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Letter from the Editor

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KOLs reveal how they prefer to engage with MSLs during the COVID-19 pandemic

By Dr. Samuel Dyer and Ariel Katz | August-2020 Issue

The COVID-19 pandemic has had a substantial impact on the activities of Medical Science Liaisons (MSLs) including access to Key Opinion Leaders (KOLs) and how they engage with them [1]. The Medical Science Liaison Society (MSL Society) has conducted several recent surveys to understand this impact and what the activities of MSLs have been during the pandemic. Although a recent survey conducted by Bain & Company regarding the adoption of digital tools within healthcare revealed "physicians already planned to increase their use of digital tools, but Covid-19 accelerated that effort", there has been no published information available specifically addressing how KOLs prefer to engage with MSLs during the pandemic and their use of digital tools. Understanding this is crucial to the success of an MSL. As a result, the MSL Society partnered with H1 to design a unique survey to better understand the KOL/MSL relationship during this ever-evolving pandemic. This research was conducted to help the MSL community gain insights on how KOL preferences may have shifted due to both the pandemic and the adoption of digital tools to facilitate engagements.

SURVEY METHODOLOGY

A KOL research firm was hired to conduct a survey with KOLs in the USA. An online survey was created and open from April 30 – June 5, 2020 and sent to KOLs across the USA. The survey included 8 questions which were all required and only completed surveys were included in the data analysis.Respondents were only allowed to participate one time and duplicate surveys from a single email address were not accepted. The survey results were not weighted. Only KOLs that responded that they regularly interact with Medical Science Liaisons (MSLs) were included in the survey results.

Perspectives from KOLs representing diverse specialties of medicine

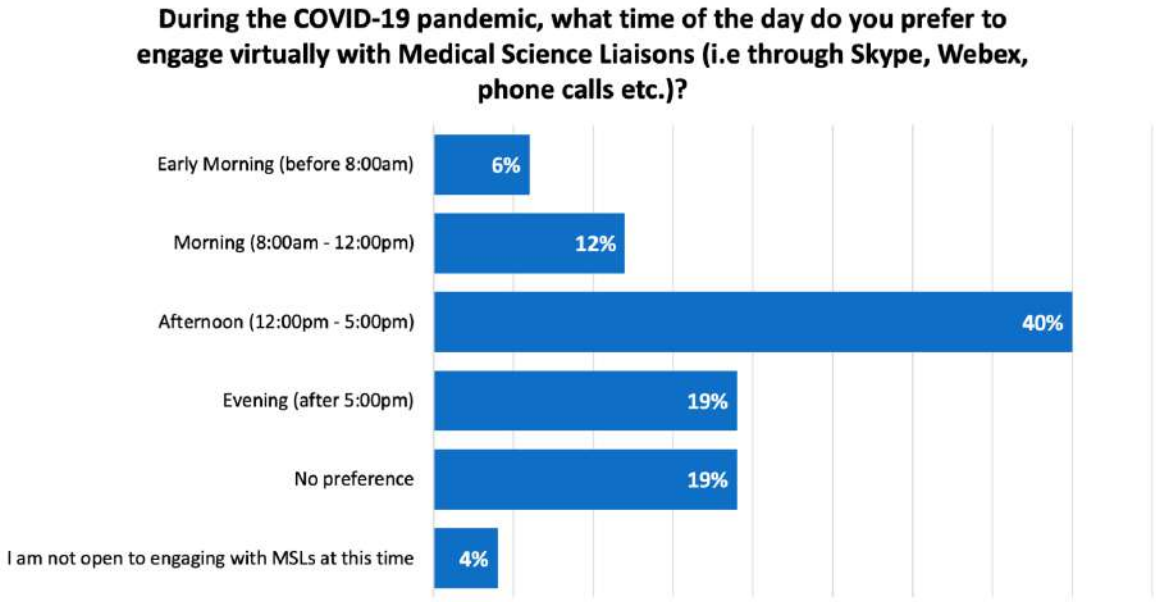
One of the goals of the survey was to understand how a diverse group of KOLs prefer to engage with MSLs. KOLs were allowed to self-identify their specialty of medicine. As a result, a total of 475 KOLs representing a wide diversity of 21 specialties, all based in the USA, completed the survey. Of the KOLs who were represented in the survey, 22% specialized in obstetrics and gynecology, 20% specialized in cardiovascular disease, and 10% specialized in gastroenterology. The remaining specialties made up less than 10% each.

Specialties

22%	Obstetrics & Gynecology	4%	Interventional Radiology	1%	Critical Care Medicine
20%	Cardiovascular Disease	3%	Pulmonary Disease	1%	Colon & Rectal Surgery
10%	Gastroenterology	2%	Otorhinolaryngology	1%	Dermatology
9%	Oncology	2%	General Surgery	1%	Ophthalmology
9%	Neurology	2%	Cardiovascular Surgery	1%	Hepatology
7%	Internal Medicine	1%	Psychiatry		
4%	Orthopedic Surgery	1%	Plastic & Reconstructive Surgery		
4%	Rheumatology	1%	Infectious Disease		

What is your preferred time for engagement?

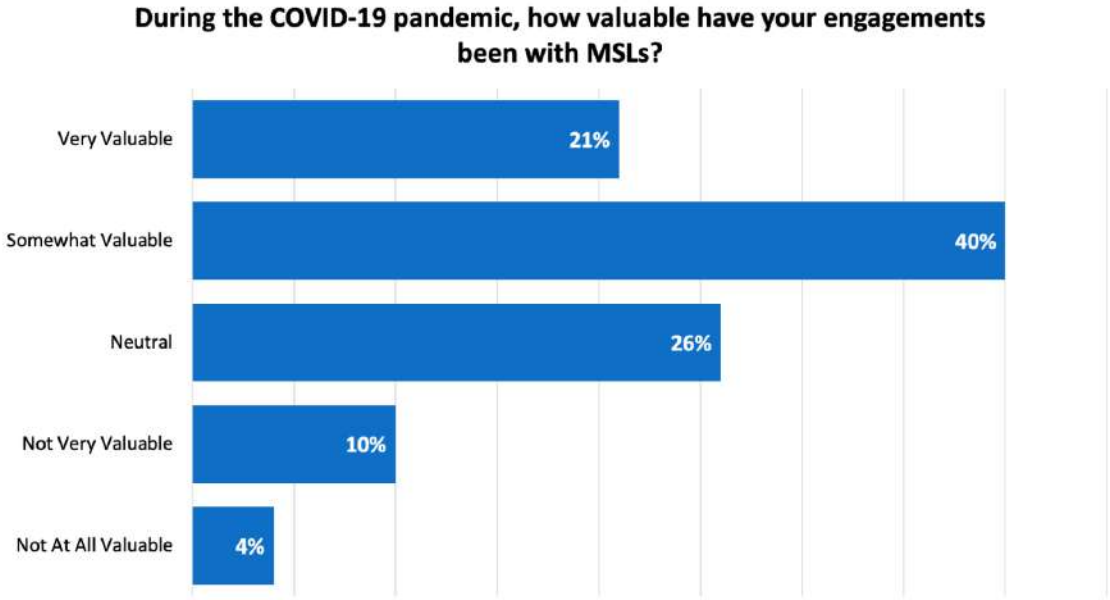
40% of surveyed KOLs indicated the best time for MSLs to engage with them is in the afternoon, between noon and 5 PM. Another, 19% indicated that they have no specific preference for time. One encouraging insight gained from the survey is that KOLs are still expecting and willing to engage with MSLs. In fact, only 4% of KOLs are not open to engaging with MSLs at this time. It's clear that although the COVID-19 pandemic has impacted the activities of MSLs, 96% of surveyed KOLs are still receptive to engaging with MSLs.



How valuable are engagements during COVID-19?

