos believes good communication should be enshrined as part of a company's culture for success. "Communication is absolutely key, and, in my opinion, this is more than having clear statements; it's about being humble and accepting (and integrating) the inputs of the different roles, different departments, different geographies… Being curious and truly listening defines an organization's culture," she says.

"The power of asking questions and having an environment where questions can be raised, is immeasurable. In a pre-launch phase, as we are learning and course correcting, we need strong cross-functional teams, typically with very different expertise and understanding of the problems to be solved, to share a common goal: launch success! When there's such a level of communication that everyone is tuned in, has a part to play in the shared external success, and the radars are pointed outwards, magic happens. Occasionally, the fight is lost internally."

A study by the Centre for Executive Leadership for the Pharmaceutical Industry highlighted the imperative of building a strong communication platform to empower corporate teams to establish relationships with key stakeholders. [5]

It states: “By engaging early, creating a compelling communication platform, and having a clear value proposition, launch teams can generate support for their product.”

The study advocates a culture of continuous learning and improvement to maximize launch potential in the current, unpredictable commercial climate.

Language and tone clearly need attention and refinement and Cathrin Schaefer cautions that it can be easy to fall into common usage and terminology. She explains: “The pharma industry uses the phrase ‘unmet medical need’ when it is not necessarily true and the term has become inflationary – everything is an unmet medical need.

“You only really know that by understanding the patient, what their experience is in the clinical pathway, and then you can identify if there really is an unmet need.”

Clarity is Power

Companies can be awash with a soup of data, knowledge, and information at launch which can clog up communication channels ranging through internal liaison, preparing scripts for customer-facing teams, connecting at health and digital summits and congresses, and engaging with HCPs and patients.

Numerous pieces of research also underline communication’s pivotal role in helping prescribers understand and use novel medicines. The studies emphasize the value of clear, consistent messaging at all points of the product and patient journey with life sciences insight platform Within3 framing the importance for customer-facing teams in the statement: “Before, during and after the launch, *customer-facing teams* should get a clear communication cadence that educates, motivates, and sustains a commitment to the product. By establishing a pre- and post-launch communication plan, stakeholders will have access to the same information and a better understanding of the product’s goals. Clear, consistent messaging creates more confident ambassadors for a new product.” [6]

The message from speaker platforms needs to be established in pre-launch and remain aligned and consistent with what stakeholders are hearing in their 1:1 engagements and reading in the media.

Embrace Experience: Good and Bad

A forensic assessment of the knowledge in an organization along with an appraisal of where data, evidence and sector experience might be missing are vital in pre-launch and Catarina Santos advocates an honest approach to illuminate both expertise and deficiencies.

“We need to assess how much knowledge we have in-house and what is happening in the market. Are we launching a drug in a space that we already know? Is previous knowledge an asset or a liability?” she asks.

“Knowledge is key and the more granular the better. Previous launch experience is important as well as knowledge in the therapeutical area, as they both accelerate learning, but there is a danger of overestimating our market knowledge and that can have a blinding effect. It can create a climate where questions aren’t asked, and preparations start too late.

“Cycles of change in healthcare are becoming quite short and reassessing our knowledge on the current marketplace is key. The recent pandemic, for example, shaped the health care system significantly and so, having the openness to defy our assumptions and get knowledge from different sources is a really important element of your approach.”

Duncan Trew further advocates for an open culture that draws in experience from previous sector launches and expertise from other areas and, for maximum benefit, this needs to consider historical company misfires and failures as well as current optimism.

“We should also look back occasionally at what didn’t work so well in the past and learn from it. But sometimes there is a reluctance,” he says. “I understand that teams are excited, motivated and in acceleration mode but there may be people still in the company that worked in the area five or ten years ago who have some relevant information. Let’s bring them in and listen. If there are painful lessons, we should learn from them.

“These experts could include personnel from different therapeutic areas who will often spot important points that teams have not even considered. It is not about critiquing other people’s work or being negative; it is utilizing everything you have in

preparing for launch.

“By being open we can reduce volatility and identify problems much earlier. It is vital market intelligence that should not be overlooked.”

Control the Message

With new horizons of therapy and AI influence come extra regulations and Cathrin Schaefer cautions that new FDA legislative proposals and the reform of EU pharmaceutical legislation requiring an extra HTA dossier from 2025, will add more complexity.

“There will be many more mandatory requirements around health economic evidence which will be challenging, especially for small manufacturers,” she says. “This only heightens the need for a sharp focus during the pre-launch period.

“The margins for error are getting smaller and the consequences greater if you do not get this phase right. If you don’t have all your evidence and market research detailed with clarity then you can run into a wall when it comes to reimbursement negotiations.”

Being ‘on message’ is never more important than at this phase and clear communication through engagements, internally and externally, will pay dividends in both effective delivery and understanding, and being able to respond, to nuanced needs within markets.

Marc van Unen observes: “Start interacting with payers and key clinicians and communities and develop a good idea of what they want through insightful questioning and then you can really build the brand. This is market preparation.

“A key factor is this global-local relationship where the knowledge that sits with global can be transferred from head office to local regions and affiliates who, after all, have to generate sales. Preparing the company to manufacture the product and distribute it is a complex undertaking and a lot of launches fail because of basics like a lack of product supply or they don’t generate enough awareness in a crowded market. That happens when you haven’t really controlled your message.”

He believes that sharing expertise across global and local networks combined with establishing open and transparent lines of communication across cross-functional teams

are the pillars of a platform that showcases product, content, brand and value, and helps organizations withstand negative external market forces.

Catarina Santos favors pauses along what can be a hard-charging journey where teams are in full speed into internal checkpoints and regulatory landmarks. “This is a subtle point that can be quite challenging,” she concedes. “There is a natural confidence in the product, and everyone is moving forward so it is difficult to have those moments, but the launch excellence culture is fundamentally based on openness to receive feedback, pause to evaluate, and course correction whenever needed.

“Creating a unique launch culture is sometimes overlooked. Planning and execution are crucial, of course, but equally crucial to the launch process are fostering a strong cross-functionality and accountability and maintaining a culture of openness and learning from the outside world.

“This pre-launch culture is sometimes different from the pharma business as usual, but it can have a positive impact.”

Throughout pre-launch, and beyond, communication is a prime asset. It unites preparations, harnesses knowledge, strengthens brand purpose, and minimizes the risk of misfiring. Having clear messages that resonate, can be shared easily and are targeted effectively

help ensure a product’s evidential and commercial firepower are fulfilled.

Innovator and oncology medical strategy specialist Dr Douglas Yau, who has more than 20 years high-level experience at the biosciences frontline, holds communication as a key sacrament of multi-faceted pharmaceutical launches through the mantra: “Develop a Comprehensive Medical Communication Plan. Create a robust plan for disseminating scientific and clinical data through channels such as medical congresses, peer-reviewed publications, and digital platforms.”

Conclusion

Launch tasks are intense and immense, particularly when working at the onset of a three-year timetable, but good communication empowers a potent medical affairs strategy and builds key relationships through assembling teams, medical

landscape analysis, education and support.

Launching a product is a complex, multi-faceted operation with the ever-present potential for product messages to land awkwardly without full understanding and reduced impact. Crystalizing the knowledge, experience, and expertise clearly and succinct messages that have meaning across the patient and product journey can boost success and pay dividends.

Clear communication is a gateway to clinical success and commercial return, brand reputation, and delivering on an organization's fundamental purpose to change people's lives.

"We work on a project for such a long time before it enters the market which can be difficult but getting a product to patients is a fantastic and uplifting thing to do," adds Cathrin Schaefer. "Making a difference to patients who are suffering from a chronic or life-threatening disease is inspiring and, at times, it is difficult to understand fully what that means for them but that is something we should focus on and hold on to throughout our endeavors."

Catarina Santos adds: "It is super rewarding, and it is what we really bring to the marketplace. Every successful launch makes for a stronger healthcare system. We are building something with our teams and external stakeholders that provide solutions for patients; the lasting imprint is that health care professionals can then diagnose faster and have more options to treat their patients and achieve better outcomes."

*Catarina Santos' views on this article are her own

Ten Keys to Pre-Launch Success

1. Start Early
2. Assess Knowledge from Multiple Sources
3. Invest in Understanding & Learning
4. Engage with Stakeholders at a Deep Level
5. Research All Aspects
6. Be Flexible and Adaptable
7. Create a Collaborative Culture
8. Prioritise Great Internal and External Communications
9. Go Global & Local (ensure it feels locally relevant)
10. Digital and AI can enhance the thinking and strategy. Embrace and Use it!

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*Views are their own. **

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About the author:

Marcus West

I have directed 35 plays and coached performances for 30 years. I have worked with the likes of LA director, Robert Benedetti, US playwrights, Edward Albee and Will Eno, voice coaches, Kristin Linklater and Cicely Berry, Alexander teacher, Nadia Kevan, LA acting coach, Ivana Chubbuck, British playwright and screenwriter, Stephen Jeffreys, LA screenwriting master teachers, Steven Kaplan, Chris Vogler and Michael Hauge. I use these experiences with the world's leading performing arts practitioners and my own background in theatre, to inform my work in presentation coaching. I work with a host of CEOs and their firms around Australia including KPMG, DLA Piper, CBA, QBE, Merck, and BOQ, as well as politicians and barristers, to help them present their message with punch. I am also a talent coach with Seven, Nine, SBS, ABC, and Fox Sports working with reporters and presenters on their presentation and storytelling skills, as well as many of Australia's leading sportspeople. Clients have included Michael Slater, Wally Lewis, John Aloisi, Sharelle McMahon, Lara Bingle, Mark Ferguson, Ben Fordham, Allison Langdon, Mike Baird, Jonathon Brown, Glen Boss, and Tom Carroll.
In the past five years, I have created a new performance coaching app called 60 Seconds which is a crystallization of my experience.

Servant Leadership in Medical Affairs: A Competitive Advantage

By Greg Auclair | Spring 2025

In the complex landscape of biotechnology, pharma, and medical devices, medical affairs teams serve as the critical bridge between clinical science and healthcare practitioners. The application of servant leadership principles in this space has emerged as a powerful approach to enhance both team performance and team satisfaction. By putting the needs of team members first, servant leaders in medical affairs create an environment that fosters scientific excellence and meaningful healthcare impact on HCPs and the patients we all serve.

Servant leadership in medical affairs begins with a fundamental shift in perspective. Rather than viewing leadership as a position of authority, successful medical affairs leaders see themselves as conduits of their therapeutic medical scientists (TMSs ; aka MSLs) and other team members' success. This approach is particularly valuable given the highly specialized nature of medical affairs work, where team members often possess deep therapeutic area expertise, advanced scientific credentials, and strong clinical acumen.

A servant leader recognizes that TMSs need autonomy to build authentic relationships with key opinion leaders (aka external

experts), while also requiring support to do so. Instead of dictating engagement strategies, these leaders focus on removing obstacles, providing resources, and creating opportunities for professional development, both internal and external to your organization, that enhance scientific credibility and growth fulfillment.

The impact of servant leadership extends to cross-functional collaboration as well. Medical affairs teams frequently interface with clinical development, regulatory affairs, marketing, and sales teams. Servant leaders actively work to break down silos, ensuring their teams have the connections and support needed to access critical information and contribute meaningfully to strategic direction discussions and tactical execution. This collaborative approach strengthens the organization's ability to deliver value to healthcare providers and patients, as well as ensure that the opinions of all team members are highly valued and heard.

Professional development takes on new dimensions under servant leadership. Rather than focusing solely on scientific expertise, leaders invest in developing their team members' capabilities and enhancing their exposure throughout the organization. This might include supporting advanced degrees / external courses, elevating a TMS to serve as the lead for a key cross-functional initiative, creating mentorship programs that pair experienced TMSs with newer team members, or foregoing the leader's own attendance at an advisory board, a clinical trial investigator meeting, or important international meeting in favor of TMSs who've expressed developmental interest in these areas.

The benefits of servant leadership in medical affairs are multiple. Teams led by servant leaders typically demonstrate higher engagement, lower turnover, and stronger attainment of both individual and organizational goals. When medical affairs professionals feel supported and valued, they are more likely to bring forward innovative ideas, challenge conventional thinking, and pursue ambitious and "out-of-the-box" solutions to complex departmental and/or organizational challenges.

Implementing servant leadership in medical affairs requires intentional effort. Leaders must be humble and modest enough to receive open, honest feedback from their teams about the "good, bad, and the ugly", remain attuned to individual needs, and continuously adapt their support strategies to each TMS. This might involve, by way of example, altering the cadence of discussion for individual development plans (IDPs) for those who report to you. Some may prefer the traditional once-per-year, while others want something more frequent. In fact, I have TMSs reporting to me to whom I engage in bi-annual or quarterly developmental discussions.

In conclusion, servant leadership can represent a powerful approach to leading medical affairs teams in biotech, pharma, and medical devices. By prioritizing the growth and success of team members, servant leaders create an environment whereby they feel valued, supported, developed for growth opportunities, and part of your company's future. This leadership style not only enhances team performance but also strengthens the organization's ability to advance medical knowledge and improve patient care. As the biotech, pharma, and medical device industries continue to evolve, servant leadership can be *your* competitive advantage in building high-performing medical affairs teams that drive high-value impact, both internally *and* externally.

About the author:

Greg Auclair, MSc

Greg has over 35 years of industry experience, with 24+ years in the field medical affairs. He has vast experience, having

worked for global multi-national companies, small privately-held biotechs, and across the drug & medical device sectors. Currently, he works at Cytokinetics, a clinical-stage biotech based in South San Francisco, where over the last 5+ years he has built out the entire field MSL organization and manages the team in preparation for launching the company's first-ever drug, a cardiac myosin inhibitor for patients with obstructive hypertrophic cardiomyopathy (oHCM).

Stop the Long Advisory Board Meetings—Start Creating Value Instead

By Paul Riley, MBA, PhD, CMgr | Spring 2025

Why Traditional Advisory Boards No Longer Work

Medical affairs teams and MSLs often rely on advisory boards to gain insights from clinicians and KOLs. But let's be honest—most traditional advisory boards are too long, too formal, and too inefficient.