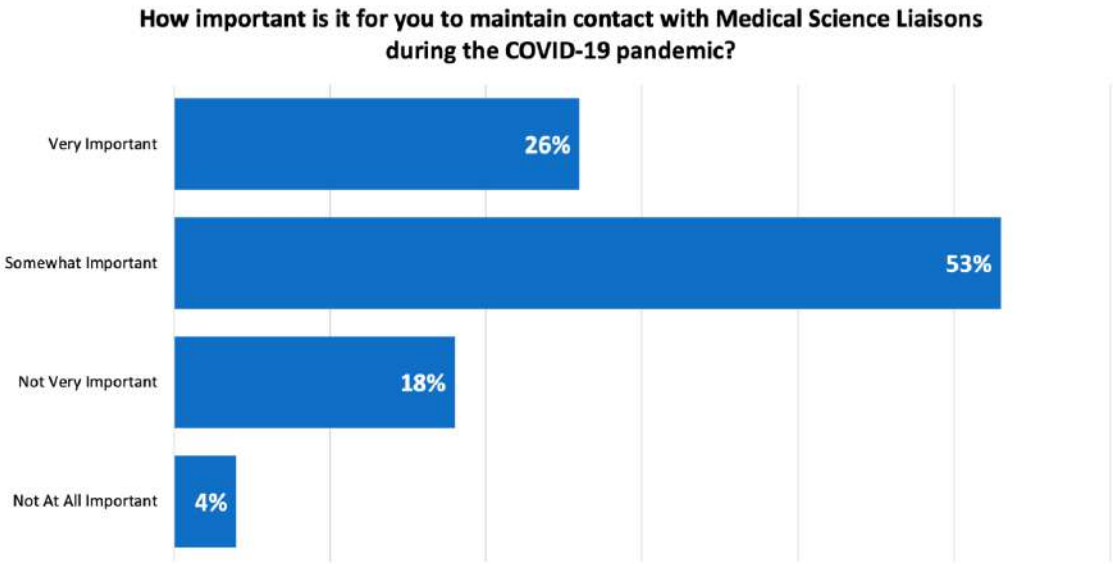
During the COVID-19 pandemic, 61% of KOLs reported their engagements with MSLs to be “somewhat valuable” or “very valuable”. Only 4% of KOLs reported that their engagements with MSLs were not valuable.

The success of any MSL is dependent on their ability to add value to the KOLs they support. The fact that the majority of KOLs are gaining value from their interactions with Medical Science Liaisons demonstrates this success.



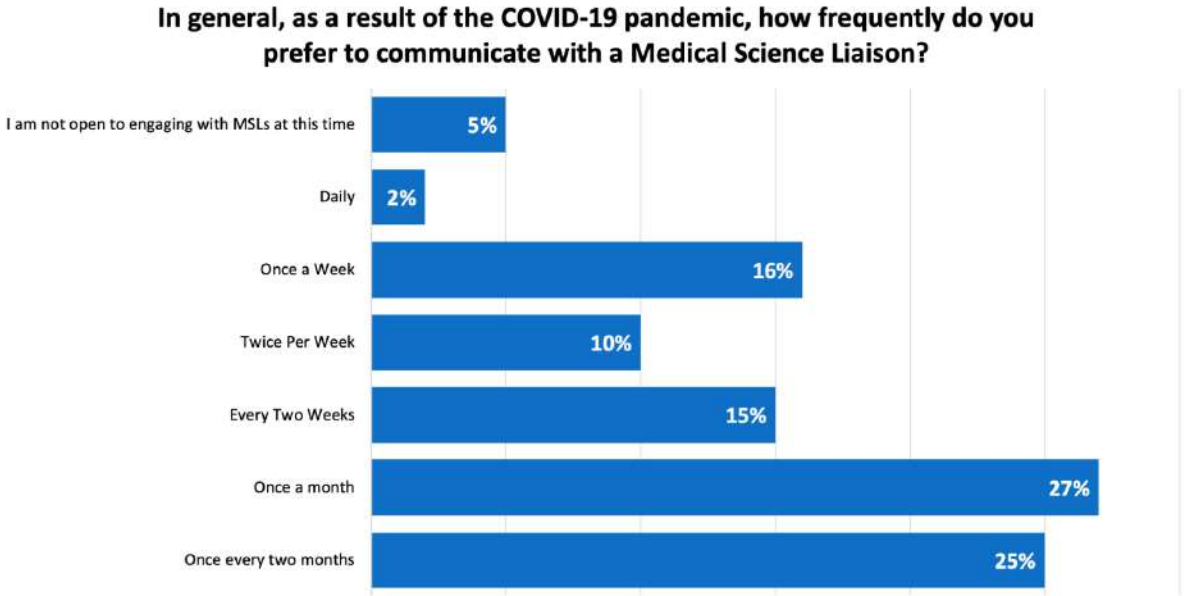
How important is it for KOLs to maintain contact with MSLs during the COVID-19 pandemic?

The vast majority (79%) of KOLs surveyed reported it was “somewhat important” or “very important” to maintain contact with MSLs during the pandemic. Only 4% of all KOLs surveyed reported that it was not important to maintain contact with MSLs during the COVID-19 pandemic. Although KOLs were not asked in this survey why they value the exchange with MSLs, it’s reasonable to conclude that because KOLs consider it important to maintain contact with MSLs, they find their engagements to be valuable overall.



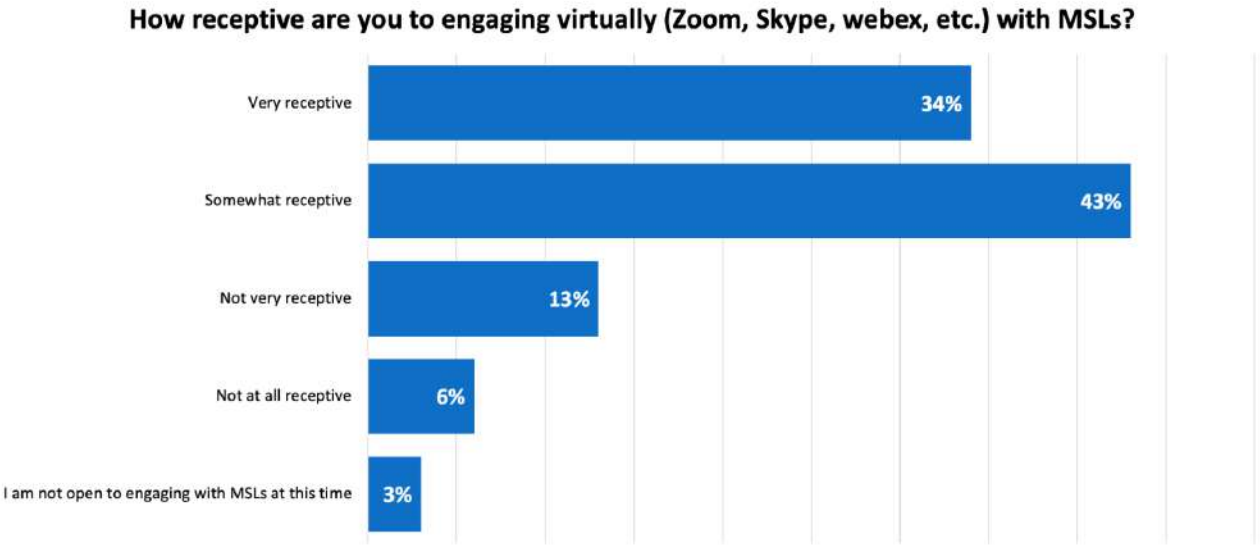
In general, as a result of the COVID-19 pandemic, how frequently do KOLs prefer to communicate with an MSL?

Although the KOLs in this survey reported a wide range of preferences related to the frequency of communication with MSLs, an overwhelming majority (73%) of survey respondents prefer engagements to continue to occur at least once a month. Interestingly, 2% reported they would prefer daily contact with MSLs! The fact that KOLs prefer and want continual communication with MSLs, especially during a pandemic, suggests that KOLs clearly place importance on their relationships with MSLs.



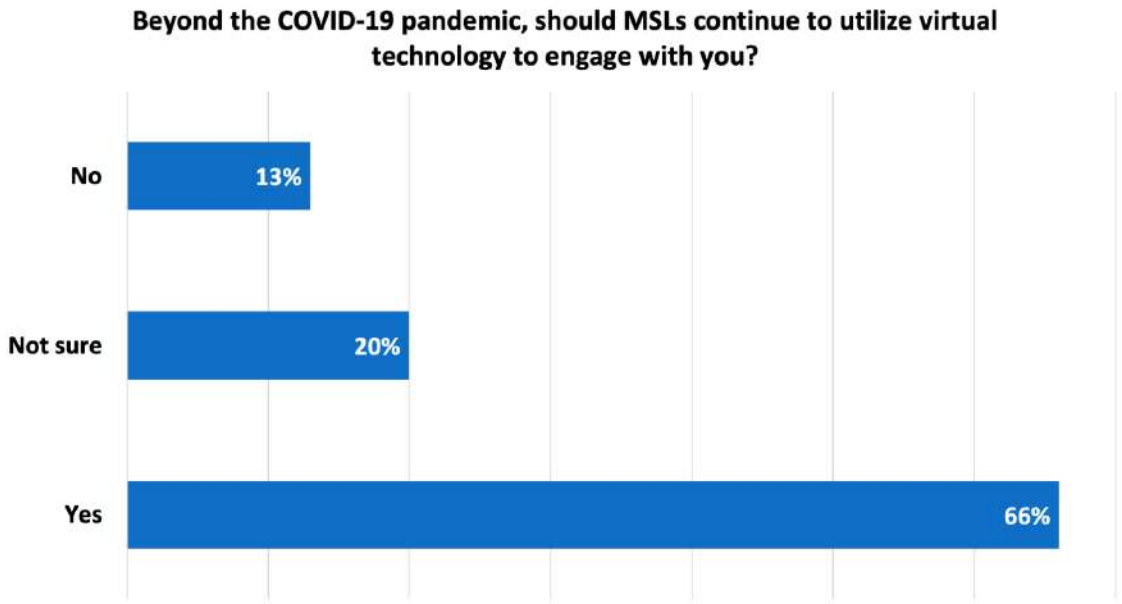
How receptive are KOLs to engaging virtually with MSLs?

One of the many challenges MSLs have had to adjust to during the COVID-19 pandemic is that their engagements with KOLs are now primarily virtual [1]. As a result, a predominant concern for MSLs during the pandemic has been the willingness of KOLs to engage virtually [1]. However, the KOLs that participated in this survey indicated a strong willingness to virtually engage with MSLs. In fact, 77% of all surveyed KOLs were either "somewhat receptive" or "very receptive" to engaging virtually (via Zoom, Skype, Webex, etc.) with MSLs. Only 6% were "not at all receptive" to virtual engagements. These results highlight the importance of MSLs and MSL leadership creating an effective KOL engagement strategy that is focused on virtual engagements.



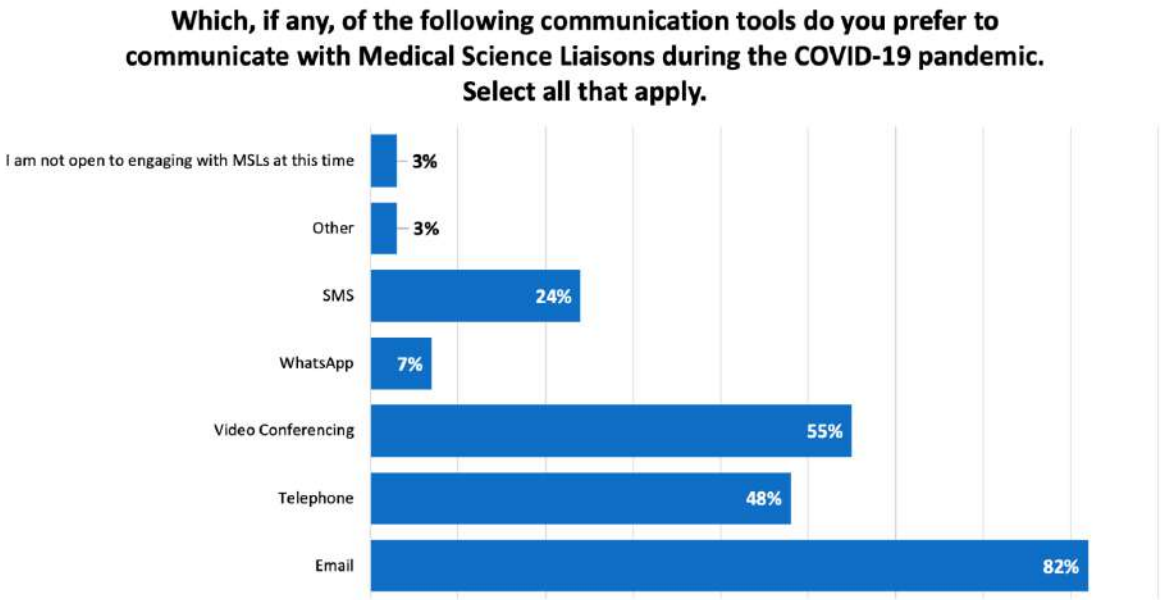
Beyond the COVID-19 pandemic, should MSLs continue to utilize virtual technology to engage with you?

The current pandemic has impacted multiple aspects of the MSL function and even after there is a return to some level of "new normal", MSLs should expect to continue to engage with KOLs virtually. Not only are physicians clearly open and receptive to engaging utilizing digital technology, they expect it to continue with 66% of surveyed KOLs indicating that they would like to continue engaging virtually with MSLs.



What is the preferred method of communication for KOLs?

Interestingly, even during the pandemic, 82% of KOLs reported that their most preferred method of communication with MSLs is through email, a traditional method of communication. Although 55% of KOLs did report their second most preferred method of communication was using video, their third most preferred method was simply using telephone calls (48%); another traditional method of communication. What these results suggest is that although there is concern about how to implement new communication methods (e.g. video) and adjust to the necessity of virtual communication as a result of the pandemic, it's clear that traditional communications methods (email and telephone) are still important and preferred by KOLs[1].



CONCLUSION

Although this survey was primarily conducted to understand how KOL preferences may have shifted, due to both the pandemic and the adoption of digital tools to facilitate engagements with MSLs, the survey did reveal several other important insights. The most important insight gained from this survey is that MSLs and MSL leadership can use the data to manage their MSL/KOL communication and engagement expectations as well as create realistic KOL engagement plans. Doing so will contribute to an MSL's ability to add value to the KOLs they support. Adding value to KOLs has been, and remains, the primary purpose of an MSL.

The full results of the survey have also been incorporated into an infographic that is available as a free download here.

Reference:

1. MSL Activities During the COVID-19 Pandemic Report, 2020 MSL Society

Authors:

Dr. Samuel Dyer is the CEO and Chairman of the Board of the Medical Science Liaison Society.

Dr. Dyer has over 20 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 biotech's.

He has led numerous MSL training programs over the last several years in more than 15 countries. He has written extensively on the Medical Science Liaison role, including numerous published articles, benchmark studies, and reports. He has also been a speaker at several global conferences presenting various MSL topics, including creating teams, management, global trends, and the metrics used to measure performance. Dr. Dyer has also worked as a consultant for a number of pharmaceutical and management consulting companies on MSL projects.