Clinicians arrive at a meeting, only to see an agenda and a set of predetermined questions for the first time. The discussions stay surface-level, and insights lack real depth. Worst of all, after months of planning and execution, many advisory board outcomes fail to translate into meaningful action.

We need a better approach—one that delivers more value to both MSLs and clinicians, drives real strategic impact, and makes the best use of everyone's time.

A Smarter Approach: From Advisory Boards to Agile Advisory Groups

Instead of gathering people in a room (or online) and hoping for spontaneous insights, I take a different approach—one that shifts the focus from passive participation to active problem-solving.

Step 1: Pre-Meeting 1-1s to Gather Real Insights

Before the group meeting, I conduct **one-to-one conversations** with a sample of key participants—typically clinicians. These conversations help me understand the real landscape:

- What's influencing clinical decision-making?
- What's driving prescribing trends?
- What are the true barriers to adoption?
- What's not being talked about but needs to be addressed?

This means that, by the time the advisory group meets, we already have **real insights—not just assumptions**—to work from.

Step 2: The Pre-Read That Sets the Stage

Rather than surprising participants with an agenda on the day, I **develop a pre-read** based on the insights from my 1-1 discussions. But instead of just summarising the landscape, I take a stronger stance:

 I define my client's CONTENTION—our current understanding of the situation.
For example:

- **We believe that a lack of awareness about our medicine's clinical value is limiting uptake.**
- **We believe that current prescribing pathways make it difficult for eligible patients to access treatment.**
- **We believe that HCPs are hesitant to switch from existing therapies due to X and Y reasons.**

This pre-read is then **sent out in advance with homework**—questions or short tasks that require participants to think ahead about the problem and potential solutions.

This simple shift means that when the meeting starts, **people are already engaged and ready to contribute**, rather than

just reacting to questions on the spot.

Step 3: Using the Group to Solve Problems, Not Just Discuss Them

Traditional advisory boards tend to focus on gathering information. But why stop there?
I use **1-1s to gain insights and groups to develop solutions.**

Instead of asking participants to tell us what's happening (which we already learned in Step 1), I ask them:

 How can we solve this challenge?
 What needs to change to improve adoption?
 What would make a difference in your clinical practice?

This makes the session **outcome-focused rather than just discussion-based**. The result? A clear, actionable plan rather than just meeting notes.

Step 4: Make Meetings Short, Virtual, and More Frequent

Long, in-person advisory boards once or twice a year aren't enough. Instead:
 Keep them short. A focused 60-minute online session is often more effective than a half-day meeting.
 Make them virtual. This allows greater flexibility and makes it easier for busy clinicians to attend.
 Do them more often. Instead of a single annual meeting, run multiple shorter sessions aligned to specific business challenges.

By shifting to **agile advisory groups**, you can quickly assemble relevant experts when you need them and adapt strategy in real time.

Why This Works Better for MSLs and Medical Affairs Teams

This approach delivers real value because:
 MSLs gain deeper insights—the real barriers and opportunities in clinical practice.
 KOLs engage more meaningfully—they aren't just answering questions; they're co-creating solutions.
 Companies get actionable outcomes—not just discussions, but real strategic recommendations.
 Meetings become more efficient—less time wasted, more impact delivered.

Time to Rethink Advisory Boards

If you're still running long, formal advisory board meetings, ask yourself:

- Are we getting real insights, or just surface-level feedback?
- Are participants engaged, or just showing up?
- Are we walking away with clear, actionable outcomes?

If the answer isn't a clear **yes**, it's time to change the approach.

Start using **one-to-one conversations to uncover real insights.**
Use **pre-reads to set the stage and prepare participants.**
Make **advisory group meetings about solving problems, not just discussing them.**
And **run shorter, more frequent virtual sessions instead of large, one-off meetings.**

Medical affairs need to be more **agile, strategic, and efficient**—and this is one way to make it happen.

Are you ready to rethink how you engage your KOLs?

About the author:

Paul Riley, MBA, PhD, CMgr

Paul Riley has over 20 years of experience in the pharmaceutical industry in roles including medical science liaison, medical advisor, and medical affairs manager. Paul is a consultant at Nexcea, where he works with pharmaceutical and medical device companies globally, helping ensure healthcare technologies reach their clinical and commercial potential.

86% of KOLs Satisfied with Biopharma, But Cross-Functional Gaps Remain

By Christoph Bug, MD, PhD, MBA | Spring 2025

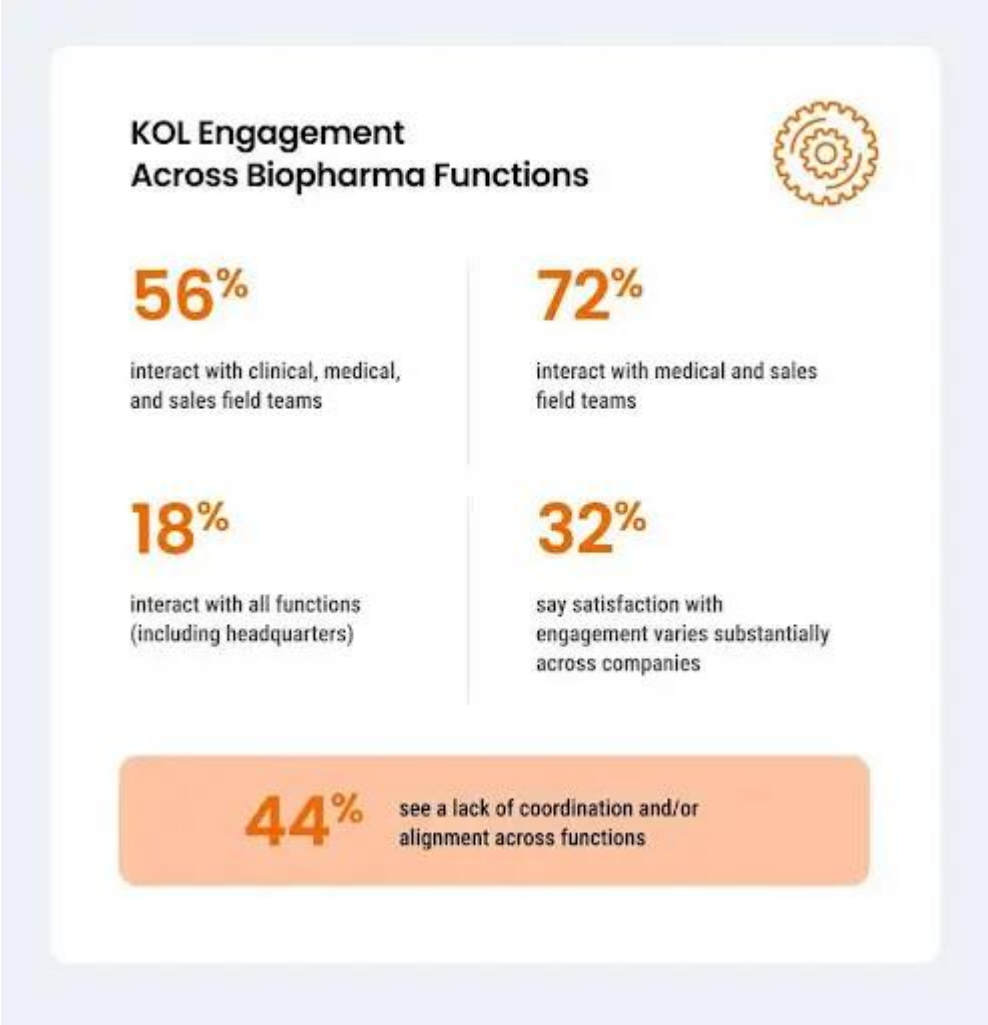
With highly regarded field medical relationships, there is an opportunity for improvement

A recent Veeva industry report shows that 86% of key opinion leaders (KOLs) are satisfied overall (74% satisfied, 12% very satisfied) when engaging with the biopharma industry. They appreciate their interactions with field medical teams and cite alignment and coordination across functions as a key area for improvement.

Optimizing engagement with KOLs, the most important customers, is crucial for the entire organization. But, medical affairs, which is involved earlier and deeper with KOLs have a significant opportunity to take a more strategic role in improving this engagement. They can gain access, engage in scientific dialogue, collect insights, and build trusted relationships for long-term collaboration.

To better engagement and ensure it is mutually beneficial, here are three areas that medical affairs organizations may want to consider as they plan their KOL strategies.

1) Align internal functions



This means in addition to medical affairs, they may also interact with teams across the organization, including clinical, sales, and representatives from headquarters.

While KOLs are satisfied overall with their engagement, 32% say their satisfaction varies substantially across companies. Close to half (44%) say they see a lack of coordination and/or alignment across functions. Examples include receiving conflicting information from different functions and each area having its own focus with no extended vision.

“Some companies give the impression that they work very well together, know each other, and know what they are selling and developing,” says Dr. Vital Hevia, urologist and robotic surgeon at ROC Clinic and HM Hospitals. “At the same time, we see the complete opposite. They don’t know each other — the medical part of the company doesn’t know anything about sales, and vice versa.”

Inconsistent collaboration between different functions can limit company engagement and compromise the overall customer experience. To progress toward the future of more customer-centric engagement, R&D, medical, and commercial can start by setting joint strategies and objectives and gaining buy-in from key stakeholders. By working together in this way, organizations can improve customer experience with less duplication of efforts and more impact, ultimately benefiting patients.

2) Provide value at every interaction

KOLs appreciate their deep scientific exchange with MSLs

Outside of medical education events, participants ranked engagement with MSLs as the second-highest valued information source offered by the biopharma industry. With scientific knowledge and training, MSLs can have more meaningful conversations with KOLs. However, with limited time and access, they need to ensure that every interaction with a KOL is tailored to their specific scientific needs and interests to provide value. “Physicians have limited time and don’t need repetitive information,” says Hevia. “The transfer must be efficient, with scientifically trusted information through the right channel. Every interaction should inform the next communication.”

The good news is that field medical teams deliver on this important factor — 88% of respondents agreed that MSLs bring relevant information to meetings. To further improve engagement and reciprocal exchange, a move from transactional to bidirectional scientific dialogue and collaboration can cultivate trusted relationships that help better leverage these stakeholders’ impact on clinical practice.

3) Streamline assessment of KOL engagement

As treatments and therapies become more complex, the need for scientific exchange will only continue to grow, and medical affairs will need to be even more strategic about stakeholder selection and cultivation. A large part of that will be the organization's ability to assess what is working and where it can improve.

To build better KOL strategies, medical affairs organizations need a way to quantify the "enablers" in this medical impact model. Are they connecting with the right stakeholders, getting them the right information, and bringing key insights back to the organization? Lack of focus, explicit planning, and measurement around these enablers can blind organizations to the cause and effect of their actions. This limits the ability to translate the value of medical affairs across the organization and risks negatively impacting its overall goal of ensuring that science and technologies benefit patients.

Medical teams can have a valuable measured impact

KOLs highly value field medical teams and look to them for relevant material and information that can significantly impact patient outcomes. Providing a unified customer experience, having scientific dialogue rather than a scientific monologue, and delivering tailored, personalized information will lead to more productive interactions. However, without measuring the impact of strategies and tactics, it is impossible to correlate cause and effect and learn to improve. Focusing on these areas can help medical affairs meet its overarching goal of ensuring that science and technology benefit patients.

Read the full report, including the survey methodology, here.

About the author:

Christoph Bug (MD, PhD, MBA), Vice President, Global Medical, Veeva

Christoph is an experienced biopharma executive responsible for Veeva's global medical strategy. He is a physician by training and has earned a PhD and an MBA. He has held roles in market access, commercial, R&D, and medical affairs on a local, regional, and global levels, most recently as medical lead at Janssen (JnJ) in Germany.

Beyond the Brand: How Marketing Professionals Transition into the MSL Role

By Héctor López | Spring 2025

Introduction and objectives

The Medical Science Liaison (MSL) role has emerged as a sought-after career path in the pharmaceutical industry, attracting professionals from diverse backgrounds who seek continuous learning and aspire to contribute actively to scientific and medical progress.

The MSL role is a profession with a significant impact on the pharmaceutical industry and the broader healthcare ecosystem. While its influence on patients is often indirect, it facilitates clinical data generation, optimizes medical strategies, and drives advancements that can transform clinical practice.

MSLs play a crucial role in identifying knowledge gaps and guiding their companies toward innovative solutions to address unmet medical needs. However, establishing a core set of competencies is vital to ensure that individuals in these roles possess the necessary skills and expertise.

The main objective of this project is to explore the motivations, challenges, and strategies involved in transitioning to the MSL role, particularly for professionals moving from Sales or Marketing positions within the Spanish context.

By analyzing firsthand experiences from industry professionals, this project aims to identify the key skills and competencies required for success, as well as the common hurdles faced during the transition.

In this first article, insights were collected from Marketing professionals who successfully navigated the transition to the MSL role, providing a roadmap for aspiring candidates. To gain valuable insights of professionals transitioning from their previous role as Sales Representatives, we highly encourage you to explore the second article titled "*From Closing Deals to Closing Knowledge Gaps: Transitioning from Sales to MSL"* for a deeper dive into the detailed results.

Methods

The project began with the creation of a questionnaire divided into four sections. The first section gathered demographic data to characterize the sample. The second section included general questions applicable to both career paths: "From Marketing to MSL" and "From Sales Representative to MSL". The final two sections contained questions specific to each profile. An Excel template was then developed to efficiently collect the responses.

Once the interview framework was established, the search for industry professionals interested in contributing to the project began. The search and contact with the profiles were mostly conducted through LinkedIn, but connections within our own network were also leveraged.

Once consent was obtained, an appointment was scheduled to conduct the video interview through various platforms.

Data analysis was essential. We used Vizzlo, a data visualization tool (https://vizzlo.com/), to create the graphs, while artificial intelligence (AI), specifically Copilot, helped identify patterns in the interview responses. All data generated by AI were carefully reviewed, and a thorough analysis was conducted by human reasoning.