Dr. Dyer has a Ph.D. in Health Sciences and did his medical training in Chicago. He has a Master's Degree in Tropical Biology (where he studied in the Amazon) and has a B.S. in Biology. Dr. Dyer also completed a certificate program for

Executive Leadership and Strategy in Pharmaceuticals and Biotechnology at the Harvard Business School.

Dr. Dyer is the author of the Amazon #1 Best Seller "The Medical Science Liaison Career Guide: How to Break into Your First Role". The book is the first step-by-step guide on how to break into the MSL career: (www.themslbook.com).

Ariel Katz started his first company in college, ResearchConnection, to help connect students with research opportunities. That company grew to over 40 universities and was eventually acquired by the Bill and Melinda Gates Foundation and the Ewing Kauffman Foundation.

Next Ariel started two new ventures, one was to help track the scholarly output of medical students, Labspot, and the other was a joint venture with Shore Group to collect data to help scientists at universities make decisions. Shore Group, acquired both Labspot and GreenSight.

H1 then started. H1, led by Ariel, is a platform of every healthcare professional globally.

Letter from the Editor

By Cherie Hyder | August-2020 Issue

Welcome to the Virtual Work World! No need to grab a coat or briefcase and head out the door! As all of us have experienced over recent months, we have been abruptly thrust into a foreign environment that removes us from personal contact, routines and daily structure. One thing we can count on is that MSLs are resilient, adaptive and flexible. We embrace the challenges and take them on with gusto!

This edition of The MSL Journal is dedicated to the topic of navigating a virtual work environment where internal company and external KOL engagement have suddenly shifted to a predominantly virtual mode! I hope you find the myriad tips, ideas and focus areas of help as we all continue to lay a new course for field engagement, while also maintaining headquarters relationships in this virtual dynamic!

While the pandemic has brought devastation across the globe, humanity perseveres in search of a vaccine and methods to control and contain infection. Working in the pharmaceutical industry, we are experts in drug development and understand that finding a novel vaccine that is both safe and efficacious is of paramount importance, and yet also takes quite a lot of time, scientific prowess and resources, but I am confident we will achieve this vital goal. It is incumbent on us, as scientific experts, to help others understand that drug development does not happen over night (as we all know well!) and that the process to bring a vaccine to market should remain a priority as we navigate this pandemic.

That said, I know my fellow MSLs and leaders are stoic and steadfast. Our business is to help the patients who are waiting for medical solutions and we must forge ahead. In doing so, we take on the challenge of making the virtual environment work for us, not against us. We see the novel aspects of a captive online audience, how many more Zoom meetings we can do in a day or week than we can when we regularly travel, and what tactics are more effective to communicate scientific knowledge to our healthcare providers on the front lines with their patients. Together, we can overcome all challenges!

I raise a toast to all my colleagues who get up early and face the virtual day with extra energy, ready to reach through the screen and make a positive impact in every interaction! Keep your focus! Thank you to all the contributors who eagerly reached out to the journal with so many creative and useful approaches for virtual interactions! This is a must read edition for all of us!

Until we can meet again safely, be well,

Cherie Hyder

Cherie Hyder, PharmD, MSL-BC is Medical Excellence and Operations Lead in Medical Affairs at Biohaven Pharmaceuticals where she recently supported a virtual launch of Nurtec ODT for acute migraine. She has been involved in drug development for more than 30 years, working at FDA in CDER and pharmaceutical companies including Pfizer, Lilly, Novartis, Solvay, and Avanir, among others. At University of Missouri, she received a Doctor of Pharmacy degree with the intention to devote her career to pharmaceutical research. She has multiple adjunct faculty appointments and enjoys teaching opportunities.

A Primer on Medical Science Liaison Engagement on Social Networking Systems

By Tania Gregorian, PharmD, BCACP and Kristina Kipp, PharmD | August-2020 Issue

Platforms such as Twitter, Facebook, and LinkedIn have become a growing topic of discussion in healthcare today. The topic is in its infancy, the literature hasn't settled on a name for the group of platforms, with various articles using Social Media (SoMe), Online Social Networks (OSN) or Social Network Sites (SNSs), the latter of which we will be using throughout this article.

Most literature relating to SNSs in the early 2000s had been focused on their role in linking patients and health care professionals (HCPs).[1] However, more recently the new and emerging role of SNSs in communication among HCPs in facilitating interactions, sharing of information, and promoting connections has taken center stage.[2] In our brief review we set out to highlight the aspects of HCP SNSs use as it relates to pre call planning for the Medical Science Liaison (MSL).

There are a broad range of SNSs platforms including Facebook, LinkedIn, Instagram, Snapchat, YouTube, TikTok, Sermo and Doximity, to name a few. Most SNSs are public facing while others such as Sermo and Doximity are specifically for HCPs. All SNSs have unique traits and target a specific user type with different intents for use. Different HCP specialties have varying preferences for SNS platforms.[3]

Physicians most often join online communities where they can read news articles, listen to experts, research medical developments, consult colleagues regarding patient issues, and network.[4] It is important for MSLs to discover which SNSs are preferred by HCPs in their therapeutic area to better focus their engagement.

All SNSs operate on similar principles of the user creating an account representing them to the rest of the users on the platform. Users then create content to share with others on the SNSs. The primary type of content shared by users can vary greatly from exclusively video on YouTube to primarily a focus on messages with less than 280 words on Twitter. Users can then share, "like", or comment on the content. A user can choose to see all of another user's posts, "likes", shares, and comments in their content feed which is generally referred to as "following" or subscribing to that user. More "likes", shares, "follows" and comments create more notoriety in the SNS realm.[3] One can draw a parallel to the fact that more citations of a journal article indicate an article is influential.

MSLs can create SNS accounts based on their company specific guidelines to gain insight to HCP engagement. Perhaps one of the most commonly cited benefits of SNSs is the ability to connect HCPs with similar specialties to promote education, advocacy, and best practices.[5,6] SNSs allow HCPs to connect with people who would otherwise be out of reach. Viewing the content that key HCPs, share, "like", and comment on and the individuals they "follow" is insight into their viewpoints, whose opinions they value, and what information they are currently interested in following. HCPs also share insight and provide personal opinions through comment fields. Through these communications, MSLs are provided the opportunity to gain different perspectives of pharmaceuticals and disease states that HCPs encounter in practice. In addition, this type of information can allow MSLs to better prepare for engagements with HCPs to ensure that the content of the conversations are aligned with HCPs interests.

With the ability to rapidly share content, SNSs play a significant role in distributing clinical and scientific information in real time. Journal articles are commonly shared content by HCPs. This type of rapid communication allows journals to drive engagement and increase article visibility through prompt dissemination.[7,8]

For example, top-ranked cardiovascular medicine journals are regularly presented on Twitter to foster the distribution of articles. Data suggests an association between an active Twitter promotion of papers and their online and scientific impact.[9] Assessing if key HCPs are sharing landmark trials of interest is an effective initial litmus test for MSLs to appreciate HCPs interests and opinions. Similarly, medical congresses have utilized SNSs to expand the reach and distribution of education and clinical data, finding that SNSs engagement increased congress engagement.[10,11] HCPs in turn, also use SNSs to share what most interested them from a congress or which presentations gave them pause. With this information MSLs can gain insight into which congresses HCPs attend or have interest in following. This information facilitates more effective conversations with HCPs regarding new information from congresses.

The use of SNSs and virtual platforms grew exponentially more important due to the 2020 Coronavirus Pandemic. For example, the American College of Cardiology World Congress of Cardiology 2020 quickly pivoted to a virtual congress due to the pandemic. The virtual congress platform allowed widespread global engagement, discussion via chat features, and the ability to view presentations live or at a future date. HCPs discussed their perspectives on presented topics on various SNSs platforms and highlighted topics of particular interest to them. With MSLs unable to interact with HCPs at these congresses, the ability to gain insight through SNSs has become even more valuable.

Despite the many positives of SNSs in gaining insight to HCPs in preparation for meetings, it is important to keep in mind that SNS engagement does not replace live meetings with HCPs as many of their most impactful thoughts and insights may not be shared on an open access platform. The MSLs role continues to be to develop relationships to foster scientific exchange and the role of SNSs is as a source of information prior to engagement with HCPs. The use of social media is constantly evolving and advances in technology will drive how scientific communication is delivered to HCPs. HCPs have started to embrace SNSs as a way to rapidly engage and share information with their global colleagues. Similarly, MSLs must now adapt to virtual engagements. Utilization of the various SNSs provide significant advantages for MSLs. SNSs allow MSLs to gain insight and perspectives to aid MSLs in aligning their scientific exchange to HCPs interests and needs.

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Branding You & Professional Networking

By Susan Malecha, PharmD, MBA | August-2020 Issue

Connections and new partnerships through the power of networking are the key to business opportunities. Further, if you are a field medical professional, the importance of constantly expanding your professional circle cannot be minimized. Small, intimate networking events, such as professional supper clubs or mentoring circles, are amazing ways to meet others who might be relevant as you seek to expand relevant business opportunities. Several strategies are presented here to make the most of networking to enhance your personal brand.

The field medical professionals including roles such as a Medical Science Liaisons, Managed Care Liaisons, Health Economics and Outcomes Research Liaisons, Clinical Trial Liaisons, to name a few, are unique in that they are geographically based. The various types of customers and the necessity to provide important and relevant information to decision stakeholders make this an essential role. To be a continued successful and valuable resource to an organization, the field medical professional needs to optimize the networking opportunities and maintain a solid professional brand. The brand encompasses many attributes involving reliability, proven problem-solving skills, excellent oral communication, dependability and trustworthiness. One quality must include a competence in a therapeutic area; other differentiating qualities make your personal brand stand out.

In the days prior to Covid-19 and in our future, large networking events and conferences can be disappointing; people stand around, nervously sipping cocktails, hoping to spark an interesting and productive conversation, while scheming how to bump into just the “right” contact in a noisy, overcrowded room. In that context, you quickly come to realize that “more” isn’t always better; sometimes it’s just more commotion.

Why smaller networking groups? The answer is that “small” drives better engagement. In a more private setting (a.k.a., a networking safe space,) the possibility is greater for making a more natural and long-lasting connection — one that could lead to a business partnership or investment. This opportunity specifically has relevance for field medical professionals.

Personal branding, defined as the creation of an asset that pertains to a particular person or individual, is no longer about self-promotion. Personal branding is not limited to the body, clothing, physical appearance and areas of knowledge, leading to a uniquely distinguishable, and ideally memorable, impression. It is about trusting yourself to make your voice heard for the betterment of a healthier whole. Effective personal branding will differentiate you from the competition and enable you to create trusting relationships with key stakeholders. It is important to learn how to use and trust your own personal brand to inspire individuals on your teams to become more entrepreneurial and socially responsible.

A small networking event allows the exploration and power of personal branding. With this dynamic, smaller, more industry-

targeted events and communities are available. There is a growing number of organizations that are hosting intimate networking events, including Women in Bio, Healthcare Businesswomen's Association, The MSL Society, as examples.

In some of these groups, women have started their own power circles to support the work of other women. In the case of a networking meeting on personal branding, topics covered are the "how- to" develop and manage your brand, discover branding strategies to communicate who you are and what you do, engage in social media to communicate your brand, and identify distribution channels to convey your brand. Everyone has a brand, and that brand needs to be maintained.

A few strategies to make the most of your personal branding upkeep:

- Find smaller networking groups/events that offer topics related to the personal brand.

Research can also help you find people with whom you already share some commonalities, and people you should make a point to meet. Don't shy away from a colleague who works at a competing company. In an intimate dinner setting, people tend to open up, sharing real life examples and scenarios. The smaller setting affords a comfortable setting and a sense of camaraderie.

- Be authentic, genuine and sincere. In order for you to be self-aware of your strengths and opportunities, show the real you. Actively listen. Anticipating what to say next instead of effectively listening increases your anxiety and makes you look and feel less authentic. Dress professionally, even on video, but in clothes that are natural to your personal style. Introduce topics that you are genuinely interested in talking about.
- Mix in a variety of topics in the discussions. Conversations that mix personal and professional information are more engaging and memorable. Talk about something you're passionate about, whether it's business-related or a hobby. It's a good idea to share something meaningful during the ice-breaker question. While it is helpful to gather the names and titles of the guests, it is often more memorable to learn that someone hiked Half Dome at Yosemite.
- Engage and ask questions. The more you can show genuine interest in your fellow dinner party guests or Zoom colleagues, the faster you will establish a solid relationship with them. Your goal should be to continue being invited to networking events and expanding your circle.
- Here are some things you should NOT do: Talk only about yourself, share unprofessional or inappropriate stories, talk negatively about former employers or colleagues and ask potentially insulting or dead-end questions ("So, what do you do?"). Instead, propose questions like "So, what do you like about what you do?" or "What are you reading right now?"
- Connect people with other people. Another great question to ask is, "Whom can I help you meet?" When you help someone else, you instantly create a feeling of goodwill. Listen for the other person's challenges so you can figure out who in your network might be a good resource or problem-solver. Sometimes, it might be you.
- Be open to mentees, not just mentors. With the technological advancements, social media, new ways of working, company transformations, and agile methodologies, mentees can open your perspectives. This approach can broaden your networking channels.
- Keep the connection alive. Send a follow-up email and keep the conversation going.

Personal branding is more important than ever, materializing how you present yourself to the world. Unlike a "one-and-done" phenomenon, it takes nurturing and living the brand day-to-day to share the consistent message in all the small steps along the way. You may be hiking up Half Dome at Yosemite someday; one of those helpful tips from a network dinner or a Zoom encounter may help you reach the top.

Authors:

Susan Malecha is a results-driven versatile medical professional with a proven track record for achievement in the pharmaceutical/biotechnology industry. An accomplished author, she has lectured extensively and is called upon to present the latest developments in the areas of medical affairs for the pharmaceutical industry. Dr. Malecha is an active member of Healthcare Businesswomen's Association (HBA), as the current President of the San Diego Chapter. She is also Vice-President, California Special Projects Fund for American Association University of Women (AAUW). Earning her BS in Pharmacy from Butler University, she completed her Doctor of Pharmacy at University of Illinois at Chicago, and earned her Masters of Business Administration from Keller Graduate School of Management. Dr. Malecha is currently the Senior Director, Medical Affairs at Puma Biotechnology.

Leading in Time of Crisis with Self Care and Optimism

By Danielle Imbeault, RN | August-2020 Issue

The way health care is delivered has changed overnight for millions of people, but the health needs have remained the same. The possibilities for telemedicine and virtual visits have multiplied at lightning speed to continue to meet these needs.

In a context where offices and clinics are no longer used regularly, and with a drastic reduction in face-to-face visits, MSL leaders have adapted their interactions with their customers. Everything had or will need to change, from the handshakes to the advisory boards, all the while reminding themselves that patients still need to remain at the center of decisions.

Medical Affairs will be challenged to develop new ways to interact virtually with healthcare providers and for patients; questioning and revising their conceptions of the patient journey as we all adjust to the new normal, while monitoring the side effects. What kind of leaders will you be in this new normality?

Can You Lead (and Learn) Outside Your Comfort Zone?

As an MSL, you are confronted with both prescribers and healthcare providers requiring faster access to clear medical and scientific data to drive evidence-based decision-making, and patients wanting empowerment in their healthcare while demanding participation in decision-making and choice of their treatment options. [1]

In order to navigate the changes ahead, you want to have a positive vision, a confidence that you can tackle problems, yet enough courage to confront uncomfortable truths and admit what you do not know. You can prepare yourself mentally, physically, and emotionally to respond to your new normal.