Results & Discussion

Sample characterization

To better characterize the professional profile that aims for a change to an MSL position in the pharmaceutical industry, the

sample characterization was performed together for the whole pool of interviewees, despite their previous experience in marketing or sales department.

Eleven MSLs distributed throughout Spain were interviewed, currently working with bases in Madrid, Barcelona, Valencia, Málaga, and Basque Country, and one person currently working in Germany.

Of the 11 people interviewed, 2 were previously product or brand managers, 6 were previously sales representatives, and 3 were a mixed profile since they had experience in both roles before changing their career path to an MSL position. The mixed profiles were interviewed for both profile-specific blocks of questions within the questionnaire. Therefore, for this article, 5 specific questionnaire answers were collected for the profile “From Marketing to MSL”.

Analysis of the academic backgrounds of the 11 interviewed Medical Science Liaison professionals revealed some variation. Nine percent had completed only a university degree, all in Life Sciences. Another 9% held both a university degree and an MBA. The majority, however, had completed a university degree followed by a master’s degree (45%), or held a university degree, a master’s degree, and also pursued an MBA (36%). None of the interviewees reported holding a PhD (Figure 1).

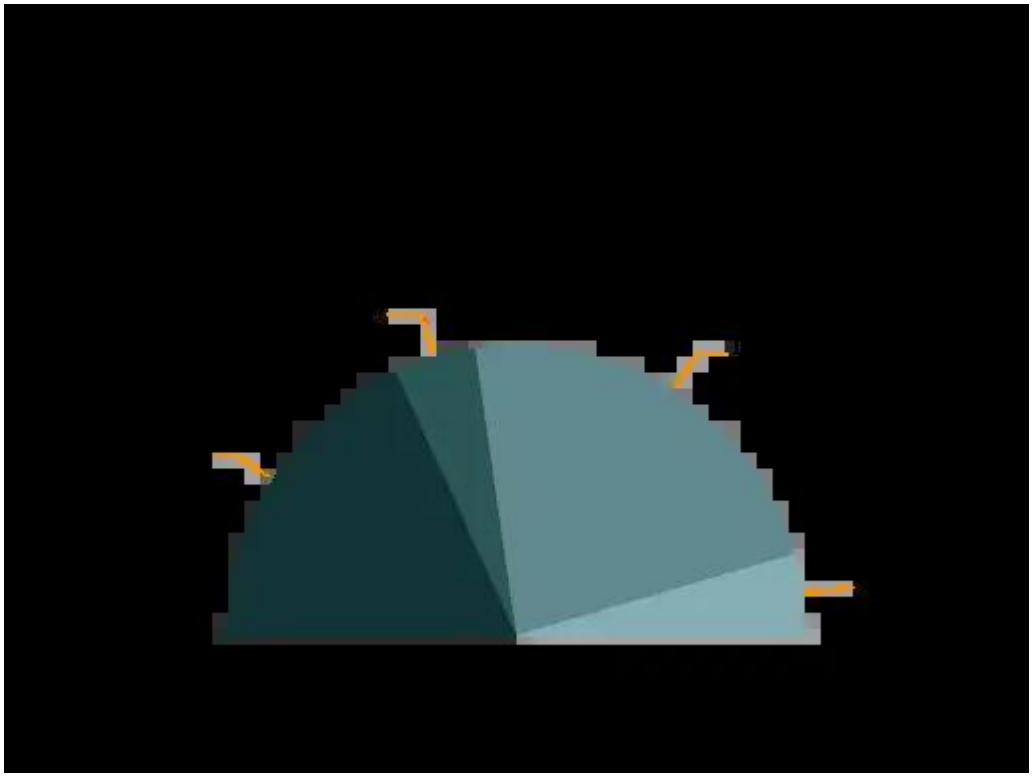


Figure 1. Academic background of the interviewees. Total n=11.

The interviewees were also asked about their years of experience in the pharmaceutical industry and the types of companies they had worked for. The majority (45%) had 5 to 10 years of experience, while 18% had a more junior profile with 3 to 5 years of experience. Nine percent had 10 to 20 years of experience, and 27% had over 20 years of experience in the pharmaceutical industry (Figure 2).

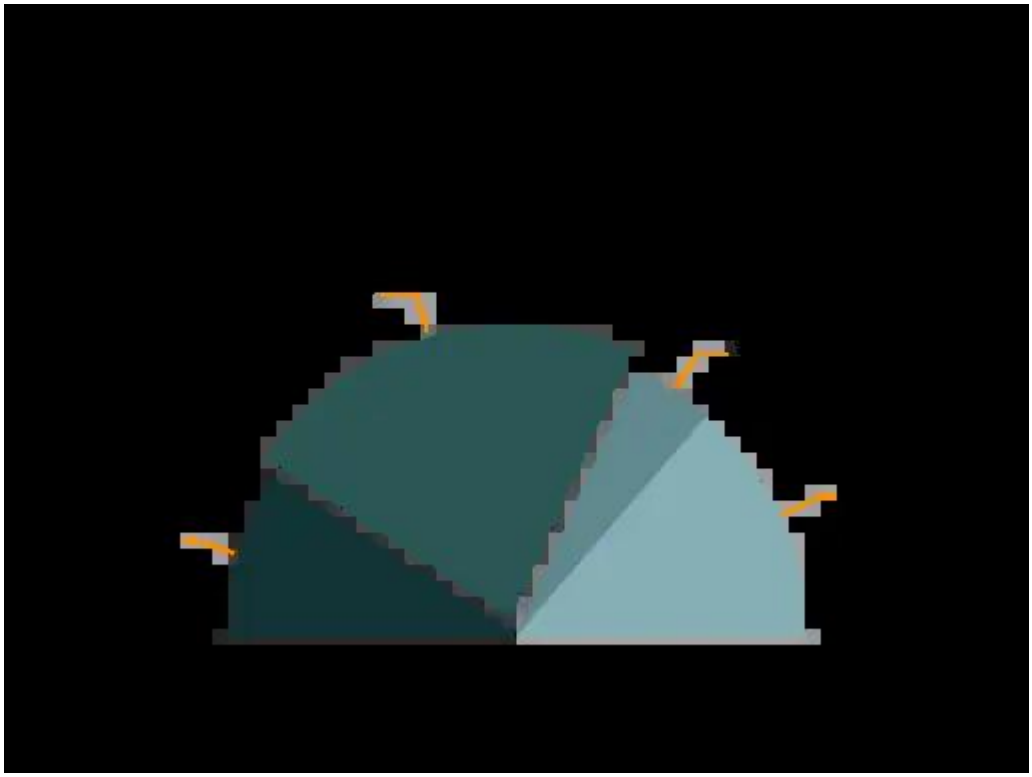


Figure 2. Years of experience in the pharmaceutical industry by ranges of times. Total n=11.

When examining the duration of their previous roles in the pharmaceutical industry before transitioning to an MSL position, the median was 6 years. After the transition, the average time they had been an MSL was 3 years (median of 2 years) (Figure 3).

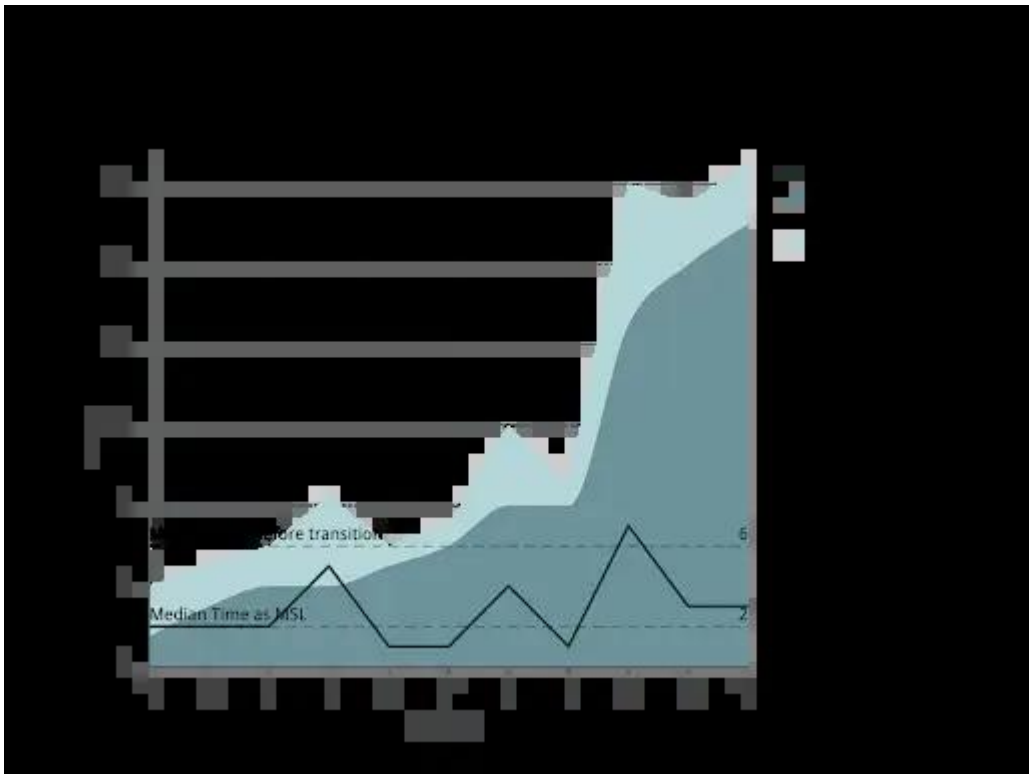


Figure 3. Time of interviewees in the pharmaceutical industry. Time is depicted in years. Axis X represents the subjects interviewed from the most junior profile to the most senior profile.

These results reflect that the transition to an MSL position from another department within the pharmaceutical industry requires,

in the first place, some years of experience in the previous position, with people giving the step to the change within a median time of 6 years in our sample.

All the interviewees have worked in multinational pharmaceutical companies throughout their careers, primarily with prescription medicines. Only one individual had previous experience in the consumer health sector, and another had worked with medical devices.

Questionnaire

General questions

The first phase of the interview aimed to capture the main motivations and perspectives on the role, asking the same questions to all MSLs, regardless of their background in marketing or sales.

Have you always wanted to be an MSL?

When asked about their willingness to become an MSL since they started in the pharmaceutical industry, the majority answered yes (55%). The remaining 45% answered no, viewing the MSL role as just another option among many different positions in the industry (Figure 4). Notably, for individuals with over 20 years of experience in the industry, the MSL role was not as popular at the time.

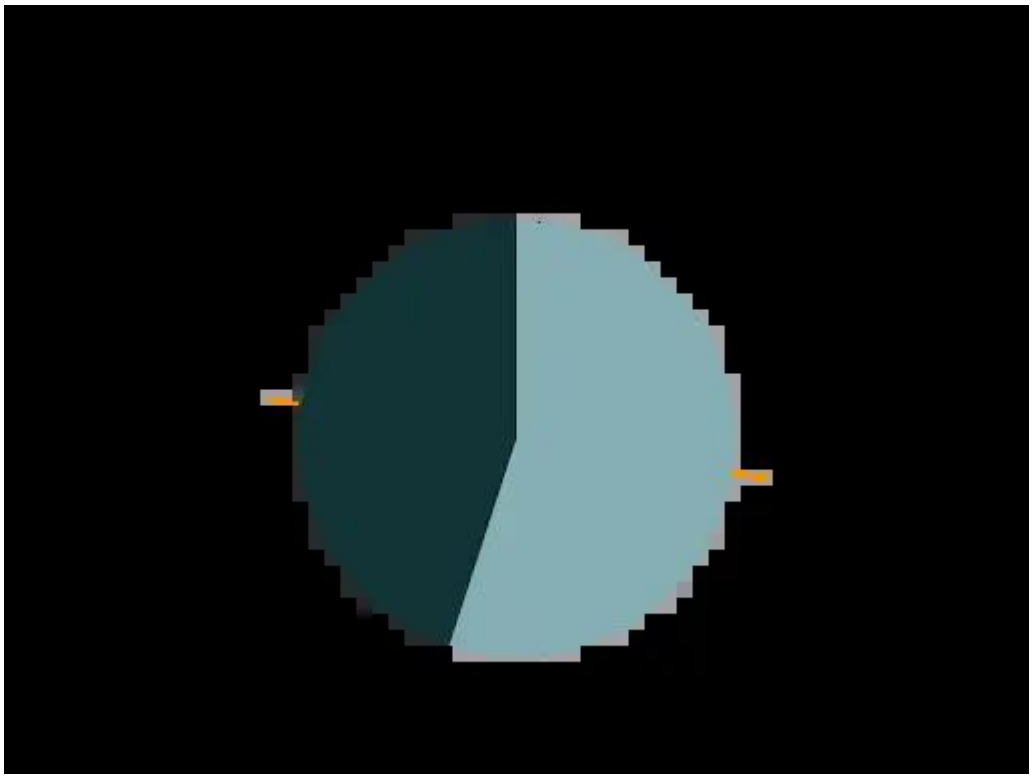


Figure 4. Have you always wanted to be an MSL? Total n=11

What were the main reasons?

When questioned further about their reasons, the interviewees mentioned a strong scientific calling and passion for scientific divulgation, an interest in the medical field for its rigor and relevance, the direct impact on clinicians and patients, and opportunities for continuous learning and professional development.

Regarding the scientific vocation, many mentioned they have always demonstrated a profound interest in science in their academic career and were particularly more prone to scientific divulgation, getting into deeper scientific conversations with medical doctors and explaining complex data. They have also commented on their interest in the medical department since they viewed this department as more scientifically rigorous and with a great impact on their careers as identifying themselves as scientific referents. The impact on the clinicians and the clinical practice was also a main reason, mentioning the possibility to discuss off-label data and being in contact with clinical trials, contributing significantly to patient's health care. Moreover, the

change to the MSL position was also seen by many as an opportunity for learning and professional development. For them, it was a possibility to overcome personal challenges such as the need to stay up to date with scientific data and adapt to new responsibilities specific of the role.

What changed in your vision about the MSL role after you became one? Expectations vs reality.

When asked if their vision of the MSL role before and after becoming one had changed, some interviewees mentioned that their expectations about the role were reached or even exceeded. They feel fulfilled in the role and find it as challenging as they foresaw it to be.