Self awareness, of both your outer world and your inner world, is what will set you apart.

This self-awareness, what we also call self care, will help you recognize stress responses as opportunities to pause and reflect instead of overreacting or jumping to conclusions just to stop feeling uncomfortable. It will give you tools to lead with deliberate calm and bounded optimism. Your instinctive biological reactions will then start working for you and not against you. Not only will this practice lead to increased effectiveness, but it is also essential to managing your personal self-care and your energy over a longer period of time.

Optimism and Self Care

Negative emotions are every bit as contagious as COVID-19— and they're also toxic. Fatigue, uncertainties, fear, panic over the unknown undermine our ability to think clearly and creatively and manage our relationships effectively at work and at home.

For several months now, we have been granted a little more solitude. Some of you even have considered this a gift: time to be alone with those closest to you.

Now, as our lives begin again, is the time to practice self compassion, whatever that may represent for you. You can only change what is in your power. For everything else, you need to have faith that everything will work out if you do your part to make your inner and outer worlds the best they can be. And that's where the concept of serenity and optimism really becomes a factor.

Dr Martin E. Seligman, Professor of Psychology at the University of Pennsylvania, has devoted decades to studying optimistic people and reports three traits that they have in common: They view adversity in their lives as temporary, specific and external, that is, not entirely their fault, as opposed to pessimists who view adversity as unchangeable, pervasive, and more personal. In the face of setbacks, challenges or difficult jobs, pessimists are more likely to do worse than predicted and even give up, while optimists will persevere.

If you've ever been on a plane, you've heard the following from flight attendants: In the event of an emergency, put your own oxygen mask on first. We have heard this safety line thousands of times but, more than ever, it should resonate with you. After all, if we don't first help ourselves, how can we help others?

To recharge yourself, you need to recognize the costs of energy-depleting behaviors (and people!) and then take responsibility for changing them (reducing time with some energy depleting people,) regardless of the circumstances you are facing.

- **Self awareness.**This is the key. Being self aware is knowing who we are and how we show up, what our strengths are, what our weaknesses are, it's the core of authenticity — and authenticity leads to trust.
- **Self reflection.** The most successful leaders build self reflection into their lives. According to Harvard Business Review, people who spent 15 minutes at the end of the day reflecting about lessons learned performed 23 percent better after 10 days than those who did not reflect. The pandemic for many of us gave us more time to reflect: time to reflect on how we show up..

Strangely enough we lose productivity by *not* reflecting. You're not just reflecting on what you've done, but also how you're thinking and feeling. You're a mirror for your team, regardless of your level or where you are at this time.

- **A growth Mindset.**Embrace the person you are, but also be on the lookout for ways to grow, to evolve. Practice positive reframing: all situations that happen to you in life have no inherent meaning. You are the one who signs a meaning, seeing a situation through a certain frame. Knowing and experimenting with cognitive reframing, you can change the way you look at something and consequently change how you experience it. This kind of an approach enables you to implement the ancient wisdom that **you can't always control what happens to you, but you can certainly control how you react** to different situations – no matter how tough your position might be.

The leader you are today is not necessarily the leader you need to be in the next month, the next year. Ask yourself, 'What are a few things I need to work on? Inquire about having an accountability partner who can help you stay the course. This can be a colleague, a partner, a friend, or even a career coach.

- **Manage your energy, not your time.** Our lives have been put on pause in this unprecedented time, but it will come running soon. We will reinstate the "I am too busy" and it can be tempting to let new habits fall to the wayside. You can learn a million skills, but if you're not able to manage your energy, you won't be able to put them to good use. Work smarter, not harder —manage your mindset.

Let's get comfortable with being uncomfortable. Look in the mirror, ask yourself the tough questions, and be honest with your answers. Ask yourself, "Am I the best that I can be?" Once you get used to doing it, you'll probably even start to enjoy the rituals.

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Authors:

Danielle Imbeault, RN, Senior Director Strategic Capability Solutions, has more than 15 years of experience in capability and leadership building in the pharmaceutical industry. She is a creative, results-driven, international pediatric nurse, with 25 years of global pharmaceutical experience, project management, and scientific learning capability and leadership building. She has extensive qualifications in all facets of drug development, scientific learning and onboarding programs within matrix organizations. Danielle possesses strong strategic planning skills, from performing need analysis through implementation and evaluation of impact on business.

From the Minds of the Innocent: Interviews with 2 MSL of the Year Award Winners

By Abagayle Evans and Chloe Chan | August-2020 Issue

Interview with Audra J Johnson, Ph.D, Associate Director, Medical Science Liaison, Biohaven Pharmaceuticals (2019 MSL Rookie of the Year US)

By Abagayle (Abby) Evans, the eight year old daughter of Alyson Evans, MSL, Biohaven Pharmaceuticals. She is in second grade and loves gymnastics, art, and math.

Abby: What is your day job, title and responsibilities.

Audra: I am a MSL for Biohaven Pharmaceuticals and am launching new drugs.

Abby: What inspired you to pursue a job in this industry?

Audra: I like helping people, science and medicine, and even asked my science teacher for extra homework because I was fascinated by the human body.

Abby: I think it’s actually kind of a good thing! I wonder how her science teacher reacted?

Abby: Why was it important for you to be involved in the MSL Society?

Audra: Being involved with the MSL Society gave me the tools and training I needed for my first job. More training made me a better MSL.

Abby: What has winning the MSL of the Year Award meant to you or done for you?

Audra: It gave me validation, a sense of accomplishment, and it's the award I'm most proud of. It also gave me new job opportunities. It motivates me and in turn, I can share my story and motivate others.

Abby: What is your favorite resource from the MSL Society?

Audra: Real time information gathered and sent out by the MSL Society.

Abby: What excites you most about the future of MSLs, and how will you contribute to this growing profession?

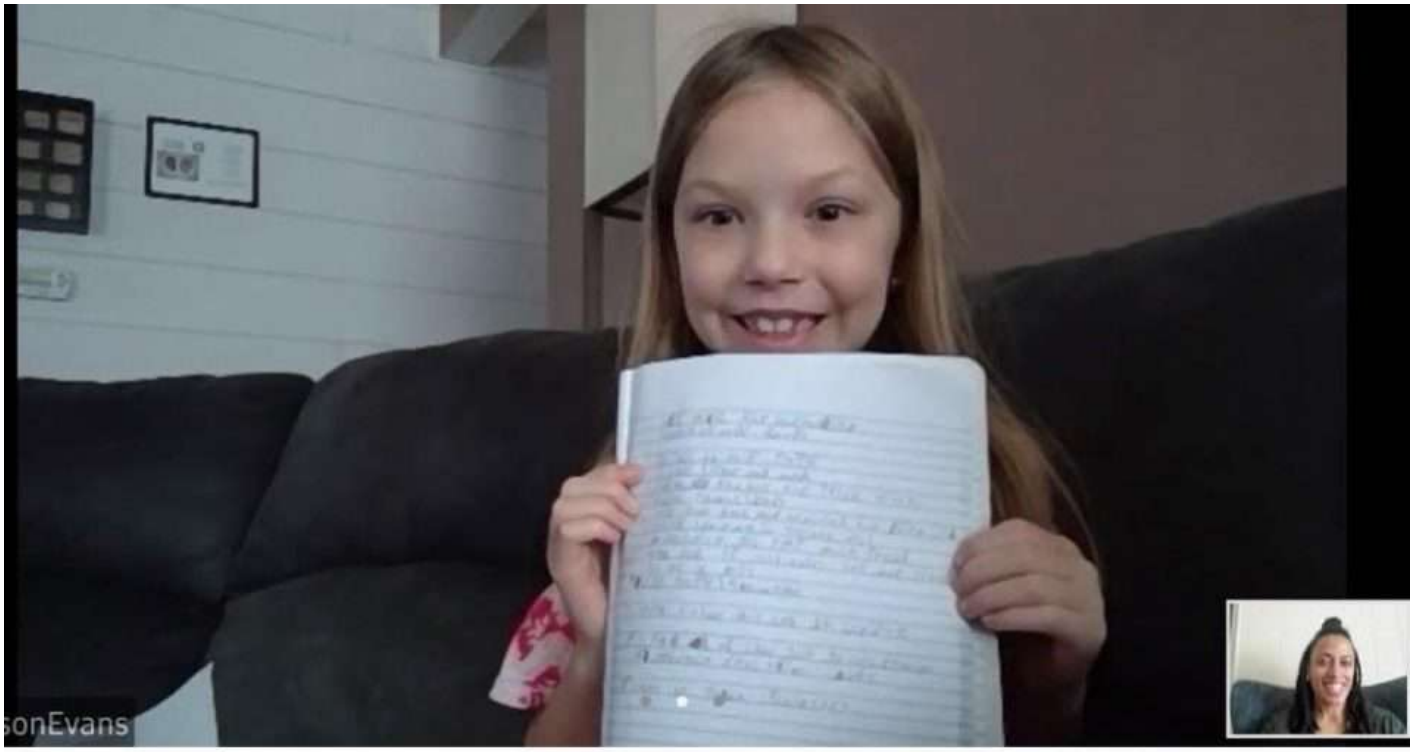
Audra: I've learned a lot of new virtual skill sets due to COVID-19.