On the other hand, others explained they experienced a change in their perception of the role, having a biased or idealized view of the MSL role from their previous department. They mentioned, for example, how they had to develop their project management skills for developing the medical plan regionally and being responsible for the medical strategy at a local level.

Other challenges mentioned were the deepest knowledge required to carry on the MSL role, as in the pathology, treatment landscape, and competitive intelligence, besides their own products. Other difficulties, such as large territory management and many nights out of home, were also discussed.

They have also highlighted the involvement of the MSL in clinical trials and in the medical strategy, which was not expected before. Now, they feel more capable of seeing the global aspects of the MSL role, which extends beyond one-on-one interactions with healthcare professionals (HCPs).

Which skills or competencies did you need to further develop in the MSL role?

To understand the main challenges regarding the skills needed to be an MSL, the interviewees were asked to choose from eight soft skills related to personal or social abilities that are considered important for the role. The most frequently selected skills, in order, were planning skills, followed by active listening, flexibility, communication skills, emotional intelligence, analytical skills, problem-solving skills, and no one mentioned social skills (Figure 5).

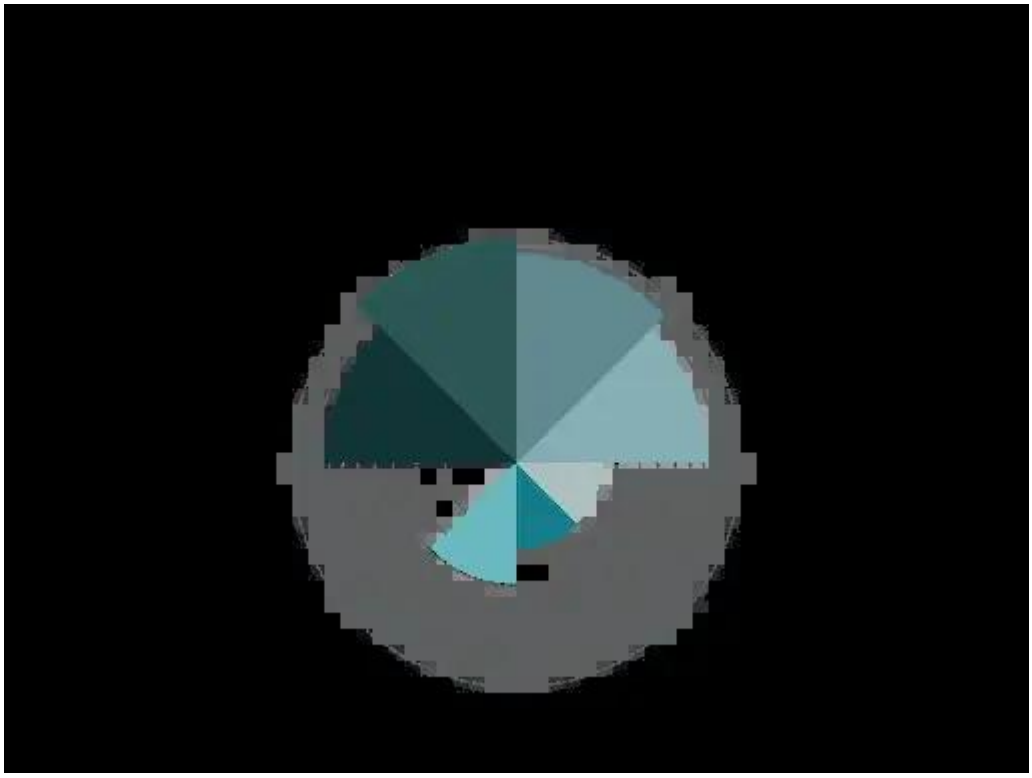


Figure 5. Skills MSLs think they need to develop the most.

Adjusting the calendar to accommodate multiple visits to HCPs, internal meetings, events, travels and family conciliation is the main reason why planning skills were seen as a top skill to develop. This also includes the ability to be flexible when changes to the plan occur. Regarding the lack of mention of social skills, it could be interpreted that social skills were likely already a characteristic of individuals typically pursuing a field position in the pharmaceutical industry. Of note is that most of the

interviewees had previously been sales representatives.

In the near future (5 years), do you still see yourself as an MSL or do you plan a change? To which position or department in the pharmaceutical industry would you change if you were to make a new transition?

When asked if the MSLs interviewed would see themselves still in the MSL role in 5 years, the majority (82% vs. 18%) expressed that they would (Figure 6). It is believed that this response is linked to the fulfillment they mentioned, the exceeded expectations, and the professional development discussed earlier.

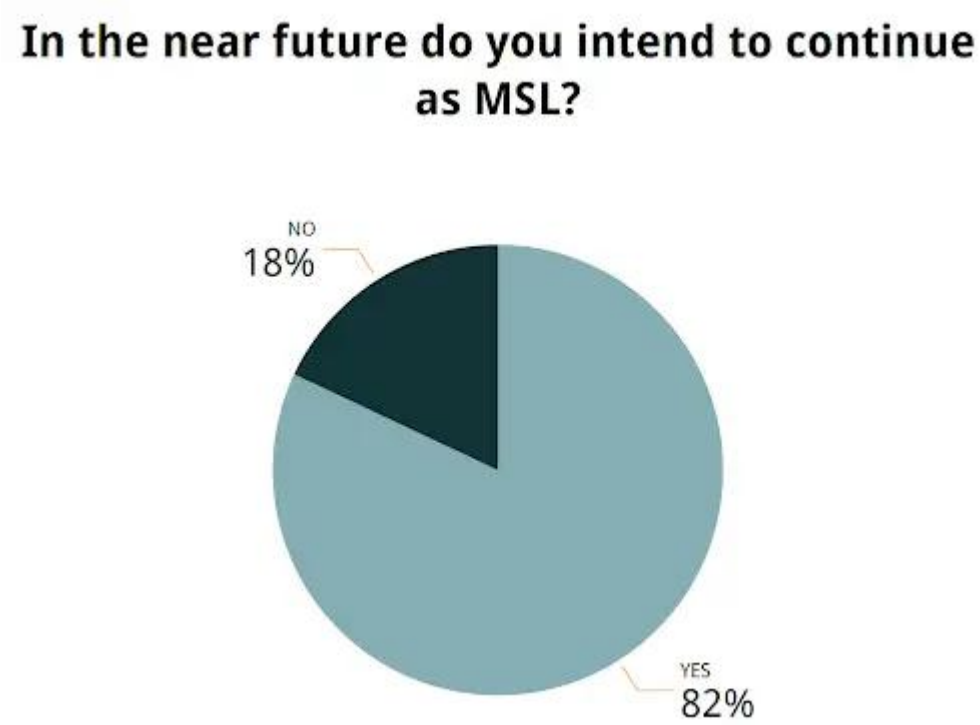


Figure 6. Have you always wanted to be an MSL? Total n= 11.

However, when challenged about which position they would opt for if they hypothetically had to make a change, the answers were predominantly within the Medical department: MSL Manager (n = 5) and Medical Advisor (n = 4). Only one individual envisioned themselves in a different department, specifically the Market Access department. One participant did not provide an answer (Figure 7).

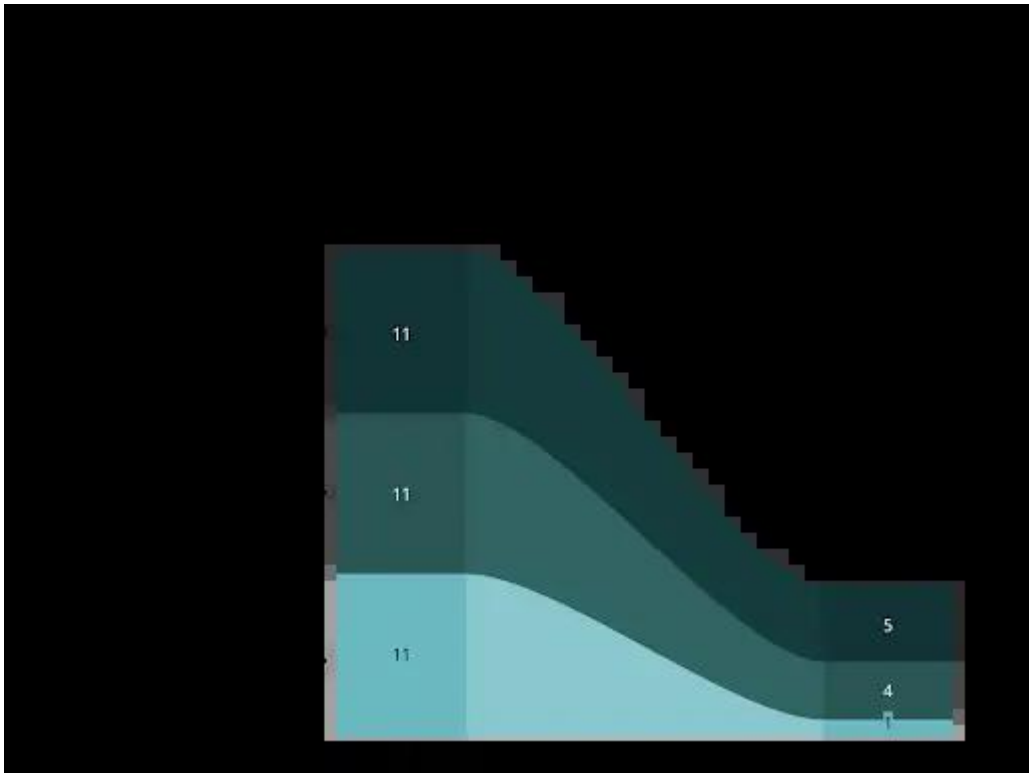


Figure 7. If you had to change positions or departments, what would it be?

Which pathways have you used to access the MSL role?

When questioned about the main channels that supported their transition to an MSL role, the majority cited internal promotion (72%) and the importance of networking (63%). Only three individuals (27%) mentioned digital platforms (e.g., LinkedIn, Glassdoor) as a strategy, with one of them accessing the MSL position for the first time to cover a temporary maternity leave, considering that in many cases entering in a temporary position could be an opportunity for less experienced MSLs.

Marketing questions

In this section, five individuals who are currently MSLs and previously held positions in the marketing department were interviewed. They responded to a total of four open-ended questions:

What was your main challenge in developing the MSL role coming from marketing?

Firstly, four of the interviewees identified the lack of field experience as their main challenge. They explained that in marketing, there is much less contact with physicians, and it tends to happen in more comfortable situations, such as briefing a speaker at a conference. Transitioning to a field role means you need to build trust with physicians and learn the specific vocabulary they use.

On the other hand, three of the interviewees also highlighted the challenge of organizing their schedules completely differently. In marketing, generally, there is a fixed 8-hour office schedule, although during busy periods, working extra hours might be required. In field positions, however, the schedule can vary greatly daily, and good agenda management is key to aligning visits with physicians. Additionally, MSLs often have large territories, which can result in weekly hotel stays, making it difficult to maintain a personal routine.

How would you describe the main differences in how you approach scientific information in your current MSL role compared to your experience in marketing?

In this question, all interviewees agreed that in marketing, information is simplified with a promotional and attention-grabbing approach. In contrast, the medical department's goal is to inform rather than promote, so the information tends to be more objective, detailed, and based on solid arguments. In this regard, the MSL-physician interaction tends to be deeper and more balanced.

What skills acquired in marketing do you consider to be most valuable in your new role as an MSL?

In this question, various skills were mentioned by the interviewees as being most valuable from their previous role in marketing.

Three of the interviewees emphasized the ability to manage cross-functional projects, which allows them to coordinate multiple tasks simultaneously and collaborate effectively with different departments—something they see as essential in the pharmaceutical industry. Related to project management, three interviewees also mentioned that in marketing, they developed skills in prioritization, synthesis, and problem-solving, which help them a lot in their current MSL role to communicate ideas clearly and concisely and make informed decisions.

On the other hand, two interviewees highlighted the ability to communicate to large audiences as an acquired skill in marketing, which now helps them confidently give scientific presentations to large groups of people.

Lastly, two interviewees noted that their strategic vision and understanding of the commercial department, skills acquired in marketing, have allowed them to better perform in their MSL roles, helping to align scientific and commercial objectives.

What advice would you give to a marketing professional considering transitioning to the MSL role?

In this last question, each interviewee offered a different key piece of advice, suggesting that there is not just one valid path, but rather multiple factors that can contribute (Figure 10).

On one hand, the importance of not having a commercial attitude was emphasized, despite having extensive knowledge of the competitive landscape and promotional messages, as the MSL role must be scientific, objective, and impartial.

On the other hand, one interviewee mentioned the importance of going through sales as a transition from marketing to MSL, as this provides field knowledge and close contact with clients, allowing you to acquire multiple valuable skills.

From another perspective, it was emphasized that the most important factor for transitioning from marketing to MSL is attitude—strengthening your network and expressing your interest and willingness to move into the medical department.

Similar to the previous advice, it was mentioned that transitioning within the same company is usually easier, as you likely have a stronger network and more people within the company are aware of how you work and what your motivations are. A transition from marketing to MSL by changing companies can be more challenging, as you may lack the experience typically required in the medical department.

Lastly, one interviewee suggested getting involved in creating marketing materials, as this requires an extensive literature review and can be viewed positively when applying for an MSL position.

Figure 10. Venn's diagram with the main milestones mentioned by the interviewees to switch from a Marketing position to MSL.

Conclusion

The findings of this study reinforce that transitioning to the MSL role is a multifaceted process that requires both technical and strategic adaptation but demonstrates a possible route for pharmaceutical industry professionals who come from other backgrounds.

While the transition to an MSL role seems to be possible after some years of experience, the willingness and vocation to a more scientific role were unanimous among the MSLs. The majority of interviewees expressed professional satisfaction, citing intellectual fulfillment and the opportunity to contribute to the improvement of clinical practice as key motivators. Internal promotion and networking were identified as the most effective pathways for securing an MSL position, underscoring the importance of visibility and mentorship within the industry.

Many challenges as improving planning skills were faced, but their previous experience and background in other areas were also of great contribution to their new role. Those from marketing benefit from their experience in strategic thinking and cross-functional collaboration but often face challenges in field engagement and adapting to the scientific rigor of the role.

Ultimately, this project highlights that while there is no single route to becoming an MSL, a combination of scientific curiosity, adaptability, and strong professional relationships can significantly ease the transition. By understanding the expectations of the role and preparing accordingly, aspiring candidates can successfully navigate this career shift and thrive in medical affairs.

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Héctor Cuerda is a graduate with honors in Veterinary Medicine and has experience in medical environments and basic research, particularly in neurosciences. He has a deep passion for advancing the pharmaceutical and biotechnology industries, leading him to pursue an MBA and equipping him with a unique strategic mindset. Assertive, proactive, diligent, and resilient, he excels in cross-functional roles where collaboration is essential and execution is key. His commitment to continuous learning fuels his dedication to contributing to innovative, health-improving solutions from a ONE HEALTH perspective. He completed his internship as a Medical Marketing at Laboratorios Uriach and is currently open to work in the pharmaceutical industry.

Yasmin Soares de Lima, PhD, MBA

Yasmin Lima is a biologist with a PhD in Translational Medicine from the University of Barcelona and an MBA in the Pharmaceutical and Biotechnology industry from ESAME. Driven by a profound passion for science, Yasmin embarked on an academic career for several years. Her desire to bridge the gap between scientific innovation and patient care led her to transition into the pharmaceutical industry. Currently, she serves as a Medical Science Liaison at Eli Lilly and Company, where she keeps improving her ability to exchange cutting-edge scientific knowledge and foster collaborations that drive progress in medicine.

Bet Jené Vinuesa, MBA

Bet Jené is a biomedical graduate with a strong passion for science and a deep interest in making a positive impact on people's lives. Her curiosity and enthusiasm for the pharmaceutical industry led her to pursue an MBA, equipping her with a broader understanding of the business and strategic aspects of the sector. She is a proactive, resilient, and empathetic professional, always eager to learn and take on new challenges. After gaining valuable experience through a one-year internship in hematology marketing, she is now further developing her career in the pharmaceutical field as part of a rotational program at Novartis, where she continues to expand her expertise and contribute to innovative healthcare solutions.

Claudia Conesa, MSL, MBA

Claudia Conesa holds a degree in Pharmacy and a Pharma MBA. She has more than 4 years of experience in the Pharmaceutical Biotech industry in the Medical Affairs and R&D department. She is currently an MSL in Amgen, with responsibility in Bone Metabolism, Neuroscience, Inflammation, and Rare Diseases.

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Victor has more than 20 years of experience in the pharmaceutical biotech industry, Medical Affairs, and R&D. Professor in several master's and Pharma MBA Coordinator. Passionate and author of various publications related to the MSL position. He is currently a Senior MSL Head in Amgen, with responsibility for Bone Metabolism, Neuroscience, Inflammation, and Rare Diseases. Victor has previous experience at Parke-Davis and Pfizer. In 2018, he received the MSL Award of the Year-Outside USA from the MSL Society. Victor is also a Board-Certified Medical Science Liaison (MSL- BC®).

Incentivizing Excellence with AI-Driven Insights and Qualitative Metrics

By Nicolas Georgiades | Spring 2025

Medical Science Liaisons (MSLs) are vital in advancing medical strategy through scientific engagement and insight generation. Due to the unique nature of their role, traditional MSL performance metrics often fall short, failing to capture the full impact of individual or team contributions to Medical Affairs department goals. This article explores how artificial intelligence (AI) transforms Medical Insight Management and MSL metric implementation by providing real-time feedback loops on medical

insights and generating meaningful qualitative metrics that drive medical excellence.

The Shift from Quantity to Quality in MSL Metrics

Historically, MSL performance was measured through quantitative metrics, such as the number of HCP engagements. While valuable, these metrics overlook the strategic impact of MSL activities. AI enables a shift toward qualitative assessments by analyzing the relevance, depth, and influence of medical insights.

AI-Driven Real-Time Feedback Loops

AI-powered analytics platforms can process and evaluate insights from multiple sources, including advisory boards, congresses, HCP interactions, and social media. By analyzing alignment to medical strategy in real-time, these systems generate feedback loops that help MSLs understand how their contributions align with organizational goals and how to improve their medical insight contributions. This continuous feedback fosters data-driven decision-making and strategic adjustments while incentivizing quality HCP interactions.

Creating Meaningful Qualitative MSL Metrics

AI enables the development of qualitative KPIs, such as:

- Medical Insight Impact: Measuring the impact and strategic value of collected insights aligned with listening priorities.
- Medical Affairs Outcomes Research: Executing medical strategy and generating data through targeted questions.
- Tactics & Strategies: Incorporating all MSL responsibilities and encouraging teamwork.
- Scientific Exchange: Analyze the depth and outcomes of HCP interactions.

Incentivizing Medical Excellence Methodology

Medical Affairs platforms use AI to create feedback loops by capturing medical insights which are centralized from multiple sources. These insights are analyzed through an AI-driven algorithm that evaluates relevance, alignment to strategy, and potential impact to medical strategy. The system then generates qualitative metrics such as insight quality, strategic alignment, and scientific engagement effectiveness while also performing Medical Affairs Outcomes research on the Medical Insights. This methodology ensures that MSL contributions are continuously assessed, improved upon, and provide clear, actionable results which foster excellence.

The Role of Technology in Continuous Improvement

Advanced medical insight management platforms leverage artificial intelligence to analyze patterns, predict trends, and recommend next best actions, reducing manual reporting and allowing MSLs to focus on impactful engagements.

Results of Applying AI-Driven Methodology in Medical Affairs

Medical Affairs professionals overwhelmingly prefer performance evaluations based on the quality of HCP meetings rather than the quantity. Teams that adopt qualitative metrics can experience more transparency, higher job satisfaction through a deeper sense of professional accomplishment, reduced MSL turnover, and decreased new hire training needs. The incentivization of Medical Strategy execution through qualitative metrics also leads to improved Medical Affairs Outcomes research, enhancing the overall impact and effectiveness of Medical Affairs departments.

Implementing a Qualitative MSL Metric

Implementing qualitative MSL metrics involves a multi-step process that integrates soft skill training with advanced platforms. First, Medical Affairs teams should invest in soft skill development, including communication, active listening, and medical insight gathering, as these competencies enhance the quality of HCP interactions. Concurrently, deploying AI-powered platforms for insight management allows seamless data capture, analysis, and feedback. Together, these elements act synergistically to produce medical excellence by ensuring MSLs are not only well-equipped to engage meaningfully but also supported by technology that evaluates and refines their contributions in real time.

Conclusion

AI is innovating how Medical Affairs teams measure and incentivize excellence. By providing real-time feedback and meaningful qualitative metrics, organizations can align MSL efforts with strategic goals, enhance performance, and boost job satisfaction. As

Medical Affairs undergoes a digital transformation, the role of AI will continue to grow and shape MSL success and excellence.

About the author:

Nicolas Georgiades, PharmD

Nicolas Georgiades is the Founder of PharmAccelerator Inc., a technology provider specializing in Medical Affairs strategy. With extensive experience spanning clinical pharmacy, pharmaceutical industry roles, and community pharmacy, Nicolas has a track record in medical affairs strategy, HCP and KOL engagement. Beginning as a Pharmacy Resident and Clinical Medication Reconciliation Pharmacist, and later serving as an Infectious Diseases Medical Science Liaison, Nicolas brings a patient-centered approach and data-driven mindset to every aspect of pharmaceutical care and medical strategy. Nicolas is passionate about leveraging technology to enhance Medical Affairs operations and improve patient outcomes through innovative solutions and strategic excellence.

Assessing Payer Knowledge, Attitude, and Behavior Toward Clinical Messaging

By Casey Reed | Spring 2025

Background

Medical affairs organizations have historically relied on various methods to assess payer sentiment toward clinical evidence and health economic value. These methods include advisory boards, surveys, and market research, each of which has inherent limitations. While they provide valuable insights, these approaches are often time-consuming and resource-intensive and lack the agility needed for real-time decision-making. Given the rapidly evolving nature of medical evidence and payer landscapes, there is a critical need for a more dynamic and responsive tool for medical payer teams to assess payer organizations' knowledge, attitudes, and behaviors regarding clinical evidence and health economic value.

Objective

The primary objective of this project was to develop an agile assessment tool that medical affairs professionals could use to systematically evaluate payer organizations' knowledge, attitude, and behavior toward clinical evidence and health economic value. This tool would allow for continuous and iterative assessments, ultimately enhancing scientific engagement efforts, including understanding of perceived evidence gaps and strategic decision-making.

Methods

To create the assessment tool, the authors conducted a non-exclusive PubMed literature search using key terms such as "behavioral mindset," "mindset continuum," "knowledge assessment," "attitude assessment," and "behavior assessment." The search yielded over 200 responses, which were then systematically narrowed down to five validated models. After careful

evaluation, the authors selected the **Intercultural Development Continuum™** as the foundation for the tool, due to its inherent flexibility in adapting to changes in medical evidence and payer perspectives over time.

A working group comprising field medical outcomes liaisons—who regularly interact with regional and national payer organizations—collaborated with medical strategy leadership to define and categorize different levels of knowledge, attitude, and behavior. This collaboration ensured that the tool was both practical and reflective of real-world payer engagement dynamics. Definition criteria were developed for each category, facilitating standardized implementation and interpretation across teams.

Results

The resulting assessment tool structures payer organizations' **knowledge and attitude** into five distinct categories:

- **Skepticism** – Payers express doubt or require additional evidence to consider clinical value.
- **Awareness** – Payers acknowledge the existence of the message but may not yet be engaged.
- **Consideration** – Payers actively evaluate the clinical message and its implications.
- **Engagement** – Payers are involved in discussions and demonstrate a willingness to act on the clinical value.
- **Advocacy** – Payers proactively support and champion the clinical value.

Payer **behavior** is categorized based on **formulary status**, with three levels:

- **Non-formulary** – The asset is not covered within the payer's formulary.
- **Non-preferred** – The asset is covered but not as a preferred option.
- **Preferred** – The asset holds a favorable formulary position.

Field medical affairs professionals complete these assessments quarterly for individual priority assets, with emphasis on new products and indications or changes in the competitive landscape. This allows for longitudinal tracking of payer sentiment, enabling organizations to identify trends, refine engagement strategies, and adjust medical evidence generation efforts accordingly.

Conclusion

The development of this assessment tool provides a quick yet structured method for field medical professionals to gauge payer organizations' sentiment toward clinical evidence and health economic value. By offering a standardized framework, the tool enables more informed account planning and supports strategic medical engagement. Over time, this approach has the potential to improve understanding of clinical value perceptions and evidence gaps that ultimately inform medical strategies to address payer-decision maker evidence needs.

Sponsorship

This project was conducted by Sanofi employees.

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Casey is the Population Health Lead within the NA Medical organization at Sanofi. In this role, Casey leads strategic medical engagement efforts across multiple therapeutic areas, focusing on organized customers (payers, IDNs, specialty pharmacies, etc.). Casey has held multiple leadership roles across both pharma and managed care organizations, with a focus on population health, quality improvement & implementation science, real-world evidence generation, and data storytelling.

Darren Stam, PharmD, MBA

Darren is currently the Head of Medical Outcomes and Portfolio Strategy within the NA Medical organization at Sanofi. Darren's career in the pharmaceutical industry has spanned 26 years where he has had the opportunity to build and lead field medical teams, including traditional MSL and Medical Outcomes roles that span the spectrum of stakeholder engagement within the US healthcare ecosystem. During his time at Sanofi, he has accumulated significant experience aligning field medical as a key contributor to launch readiness and engagement and has led initiatives to expand opportunities for proactive scientific exchange, elevating medical's contribution the external scientific engagement.

From Metrics to Meaning: Rethinking the Impact of Medical Affairs Beyond Reach and Frequency

By Christopher Hansen | Spring 2025

Field-based medical (FBM) teams act as a scientific bridge between the pharmaceutical/biotech company and healthcare providers (HCPs). Their work is non-promotional and aims to improve patient care by acting as a trusted partner and liaison. Traditionally, the performance of FBM teams has been assessed using quantitative metrics like reach and frequency. That is, how many HCPs were engaged, and how often. In recent years, this model has created a polarizing debate among strategists that seek to measure performance in a way that is not based on commercial measures (ie profit from sales). As we have evolved and the capabilities of FBM have grown, a more sophisticated approach may consider multidimensional outcomes that include quantitative and qualitative measures.

While easy to collect, reach and frequency metrics have significant limitations. The most obvious challenge relates to the quality of engagement. A focus purely on a number of interactions can distract from the overall goal of the team and overarching medical strategy (Figure 1.1). Although impact can be peripherally described by numbers, influence on HCP behavior and patient outcomes is qualitative in nature. Furthermore, meetings without purpose reduce credibility and the long-term likelihood of becoming a trusted partner.

A shift towards outcome-based metrics that drive strategic value and impact

As the healthcare system grows in complexity, there are increasingly greater ways for FBM to interact with HCPs and health systems. A multifactorial scorecard inclusive of quantitative and qualitative measures (Figure 2.1) could be an effective strategy to describe meaningful impact. Key outcomes may consider:

- *Clinical insights that drive publication, authorship, or study development*

Like an advisory board, field medical engagements collect clinical insights that help direct data generation. In collaboration with the HQ medical team, key questions collected in the field can be used to produce post hoc analyses. This could include patient demographic subcuts, additional analyses on secondary outcomes, or may include new study ideas altogether. This provides the opportunity to engage HCPs in formalized co-authorship while advancing unmet needs in the field.

- *Direct feedback from HCPs following an engagement or activity*

For HCPs and KOLs whom the FBM team interacts with, solicited feedback can help inform the organization on the impact being made by the team, individual, or strategy. While some teams choose to obtain blinded team results, others may choose to seek direct feedback regarding an interaction or presentation. This data can be used to demonstrate the impact of HQ strategy and potential needs for refinement.