3 Fun Facts about Audra:

She likes adventures and challenges

She was a pro salsa dancer and instructor

She likes to learn Spanish and art



Interview with Prashant Desai, PharmD., Senior Medical Science Liaison II, AbbVie (2018 MSL of the Year US)

By Chloe Chan, the ten year old daughter of Arthur Chan, PhD, MBA, Novartis Pharmaceuticals. She is in fifth grade and loves gymnastics and horseback riding.

Chloe: When did you know you wanted to be a pharmacist?

Prashant: Between having asthma when I was a kid seeing how medication can help me, being fascinated with my first chemistry set when I was 12, and knowing at a young age that I wanted to help people, being a pharmacist was a good fit for

me. Drugs fascinate me and it's rewarding knowing that what I do touches a lot of peoples' lives.

Chloe: And when did you know you wanted to be a MSL?

Prashant: I knew I wanted to be a MSL right when I came out of pharmacy school. I studied and trained in oncology, and started my career in a role with Amgen specializing in cancer. I love working with doctors ever since I started being a MSL, I wouldn't trade my career for anything.

Chloe: My dad says you are a great leader in the MSL world. Who do you look up to, to guide you as a leader?

Prashant: I have a few people who really inspire me, my father who was a big mentor to me, he taught me how to be a good person, to always be kind and respectful. I also look up to Elon Musk. He sees the world differently, and is on a mission to change the world, to leave it in a better place. And bringing to life innovative ideas that others wouldn't have had the courage to pursue.

Chloe: What was it like winning the MSL of the year award?

Prashant: It was like winning the Super Bowl. It was a dream. But what's more important than winning the award is what you do with that recognition afterwards. I used the opportunity to elevate the MSL field. A lot of people reached out and followed me on social media after I won, and I used this platform to share my ideas on servant leadership. If you can make everyone around you better, you create more leaders, and leaders create leaders.

Chloe: Since you are a super MSL, who is your favorite superhero?

Prashant: Definitely Superman. I would love to have the ability to fly and see the things that he can see. One day I want to be like Superman.

Chloe: How are you and your MSL friends helping doctors during the pandemic?

Prashant: Our goal is to make sure we stay in touch with the doctors and continue to advise them on any knowledge we can share with them. Working with drugs that have the potential to treat COVID-19 patients meant that some doctors will reach out to our MSLs for guidance. It's important to continue having regular contact, advising them of data and information that we're permitted to share, to help guide their decisions. We have a shared goal of preventing patients from ending up in the ICU.

Chloe: What advice do you have for people who want to be a successful MSL like you?

Prashant: My best advice to them is to network with people in the field to learn what being a MSL is all about and know what you're walking in to. The MSL role may seem glamorous to those on the outside, but those who are living the MSL life know that while it's a great career, it is also a tough job. It takes a lot of work, to always be a subject matter expert and always have the latest knowledge of data. It's rigorous work and you always have to be the best version of yourself in front of your customers. You also have to be good at planning and organizing your day. Finally, it's important to have great listening skills, empathy, compassion and always be authentic. I like to say "you can teach skill, but you can't teach will" – it's a skill you have to work on all the time.

Chloe: Where do you miss traveling to the most?

Prashant: I used to travel overseas a lot. I saw most of Europe, including Switzerland. Going back home to London is the place I've missed the most.

Chloe: If you had one quote to share with everyone reading this MSL journal, what would it be?

Prashant: "As a MSL, I feel privileged that I have the best job in the world."

Drs. Prashant and Mona Desai

Chloe Chan and Rocky

The 2020 MSL of the Year Awards nominations are now open. Learn more here: https://themsls.org/annual-conference/msl-of-the-year-awards/.

Future Perspectives on the MSL Role After the COVID-19 Pandemic

By Clara Serrano-Novillo, PhD | August-2020 Issue

Let's begin at the ending: there must be optimism about the changes for the MSL role after the pandemic.

By looking at the world in these present moments, there is uncertainty about how jobs will be affected. Will there be restructuring in the company organization? Are selection processes being paused or cancelled? Will my position still be profitable or doable? After interviewing several MSLs, we will review the actual circumstances MSLs are managing, and the future scenarios post pandemic. Interviewees included four experienced MSLs from different pharmaceutical companies, from a small national biotech to big pharmas, with four to eight years of experience in the role. Interviews were conducted by telephone and consisted of open questions discussing different topics regarding their role, experiences, and impressions about the evolution of the situation.

MSLs have a clear and crucial role being the scientific intermediary between the pharma and the health care providers (HCPs) and key opinion leaders (KOLs.) The strength of novel and advanced drug launches depends on the quality of the relationships between them. These interactions need to be bidirectional as both benefit from the sharing of information.

Most of the pharmaceutical companies evaluated MSL activity by using different qualitative and quantitative key performance indicators (KPIs.) The number, duration or quality of the interactions measured, was used to redirect the strategy and improve the results. However, according to the MSLS COVID-19 survey[1], the KOL engagement or access has been reduced up to 70% in most cases during the last months, especially in those therapeutic areas where the specialists are required at the front lines. Physical meetings with healthcare professionals have been prohibited. Many KOLs are inundated with work and reject any kind of interaction, including virtual. This experience has led the companies to readjust the metrics used to evaluate their MSLs, and the MSLs have been forced to promote new approaches to achieve successful performances. The interactions have been mostly reactive, limited to provide information when the KOL required it, or active just in case of treatment and COVID-19 related updates.

However, this is a temporary situation that will change once we are able to deal with the virus and recover to our so-called new normal. Until then, while maintaining most of their internal and classical duties or projects unaffected, medical departments are rapidly transitioning their MSL network to the remote and virtual work as a result of travel restrictions and bans. As the crisis stabilizes, more engagements are scheduled. Therefore, companies are providing the tools and information to their teams responsible for ensuring the success of the new meeting format with KOLs.

The use and enhancement of digital resources to optimize the communication and virtual interactions has become a reality instead of a goal. The digitalization of their routines appeared as a slow process prior to the pandemic. In these times the willingness to adapt and cooperate has dramatically increased.