- *Patient outcomes reflected by individual accounts or real-world evidence*

The core goal of all medical affairs teams is to improve patient care. The impact of FBM activities could be reflected in patient outcomes within an institution or region. For common conditions, this may be reflected in patient RWE data – health resource utilization, multidisciplinary outcomes, or localized publications. Within rare conditions, impact may be described through reductions in a patient diagnostic odyssey and appropriate identification.

Example field activities that drive impact outside of the traditional 1:1 engagement model

Field led advisory boards	Separate from HQ advisory boards, field-led advisory boards can be used as a tactic to collect novel insights specific to a region or institution.
Multidisciplinary roundtables	Different specialties can come together to discuss perspectives and collaborative approaches to patient management.
Poster presentations	FBM employees can present posters on behalf of the organization to demonstrate peer-level credibility and connection to clinical development.
Clinical Study Collaboration	Field teams act as “boots on the ground” of the company to identify new trial sites as well as address challenges with patient recruitment & liaise with clinical operations.
Disease state awareness programs	Education can be delivered by FBM to broad audiences who may not typically have contact with field personnel.

Does a value and impact-driven framework mean that metrics are dead?

Hardly. Baseline numbers of interactions and frequency of engagement will always help describe the outcomes of a field-based tactical strategy. Just as a scientist tracks outcomes in an experiment, and a PI looks for improvements in primary and secondary objectives in a clinical trial, field metrics can be used to describe the success of a strategy. They should not, however, serve as the north star. Metrics can be incredibly useful to advocate for FBM value, internally, when communicating strategic outcomes. In organizations driven by data, metrics such as frequency, recurrence, duration, and reactive/proactive encounters can help describe the unique value of field activities.

Challenges in Measuring FBM performance in a multi-dimensional model

Despite clear advantages to using a value and impact-driven model, monitoring low performance can be a challenge without rigid metrics. Traditional key performance indicators (KPIs) provide a black-white framework for attainment. As we transition to qualitative and outcome-driven approaches, there is inherent subjectivity. As new measures are created, it is important that a clear benchmark standardizes the evaluation of the FBM individual or team. An impact model also may present challenges due to time- unlike the immediate data from reach and frequency, it could take months or years for outcomes to materialize. From here, it remains critical that leadership distinguishes effort from impact. Although an individual may be highly active, it is possible that they lack the ability to make a measurable scientific impact. A meaningful interpretation of outcomes irrespective of time spent on preparation is critical.

Moving beyond the metric in a fast-paced healthcare landscape

The medical affairs function is evolving at an exponential rate. As we describe the outcomes of FBM teams, it is critical that leaders use a balanced approach to assess fieldwork. This will require a multi-dimensional model that combines quantitative and qualitative metrics from field activities. A holistic view of performance may capture actionable insights, study involvement, authorship engagement, non-promotional speaking collaborations, or involvement in advisory boards. The north star of every

FBM team should be focused on improving patient care. By adopting a multi-dimensional assessment model, organizations can ensure that FBM teams drive scientific and clinical impact. From here, the success of a team can focus on quality of outcomes, rather than quantity, to drive value and impact within the healthcare ecosystem.

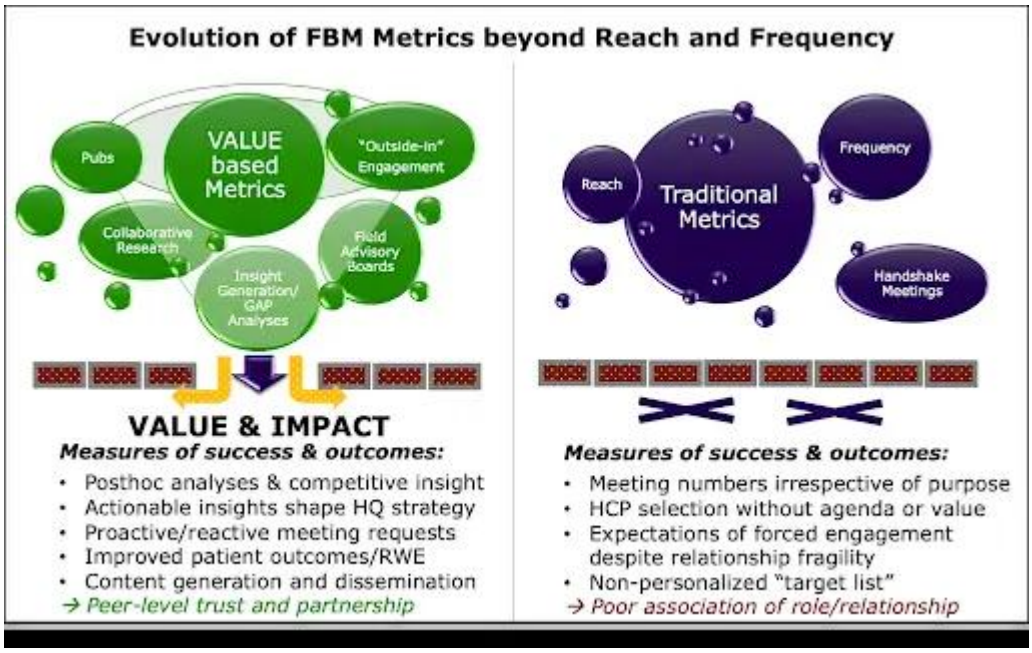

Figure 1.1 The Evolution of field medical activities supports the creation of value and impact-driven metrics. Traditional metrics rely on a numbers-driven approach to describe success. A "reach and frequency" model relies on repetitive one-size-fits-all engagement that does not account for the needs of the HCP or substantiative exchange. As the industry has evolved, impact-driven metrics allow for more robust outcomes through field activities by shaping strategy, improving patient outcomes, and collaborative initiatives involving research and content dissemination.

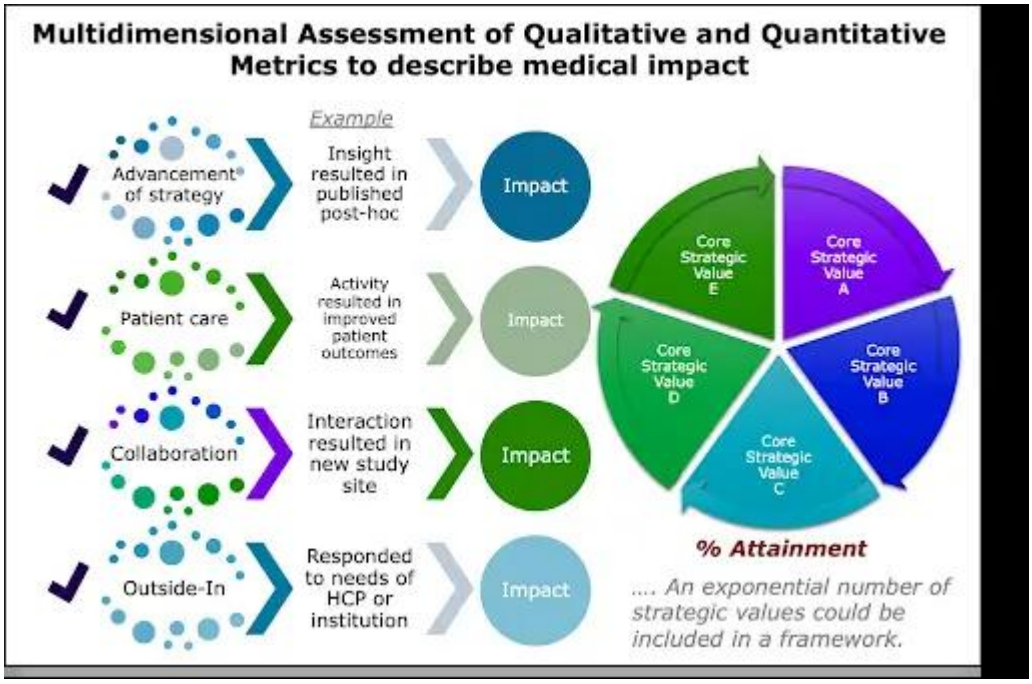

Figure 2.1 Example of a multidimensional framework to assess qualitative and quantitative measures of value and impact. Incorporating quantitative and qualitative measures allows for a robust view of the impact of field activities. Strategically, this could result from an actionable insight that drives the course of a new publication or post that originated from an HCP engagement. An identified case regarding patient improvement or identification could describe a direct impact on patient care. Collaboration could be identified by the facilitation of a new study site or navigating through a challenge with recruitment. Taking an outside-in approach requires the FBM individual to assess the needs of an HCP or institution and synergistically

support their needs while advancing patient care and company objectives.

Disclaimer: The ideas discussed in this manuscript belong to the author and do not represent the views or endorsements of his employer.

About the author:

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Chris is a translational scientist by training with extensive experience in the pharmaceutical industry and medical affairs. Chris completed his PhD and postdoctoral training at the Ohio State University and later completed his MBA with a specialization in healthcare leadership. He has spent over a decade in the industry working as a MSL, Medical Director, and MSL Director. He has supported 13 product/indication launches while leading HQ and field strategy development for field teams. Throughout this time, Chris has consistently looked for opportunities to mentor new and aspiring MSLs. He seeks to transform healthcare by inspiring field medical teams to deliver high quality patient-focused engagement. When not at work, Chris is an avid runner and loves spending time with his wife and four children.

Finding and Acting on the Common Denominator as an MSL in Fieldwork

By Alex Palumbo, PhD | Spring 2025

Disclosure:

This text represents my own views and not the ones of my former or current employer(s).

The Medical Science Liaison (MSL) is expected to bond with the HCPs and have long-standing relationships which can be the root of a strategic performance. Thus, the MSL can be regarded as the “CEO” of the attributed territory. As CEOs plan to have an impact on the customers with their products, the MSL should consider the interactions with HCPs as a starting point to set out a plan to affect strategically the territory according to the medical plan.

The underlying strategy is supposed to gather information about the local needs and challenges of HCPs and convey this information within community of the HCPs. Such undertaking facilitates the detection of needs and challenges that HCPs and eventually patients encounter for their treatments. Once the information is gathered, the MSL summarizes all needs and challenges and points them according to the map of the territory. In the next step, the geographical visualization of the needs and challenges will be used to determine which needs and challenges are rather local or regional. This step represents a crucial point of diversification as strategic impact must be planned respectively.

Since each HCP might have different priorities, preferences, scientific affiliations, work schedules and responsibilities, the MSL needs to consider these factors i) when deciding whether the need or challenge represents a local idiosyncratic phenomenon or

a general one in the region or ii) whether the need or challenge is not articulated but is systematically present due to the health care system, treatment or access infrastructure, or lack of patient flow and demand.

In case the gathered information about the need and challenge is of individual and local nature, the MSL might need to discuss with the HCP how the MSL can help to improve the situation. Depending on the demand, the MSL might need to involve colleagues from other departments. Such cross-functional effort ensures the most efficient support for the HCP. This will help the MSL, and the company, to strengthen the relationship with the HCP as such undertaking will eventually benefit the patients.

If, however, the need or challenge has been stated by many HCPs in the territory, the MSL has found a common denominator. The common denominator represents a pivotal opportunity for the MSL and the company to have long-lasting strategic impact in the region and eventually nationwide (if the common denominator is found in other territories, too). As a board committee expects specific execution from the CEO, in such situations, the company and the HCPs expect the MSL to be responsible, notice and act on the common denominator in the territory as patients' life can eventually be improved or even rescued from the strategic undertakings.

The MSL can set up a territorial strategy by bringing the HCPs together in either advisory boards, roundtables, or network meetings. This will initiate discussions about the common denominator and will eventually lead to ideas, plans and solutions how to address it. Afterwards, frequent visits and close communication with all HCPs is required as a follow up of such events to ensure the execution.

Subsequently, the MSL needs to align the common denominator with the current medical plan to ensure the company's goals are achieved in the region by involving the HCPs in the territorial strategy. Depending on the context of the common denominator, this step might be either easy or difficult to achieve as medical plans tend to cover needs or challenges HCPs encounter nationwide but not region specific. Nevertheless, the MSL should also inform the company about the development on a regular basis as the company strategy might have an impact on the region or the company decides to act on the common denominator on a nationwide scale.

Although the needs and challenges have been distinguished between local and regional, it is important to note that the geographical information must be regarded as mutual than rather exclusive. A local need or challenge does not necessarily affect the HCPs and patients of other locations. However, the local need or challenge might play a role in an overarching need or challenge that might not have been articulated yet. Therefore, it is crucial that the MSL takes notes on all needs and challenges HCP and their patients encounter as there may be hints to even stronger forces in the territory.

The MSL possess a lot of opportunities to have an impact on HCPs and their patients. It is important that the MSL seeks such opportunities and acts on them in a timely manner as HCPs and their patients might encounter other needs and challenges following from the ones that have not be addressed in the past. The responsibility and accountability of the MSL is similar to the one from a CEO.

About the author:

Alex Palumbo

I am a neuroscientist by training and I am currently a medical scientific liaison manager at Teva Pharmaceuticals. I am also part of the global medical affairs committee for the organization of internal events related to medical affairs and MSLs.

Value in the Eye of the Provider

By Paul Meade | Spring 2025

Strategies for optimizing every HCP interaction

How do you ensure every minute you get with a Healthcare Provider optimizes the value of the interaction, for both you and the Provider? Gaining access to every HCP is becoming more challenging. When you do finally gain access, the time you have keeps shrinking, along with how frequently you can see that HCP. So, how do you optimize the value of that interaction?

After surveying and interviewing over 20,000 HCPs across many therapeutic areas and countries, Clear Point Health has found

that on average an MSL can see an important HCP up to 4 times a year for approximately 30 minutes each visit. So, if you get 2 hours a year to interact with your key HCPs, it is important to maximize the value of that exchange. That value starts in the planning stages, well before the visit.

Planning a visit with your HCP starts with the right information. Not only is it important to have an in-depth understanding of the skills and experiences of that HCP, but you also need to know what is important to that specific *Provider*. What are the critical Experience Drivers for that HCP? How do they define a successful visit versus an unsuccessful one? What do your key Providers believe an MSL should do to create value during the interaction and beyond? Armed with this valuable information, an MSL can plan their next visit with these value drivers front and center. Important Experience Drivers that HCPs have mentioned in various surveys include factors such as “respects my time,” “provides novel and interesting information relevant to my clinical practice,” and “helps contribute to my professional development.” If the HCP has only 30 minutes to give you, don’t plan a 60-minute meeting. Prioritize the most critical information first because, as we all know, day-of schedules can change at any moment and meetings can be cut short. Don’t save the best for last!

The next step in the value cycle is the interaction with the HCP where, once again, having the right information is critical to optimizing that time. Important Experience Drivers to consider during the visit are “provides impartial and trustworthy information,” “understands my clinical practice,” “keeps me updated with new information,” and “puts the patient first in our discussions.” Each HCP will have their own list of important value drivers. It is important the MSL understands which of those drivers creates the greatest value for that HCP. If the Provider is new to your portfolio, part of your pre-meeting planning could include asking the Provider what they want to get out of these interactions to ensure that you are tailoring the experience to what they find the most valuable.

The final phase of the process is the post-meeting follow-up with Providers. It’s possible that three months or more could elapse before your next visit. It then becomes important to plan out constructive touch points between visits to maintain the relationship, such as responding to follow-up requests, being available virtually for additional requests, offering educational opportunities for other clinic staff including Advanced Practice Providers, etc. Some of the key Experience Drivers for this follow-up phase are “responsive to my needs,” “timely delivery of important information,” and “supports my professional development.” Value is not only created during those golden 30 minutes. The opportunity to create value continues throughout the time between visits.

One of the most important measures of success for an MSL is understanding what an HCP does with the information they are given. The goal of an MSL meeting is to provide the HCP with actionable information and opportunities to improve patient care. Measuring action outcomes is the gold standard in being able to assess real-world MSL impact. One of the key metrics that can be collected from an HCP is if they use the information to change their clinical practice. There are numerous ways Providers will use information from an MSL, but changing their clinical practice is highly correlated to which MSL a provider would choose to see if they could only see one.

It’s one thing to have a good understanding of the background, skills, and experiences of an HCP but it’s another to know what creates meaningful value for that HCP, and how you can optimize value throughout your planning and meeting cycles.

Pop-out quotes (intended for pop-out text boxes from the main article. Feel free to put those pop-out boxes wherever works best for your layout design):

Q: What factors contributed to your high “likelihood to recommend” score?

[Translated] “Understands disease specifics and broader clinical picture. Presents information I do not already know in a concise way. Flexible scheduling. Discusses IIT opportunities”

- Médico, Especialista em Endocrinologia [Endocrinology, Brazil]

Q: How would you describe a successful versus unsuccessful MSL interaction?

“Successful: MSL sends clear agenda ahead of mtg, has a benefit for both of us, alerts me to new research/academic/collab opportunities, gives info about patient education materials/programs. Unsuccessful: really long meetings, lectures at me, asks questions but doesn’t answer any of mine, only presents data and doesn’t touch on things like patient access & insurance coverage.”

- MD, Oncology

Q: What are the most significant areas for improvement when considering the role that MSLs fulfill?

“I wish MSLs understood how busy we are and would be more willing to provide information through email or virtual meetings rather than insisting on face-to-face meetings that are hard to schedule. With heavy patient loads, I appreciate MSLs who bring opportunities to further my academic work since I don’t always have time to find those myself.”

- MBBS, FRACP (Neurology)

About the author:

Paul Meade, MSc, MPH

Paul Meade has more than 40 years of healthcare industry experience. He has spent 25 years of his career working directly in the pharmaceutical industry for Merck and then GlaxoSmithKline. He has held a variety of positions within sales and marketing, international marketing, business planning, and research and development (R&D.

After leaving the pharmaceutical industry, Paul started Clear Point Health (fka Thought Leader Select), a consulting business focusing in the Thought Leader and Medical Excellence strategy spaces, working with a variety of clients across many different areas of healthcare.

He has published several articles in leading healthcare journals, such as Pharmaceutical Executive, MedAdNews, PharmaVoice, etc.
Paul received a Masters in Public Health with a Certificate in Public Health Ethics from the University of North Carolina, Chapel Hill, and he also holds a Masters of Science in Biomedical Sciences from the University of Guelph in Canada. He currently sits on three Research Ethics Boards and the UNC Alumni Board.

The High Cost of Waiting: How Delaying Virtual Meetings Impacts Everyone

By Jorge Fragoso, MS | Spring 2025

It is common to hear this comment from the organizers in any virtual session. This is a negative tactic because delaying the start of a meeting has a negative impact on the time dedicated to business activities, rewards tardiness, and penalizes punctuality.

Here’s why we should begin promptly:

****Time is valuable**:** If 50 colleagues wait 3 minutes in a session, we lose 150 minutes of productive time. Multiply this across thousands (or millions?) of daily virtual sessions happening in all companies around the globe, and we’re wasting significant working hours!

****Professionalism matters**:** Important events like Global Town Halls start on time. Our functional events deserve the same respect.

****Alternatives exist**:** Many sessions offer multiple attendance options or are recorded, allowing latecomers to catch up if they missed something relevant.

****Early minutes are rarely critical**:** The first few minutes typically cover housekeeping information, not crucial content. (“Do you see my screen?”, “Can you all hear me loud and clear?”, “Write down your questions in the chat/Q&A…”, “Feel free to ask”, “Our speakers today are…”, “Scan the QR code as we will use …”, “This session will be recorded”, “We will share the slide deck later….”, “My name is XX and I moderate ….” etc.).

****Punctuality benefits everyone**:** Maintains schedule integrity. Respects early attendees’ time. Demonstrates professional organization

****Solutions for latecomers**:**

– Coordinators can briefly recap critical lost stuff (if any) at the end for late joiners

– Latecomers can review recordings or attend alternate sessions

****Addressing the root cause**:** We should also tackle the issue of back-to-back meetings by:

– Adhering to scheduled meeting times

– Ending meetings 5 minutes early

– Inviting only relevant participants

Starting on time will stop wasting hundreds of hours we can dedicate to business-related activities. Also reinforces a culture of punctuality and respect for everyone’s time. It’s a small change that can significantly impact our productivity and professionalism.

Call to action: If you are organizing a virtual session, starting late must be an exception, not a rule. If you are an attendee, ask the organizers to start right on time.

Will be happy to hear your thoughts!

About the author:

Jorge Fragoso, MS

Jorge Fragoso currently serves as the Global Field Based Medical Excellence Lead at Sanofi Vaccines, where he coordinates strategic initiatives for Medical Science Liaison teams worldwide.
Born and educated in Mexico City, Jorge holds a Biology degree and a master’s degree with honors in Neurosciences from the National University of Mexico.

Since joining Sanofi in 1991, Jorge has cultivated extensive expertise across Sales, Marketing, Business Support, e-business, Training, and Medical functions through his 33+ year tenure in the pharmaceutical industry. After excelling in various roles within Pharma Mexico, he advanced to the Latin America Regional team in 2010. Since 2015, Jorge has been orchestrating key

global initiatives for Sanofi Vaccines. This diverse professional journey has equipped him with a comprehensive, cross-functional perspective of the pharmaceutical landscape.

Beyond his core responsibilities, Jorge actively contributes to numerous corporate initiatives including Simplification, Digital Transformation, Diversity, Equity & Inclusion, and WeVolunteer. He currently serves as President of AGE Connection (a local NGO oriented to fight against ageism) and Make-A-Wish volunteer.

The Future of Medical Science Liaisons: Human vs. AI-Driven Bots

By Yasmin Hussien | Spring 2025

The Medical Science Liaison (MSL) profession has always been at the forefront of bridging the gap between pharmaceutical companies and healthcare providers. With the advent of artificial intelligence (AI), the role of MSLs is undergoing a significant transformation. Chatbots, powered by AI, are emerging as valuable tools in this field, offering new ways to enhance efficiency, personalization, and engagement.

Chatbots have evolved from simple, rule-based systems to sophisticated conversational agents capable of understanding and responding to complex queries. In the MSL profession, chatbots can assist in various tasks, such as data analysis, information dissemination, and interaction with healthcare providers. According to a recent report by the World Economic Forum, AI-enabled health technologies, including chatbots, are expected to play a crucial role in the future of healthcare. One of the primary advantages of chatbots is their ability to process and analyze vast amounts of data quickly. This capability allows MSLs to gain deeper insights into patient populations, treatment outcomes, and emerging trends. By leveraging AI, chatbots can identify key opinion leaders (KOLs) and predict which healthcare providers might be most interested in specific medical advancements. This targeted approach enhances the relevance and effectiveness of MSL engagements.

Human MSLs vs. Chatbot MSLs

While chatbots offer numerous benefits, it is essential to compare their capabilities with those of human MSLs. Human MSLs bring empathy, emotional intelligence, and the ability to navigate complex social interactions. They can build trust and rapport with healthcare providers, which is crucial for effective communication and collaboration. On the other hand, chatbots excel in providing consistent, evidence-based information and are available 24/7. They can handle repetitive tasks, such as answering frequently asked questions, allowing human MSLs to focus on more strategic activities. Additionally, chatbots can analyze data from past interactions to offer personalized recommendations and summaries, improving the efficiency of MSLs. However, chatbots still face limitations in understanding nuanced human emotions and cultural contexts. While they can simulate conversations, they lack the depth of understanding that human MSLs possess. Therefore, a hybrid approach, where chatbots and human MSLs work together, can be the most effective strategy.

Future Scenarios: Dependence on Chatbots

As AI technology continues to advance, the MSL profession may become increasingly dependent on chatbots. Here are a few potential scenarios:

Chatbots could become integral in analyzing real-time data from clinical trials, patient feedback, and medical literature. This would enable MSLs to provide more accurate and timely information to healthcare providers, ultimately improving patient care.

With advancements in natural language processing and machine learning, chatbots could offer highly personalized interactions with healthcare providers. They could tailor their responses based on individual preferences and past interactions, making engagements more relevant and impactful.

AI-powered chatbots can continuously learn from new data and adapt their responses accordingly. This would ensure that MSLs are always equipped with the latest knowledge and can stay ahead in a rapidly evolving medical landscape.

As chatbots become more prevalent, ethical and regulatory challenges will need to be addressed. Ensuring transparency, maintaining patient confidentiality, and managing conflicts of interest will be critical to the successful integration of chatbots in

the MSL profession.

In conclusion, the evolution of chatbots in the MSL profession presents exciting opportunities for enhancing efficiency, personalization, and engagement. While chatbots offer significant advantages, the human touch remains irreplaceable. A balanced approach, leveraging the strengths of both chatbots and human MSLs, will be key to navigating the future of this dynamic profession.

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My name is Yasmin Hamdy Mohamed Hussien. I was born in Upper Egypt, in El Minya Governorate. I obtained a bachelor's degree in pharmacy with distinction (Class of 2022) from Deraya University in Egypt. I studied Pharmaceutical Medicine Postgraduate Program at King's College London. I am a Scholar at Deraya University Center for Research and Sustainability, and a Peace, Health, and Climate Mobility Scholar at the Boutros-Ghali Chair for Sustainable Peace. Also, I served as a Reviewer at the Oxford COVID-19 Government Response Tracker at the University of Oxford. I serve as a writer at the Oxford Personalised Medicine Society (OPMS) Gene' Zine Magazine. Additionally, I serve as a Focal Point of Boutros-Ghali Chair for the Partnership for Maternal, Newborn & Child Health (PMNCH). Furthermore, I am a UNHCR Young Champion for Refugees. I am the Author of the Child-Friendly Text of the Paris Agreement and the Co-Author of the Child-Friendly Text of the UN Palermo Protocol. My main passion for scientific journalism is to upgrade young people's mindsets in the context of life science and medical practice.

Standing Tall in a Science-Skeptical World: The MSL's Role in Reclaiming Trust

By Jill Donahue, MadEd, HBa | Spring 2025

Being a pharma professional today is like being the designated driver at a party—you have the facts, you know what's safe, but somehow, the loudest voices are the ones saying, "Naw, I don't need you—I saw a reel that said people drive better if they're a little drunk!"

Meanwhile, you're standing there, holding the keys, watching them confidently climb into a car with someone whose medical degree comes from the University of TikTok.

The challenge? You can't just force them into your passenger seat. Instead, you have to convince them to ride with you—not with scare tactics or condescension, but with trust, credibility, and maybe even a little humor.

MSLs in Today's Reality: Navigating a Skeptical World

The same applies to your role as an MSL with HCPs. It's getting harder to gain their trust and attention. Your job is no longer just about delivering the facts—it's about making those facts so clear, relevant, and human that when it's time for the metaphorical 'designated driver ride home', they willingly get in your car, thinking, "Alright, I trust you—let's go."

Why MSLs Matter More Than Ever

You are the guardians of scientific integrity in an era where misinformation spreads faster than peer-reviewed studies. Doctors aren't immune to misinformation. They're shaped by it and the algorithms that deliver it. In the time before social media, you were the bridge between cutting-edge research and real-world application. But let's face it—being an MSL today in a world of 'alternative facts' and confirmation bias-driven algorithms requires a more sophisticated approach. Simply put, your ability to be a beacon of trust is at least as important as the data you present.

So, in an environment where skepticism is at an all-time high and HCP's attention is pulled in a myriad of ways, how do you cut through the noise? How do you ensure that evidence-based medicine is not only heard but also trusted and acted upon?

The answer? It's not just about the data—it's about how you show up.

Beyond the Data: What MSLs Need Above Science

Traditionally, MSL success has been defined by scientific knowledge, clinical acumen, and presentation skills that fill you with pride. But today, these aren't enough.

To be truly effective, MSLs must step up as trusted scientific partners, not just walking PubMed databases. That means mastering trust-building, storytelling, and human connection.

Here's how:

1) Lead With Purpose *(Because Data Without Noble Intention is Just… Data)*

When conversations become difficult, return to your 'why.' You're not just a walking clinical trial summary—you're someone who

helps HCPs make better decisions for real patients.

An MSL who is grounded in purpose exudes confidence and credibility, making their insights far more engaging.

Ask yourself: How does my work improve patient outcomes? And why is that important to me?

2) Own Your Expertise *(Without Sounding Like a Know-It-All)*

MSLs aren't just fact dispensers—you're strategic partners. Your job isn't to show HCPs how many studies you've memorized; it's to help them make sense of the science in a way that fits their practice to help patients.

Pro tip: Frame your insights as collaborative problem-solving rather than a one-way knowledge transfer.

Try: "Given what we know about X, how do you see this helping patients in your practice?"

3) Build Trust, Not Just Knowledge

Science alone doesn't change minds—trust does. HCPs are bombarded with data from multiple sources, so why should they believe you?

- **Be transparent** – Acknowledge limitations in data.
- **Be consistent** – Follow up, follow through, and be a steady presence.
- **Be human** – Connection before correction. If an HCP is skeptical, listen before responding.

Ask yourself: Am I behaving like a trusted advisor or just another industry person?

4) Be Curious

Not everyone embraces data the way you do. Understanding the emotions, pressures, and biases that shape HCP decision-making allows you to communicate more effectively.

Instead of: "This study proves X…"
Try: "I know there's been a lot of discussion on this topic. What's your take?"
Starting with curiosity builds rapport and opens the door for meaningful scientific discussions.

The Caring MSL Has Never Been More Important

In a world where science is being questioned, MSLs are uniquely positioned to rebuild trust, bridge the gap, and drive evidence-based decisions. But doing that requires more than data—it requires care, connection, credibility, and a commitment to standing tall in the face of skepticism.

And in your personal life…

Meet People Where They Are—Yes, Even Your Skeptical Uncle

Not everyone loves data the way you do. Facts alone rarely change minds—but trust, humor, and connection? That's where the magic happens.

- **Start with Understanding** – People don't reject science because they lack intelligence; they reject it when it conflicts with identity, values, or something they saw on TikTok at 2 AM.
- **Engage with Curiosity, Not Judgment** – Instead of pushing data, ask thoughtful, non-threatening questions like "What's your biggest concern?" instead of "Here's why you're wrong."
- **Tell Stories, Not Just Stats** – Science is compelling, but let's be real—a good story wins every time. Share real-world patient outcomes, historical breakthroughs, or personal experiences (bonus points if they don't sound like a package insert).
- **Find Common Ground** – If someone distrusts pharma but loves their grandma, start there. Shared values open doors faster than a clinical trial disclosure page.
- **Gently Invite, Don't Force** – People hate being "corrected." Instead of a data dump, try: *"That's interesting—tell me more,"* before you add *"want to see what I've found?"*

Final Thought

As an MSL, you have more power than you realize. You're not just a science communicator; you're a trust builder, a bridge, and a guide in an increasingly skeptical world. Lead with purpose, build genuine connections, and trust that when the time comes, the right people will choose to ride with you.

About the author:

Jill Donahue, MadEd, HBa

When Jill was 35, her father's life was tragically lost due to an avoidable prescribing error. Working in pharma, she was driven to figure out how we could do better. Her research revealed one crucial insight: purpose transforms outcomes.

Through her 3 books, programs, and speaking engagements, she empowers pharma leaders to build trust, foster collaboration, and achieve transformational results. Reach out if you want help creating your purpose story and bringing the Power of Purpose to your team.

Beyond the Slide Deck: The MSL's Guide to Winning Minds, Not Just Meetings

By Aya Selim | Spring 2025

The Medical Science Liaison (MSL) role continues to evolve—no longer just a scientific resource, but a strategic partner, a listener, and often, a subtle agent of change. While data remains at the core of what we do, it's how we deliver that data—and more importantly, how we connect with healthcare professionals (HCPs)—that separates a good MSL from a truly impactful one.

This article is a reflection on how to take MSL engagements beyond transactional information exchange and into the realm of influence, trust-building, and long-term value creation. It's less about reworking your slide deck, and more about rethinking the science of engagement.

From Presenter to Partner

Most HCPs have seen enough data to last a lifetime. What they remember, however, is *how* they felt during the interaction. That's where the real work of an MSL begins—not just delivering the science, but delivering it in a way that *resonates*.

The best MSLs operate like cognitive architects: shaping how information is processed, remembered, and acted upon. To do this, you have to shift from a presenter mindset to a partner mindset—someone who helps KOLs think, reflect, and sometimes even *reframe* their beliefs.

Getting Into the Mind of a KOL: 5 Advanced Techniques Rooted in Psychology and Cognitive Science

KOLs are analytical, time-poor, and often inundated with repetitive messaging. To rise above the noise, MSLs must use more

than information—they must activate attention, influence perception, and create mental anchors. These five strategies are based on neuroscience and behavioral psychology—and they work.

1. **Neural Framing: Align Your Message with Their Reward System**

The brain prioritizes information that links to perceived reward. Instead of starting with the science, start by identifying what the KOL *values most*—clinical outcomes, speed, patient quality of life.

"If this therapy helps reduce relapse rates by even 10%, how does that change your approach to patient management?"

Why it works: This activates the brain's reward circuitry, priming them to engage more deeply with the data you're about to deliver.

2. **The Zeigarnik Principle: Use Incomplete Ideas to Drive Follow-Up**

The brain remembers unfinished tasks better than completed ones. Introduce an open concept or emerging insight—and intentionally leave it unresolved.

"We're still analyzing biomarker subgroup data, but one signal is showing a surprising trend. I'll share it as soon as we have more clarity—I'd love your thoughts when that's ready."

Why it works: This triggers cognitive tension, prompting the KOL to stay mentally engaged and anticipate follow-up.

3. **Dual Coding: Mix Abstract and Visual Anchors**

Neuroscience shows that combining verbal explanation with a visual cue significantly improves memory retention. Don't just explain a mechanism—illustrate it, analogize it, or sketch it live.

"Think of this therapy as a GPS-guided strike: CD19 is the target, but the immune environment is the satellite feed. If that's misaligned, precision is lost."

Why it works: This uses both verbal and visual pathways in the brain, increasing comprehension and stickiness of the message.

4. **Socratic Tensioning: Ask Questions That Shift Belief, Not Confirm It**

Use purposeful, thought-provoking questions that challenge existing mental models.

"We've historically stratified patients based on phenotype—what if immune profiling ends up being a more predictive variable?"

Why it works: These questions activate the prefrontal cortex and prompt cognitive reappraisal, which is key to shifting long-held clinical beliefs.

5. **Cognitive Echoing: Use Their Own Words as Anchors**

People are more receptive to those who mirror their language and thought patterns. Pay close attention to how KOLs frame problems—and reflect that language back later.

If they say, "I'm focused on long-term safety," later say:
"That's why the long-term tolerability profile stood out to me too—especially for patients in your setting."

Why it works: Mirroring creates subconscious rapport, builds trust, and makes the conversation feel tailored and collaborative.

Charisma Without the Spotlight

Charisma in the MSL world isn't about taking over the room—it's about making the other person feel like *they* own it. A charismatic MSL isn't necessarily the loudest, funniest, or most polished. They're the ones who make complex ideas feel simple, who listen actively, and who leave a lasting sense of value.

Professionalism and personality aren't mutually exclusive. The best MSLs bring a human touch to scientific exchange—one that encourages clinicians to speak candidly, ask more questions, and view the MSL not as a script-reader, but as a trusted collaborator.

Metrics vs. Mindshare

It’s easy to measure calls made, slides shown, and insights logged. But influence—the kind that gets KOLs thinking differently—lives beyond metrics.

Did your conversation shift a perspective?
Did it spark curiosity?
Did it give the KOL something they *wanted* to follow up on?

Those are your real KPIs. And they’re the ones that turn meetings into long-term collaboration.

The Real Takeaway

Being an exceptional MSL today isn’t just about scientific expertise—it’s about mental agility, emotional intelligence, and strategic communication. It’s about getting into the rhythm of your KOL’s thinking and knowing how to leave a lasting imprint.

Sometimes the most powerful question isn’t “Did I present all the slides?” but “Did I spark something they’ll think about after I leave?”

Because when you can do *that*—you’re not just in the meeting. You’re in the mind.

About the Author

Aya Selim is a Pharmacist and Senior Medical Science Liaison with over five years of global Medical Affairs experience, specializing in Oncology, Hematology, and Autoimmune Diseases. She has supported CAR T-cell development in these areas and led clinical trial engagement across the U.S. and Europe. Having lived in multiple countries, Aya deeply values diversity and is passionate about continuous learning and growth.

Aya brings extensive expertise in Key Opinion Leader engagement, clinical trial strategy, and the creation of impactful medical content. She excels at translating complex data into actionable insights and has collaborated with leading organizations, including Syneos Health, Bristol Myers Squibb, IQVIA, Novartis, and Johnson & Johnson, among others.

Driven by curiosity and a passion for innovation, Aya leverages technology to streamline workflows, create unique medical content, enhance scientific communication, and improve strategic execution. Her work bridges science, storytelling, and strategy, with the ultimate goal of advancing the future of medicine through meaningful and impactful medical engagement.

AI-Powered MSLs: Transforming Real-World Outcomes

By Zeba Saiyad | Spring 2025

Introduction

As the pharmaceutical industry embraces digital transformation, the Medical Science Liaison (MSL) role is undergoing a paradigm shift, evolving to meet new demands in healthcare and Medical Affairs.[1] Artificial intelligence (AI) is no longer just a buzzword; it's a practical tool revolutionizing how MSLs engage with healthcare providers (HCPs) and deliver data-driven insights to enhance patient care.[2] By automating routine and repetitive tasks, AI frees MSLs to focus on strategic activities, enabling them to deliver personalized and meaningful engagements with HCPs.

This article explores the integration of AI tools, particularly predictive analytics and AI-generated insights, and their impact on enhancing MSL workflows, HCP interactions, and overall Medical Affairs outcomes.

AI-Driven Predictive Analytics: Enhancing MSL Decision-Making

Predictive analytics equips MSLs to anticipate HCP needs, transforming standard interactions into highly relevant discussions.[3] Many CRM platforms now integrate AI-driven insights, allowing MSLs to tailor engagements based on HCP specialty, interests, and trends in medical research.[4]

For example, predictive analytics in oncology enables MSLs to identify common HCP questions and tailor responses in advance, enhancing the relevance and satisfaction of their interactions. Predictive tools also enable MSLs to prepare data-backed responses, aligning their engagements with individual HCP preferences and clinical needs.[5]

Case Study 1: Enhancing MSL-HCP Engagement Through AI-Powered EHR Integration

To address the challenges of limited in-person interactions between MSLs and HCPs during the COVID-19 pandemic, a medical affairs team implemented an AI-powered solution integrated into the EHR workflow. This tool allowed HCPs to connect with MSLs through a one-click banner, enabling real-time communication via text messages for timely and relevant support. The platform also utilized data-driven targeting to identify and prioritize HCPs based on their practice specialty and drug-specific needs, ensuring personalized and efficient engagement. By embedding the solution directly into the clinical workflow, the team streamlined communication, maintained consistent visibility, and expanded MSL outreach to a wider geographic area. The initiative resulted in 58% of participating HCPs initiating multiple connection requests, demonstrating the effectiveness of AI in transforming HCP engagement and optimizing MSL efficiency.[6]

Case Study 2: Leveraging Omnichannel AI Strategies to Redefine Medical Engagement

To address evolving HCP expectations and the shift toward hybrid engagement models, a pharmaceutical company adopted an AI-powered omnichannel strategy. The approach integrated advanced CRM systems and predictive analytics to align with HCP preferences for personalized communication. For instance, AI identified optimal times for virtual outreach, leveraging data on HCP behavior such as email engagement, webinar attendance, and digital resource usage. By using these insights, the company created seamless, tailored educational experiences that spanned email, video calls, and in-person meetings. This strategy not

only enhanced MSL efficiency but also increased the relevance of scientific exchanges, leading to deeper trust and improved relationships with HCPs. Post-implementation metrics revealed a significant boost in digital engagement and a higher frequency of repeat interactions, underscoring the value of AI in optimizing MSL-HCP connections.[7]

Challenges and Best Practices for Integrating AI into MSL Workflows

While AI offers significant advantages for MSLs, its integration comes with notable challenges. Common hurdles include data overload, balancing technology with human empathy to ensure meaningful HCP interactions, and addressing gaps in data literacy to enable successful implementation. Additionally, AI tools in Medical Affairs must maintain data privacy, comply with healthcare regulations, and foster transparency and trust in predictive applications. These barriers emphasize the need for strategic planning and ethical oversight in AI adoption.[8]

To overcome these challenges and maximize AI's benefits, MSLs can follow these best practices:[8]

- **Leverage Predictive Insights:**
  Use AI-driven CRM tools to prepare tailored discussions aligned with HCP interests and clinical needs, ensuring engagements are focused and relevant.
- **Combine AI Data with Empathy:**
  Treat AI insights as a foundation rather than a replacement for human intuition, using them to guide conversations while remaining responsive to HCP preferences.
- **Adapt to Hybrid Engagement:**
  Tailor both virtual and in-person strategies using AI recommendations to ensure communication is effective across platforms, meeting HCPs where they are.
- **Address Data Literacy:**
  Provide comprehensive training for MSLs to interpret AI-generated data effectively, enabling them to translate insights into actionable strategies and foster trust in the technology.
- **Address Data Privacy and Compliance:** Ensure AI systems adhere to healthcare regulations, safeguard patient data through encryption and secure storage, and enhance trust with explainable AI features that clarify decision-making processes.

By acknowledging these challenges and adopting best practices, MSLs can integrate AI seamlessly into their workflows. This balance of technology and human expertise ensures that AI becomes a tool for empowerment rather than a source of friction, ultimately elevating the impact of MSLs in Medical Affairs.

Conclusion

The role of MSLs is evolving, and embracing AI has become a crucial part of staying ahead in the rapidly changing Medical Affairs landscape. With AI tools, MSLs can provide more personalized HCP engagement and make smarter, data-driven decisions. These technologies don't just enhance the MSL role—they redefine it, empowering MSLs to be even more trusted strategic advisors and key contributors to advancing patient care. Integrating AI into daily workflows isn't just forward-thinking—it's quickly becoming essential for success in this field.

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