The interviewees agree that this situation can be positive for the MSL role. Scientific information exchange will always be necessary, and the MSL role is one of the fastest growing in industry. The value of the MSL role will survive the pandemic, likely changing the form but not the functions. The virtual meetings will bring benefits to both the physicians and the MSLs. Interactions will be shorter and concise, focusing on the topic previously accorded, providing more flexibility, access and optimizing time. International advisory boards and conferences will offer stimulation and networking, bringing an added value to the scientific dissemination and allowing more interconnection between hospitals and countries. By reducing the amount of travel, there will be economic savings for the company while also providing a better family-work balance, one of the main downsides MSLs discuss.

We cannot dismiss some existing limitations and pharma companies will need to redefine their strategies to overcome them. Some HCPs may be unwilling to change, as some may not adapt well to the use of technology or will not use their consultation hours at the hospital or clinic for virtual meetings, forcing the MSL to adapt to their schedules even more than before. Logistical barriers may remain a problem in some centres, but fortunately, technologic advances regarding communication systems are accessible worldwide. MSLs will need to improve their communication skills on the phone, and learn to read their clients and express themselves only with the voice or video. In other words, adapt or perish.

If we can overcome these drawbacks, the actual situation can be an opportunity to improve the performance of the MSL teams. The interviewees also agree on the great importance of not losing the face to face meetings, key for establishing long lasting

relationships with the KOLs. While virtual meetings will clearly provide benefits, physical interactions are necessary to create relationships, building trust and credibility. The essence of the MSL is this interaction and we must prevent the reduction of these physical meetings to avoid the negative impact on the KOL relationship and the scientific value of the MSL. A total transition to a virtual MSL will completely change (and obliterate) the value of the role. According to the interviewees, at least half of the meetings must be face to face. MSLs will need to do a value proposition and decide which type of meeting is best for each moment and content, making the best of each engagement.

Knowing that there will be a learning process and that MSLs must be willing to adapt and redesign their strategies to the new context, the future perspectives for the MSL role after the pandemic are clearly optimistic. This time in history may have only accelerated a predestined change for the role. If well performed, this transition may be extremely positive for the role and the medical department projects.

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Authors:

Clara Serrano-Novillo is an embryologist with a PhD Biomedicine from the University of Barcelona with more than 8 years of experience in research on cardiovascular physiology and cancer. During her career, she has worked cross-functionally with healthcare professionals and patients, enhancing teamwork and achieving a complete vision of projects in their entirety. Recently, Dr. Serrano-Novillo completed a Masters in management of Medical Departments from the ESAME Pharmaceutical Business School to focus on medical affairs with an interest in the MSL role. She enjoys new opportunities to leverage her scientific knowledge, learning capability and healthcare management abilities.

Getting the Most of Your Membership; Resources for Every MSL

By Clara Bechtold | August-2020 Issue

The MSLS has created a unique list of resources and tools available to members and non-members to aid in industry awareness, global connections, and professional development for MSLs. The following article briefly highlights the offerings of a few important resources located on the MSLS website. All of the mentioned resources are viewable to the public and many can be accessed with or without membership in the MSL Society.

Job Board

Entering the Job Board resource located toward the bottom of the MSLS Resource pull down menu will reveal a practical and

efficient tool in the Career Center for any type of MSL professional interested in available positions. From entry level jobs to contract work, the Job Board allows a user to browse a search by multiple different criteria including location, therapeutic area, and job title. Results will include positions that have been posted directly to the MSLS Job Board. In addition, the Job Board tool will also run a search of positions that meet the same criteria that may be posted to other job search websites like Indeed.com and even employer websites themselves. An additional benefit of the Job Board is a built-in tool that allows the user to create email alerts that will notify them when a new position has been posted that would fit in that search.

Within the MSLS Career Center, there are other beneficial resources as well. Job seekers can upload their resumes to create a candidate profile visible to potential employers as well as receive assistance through resume critiques. Employers can use this site to post jobs and search for candidates through their posted profiles. The MSLS Career Center is host to multiple effective and efficient tools created to improve connections for MSL professionals in the workforce.

MSL Mentor Program

While the MSL profession has an important role to play in modern medicine, it can often be a challenging position for those lacking experience. For this reason, the MSLS has created the MSL Mentor Program which allows free participation of professional members to engage with their experienced peers on a personal level. The Mentor Program runs each year from January to August and coordinates groups of 4-6 mentees, each with less than two years of MSL experience, with two co-mentors, each with more than five years of MSL field or MSL management experience. Groups are curated after a thoughtful application and selection process to match mentees with mentors that can provide them with the knowledge, discussions, and opportunities that most closely parallels their career goals. Mentorship groups meet in video conferences for an hour once a month to discuss mentee-driven topics and goals. Mentor group discussions are expected to provide support, guidance, and professional development for both mentees and mentors.

To get a closer look into the benefits of this resource, visit the MSL Mentor Program webpage located in the Resources drop down menu on the MSLS homepage. This page will offer insights from past mentors and mentees on their participation as well as frequently asked questions about the program. While this professional development experience is not intended to replace employer training, it can be an invaluable resource to MSL professionals looking to expand their network within the field in addition to engaging in group professional development.

COVID-19 Resources

The MSL role is a highly field-based position that requires in-person conversations between MSLs and health care professionals. Because of the nature of these communications and their often occurrence in places of patient care, the current COVID-19 pandemic has had drastic and evolving effects on the structure of MSL and HCP interactions. At the top of the Resources drop down menu, the MSLS has provided a page of resources for members and non-members to locate information on the developing pandemic. These resources include links to CDC information, FDA guidelines on clinical trials during COVID-19, and a webinar created by the MSLS to answer questions and provide information regarding the pandemic to MSLs.

An additional resource highlighted on this page is the results of a global survey conducted by the MSLS to investigate how MSLs are virtually engaging with KOLs, how companies are dealing with the challenges of COVID-19, and future implications for MSLs in regard to the pandemic. The survey is intended to provide insight for MSLs on what is currently known concerning how interactions should be conducted as well as predictions for potential outcomes. Additional questions addressed also provide alternative activities MSLs can engage in to supplement their work due to the lack of their normal in-person KOL and HCP interactions. The webinar and survey results are informative resources that are free to both members and non-members.

MSLS SocialLink

Recently added to the MSLS resource page is the MSL SocialLink platform, an exciting, new way to engage and connect with fellow members of the MSL Society. This professional social networking site provides a unique space for all types of community members to communicate and create connections across the world. Also available as an app for tablets and phones, MSL SocialLink can be accessed from anywhere and at any time. Some favorite features that have been created include a personal, centralized feed highlighting the activity of connected professionals. Your feed is completely custom to the opportunities and network built by your connections with other MSLS members allowing you to expand relationships and share content viewable by everyone you know. This easy to use function encourages staying up to date on the news and conversations happening in your MSL community. Similarly, the platform will suggest recommended members that you share content or mutual connections with to allow each member to maximize the resources in their network.

Other features highlighted in MSL SocialLink are very unique to the platform including engagement scoring which allows users to quantitatively measure their participation and activity compared to other members of the MSL community. Additionally, activity

alerts and email notifications will keep you updated and engaged in your MSL network allowing you to focus on what keeps you busy. Automated renewal notices can be used to remind members of their membership cycle dates so that you never miss out on the exciting and rewarding connections made in the MSLS social community. You can find more information about the MSLS SocialLink platform on the resources page of the MSLS website.

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Clara Bechtold is a student at the University of Connecticut in Storrs, Connecticut. She will be beginning her education in the School of Pharmacy this fall after spending her undergraduate years also at the University of Connecticut studying molecular and cell biology. On campus, she works in a research lab studying nanoparticle delivery of antisense oligonucleotide therapies. Currently an intern at Biohaven Pharmaceuticals, she has previously worked at Cybrexa Therapeutics. When not pursuing medical science, Clara serves as a Co-Captain of the UCONN Equestrian team. She enjoys spending time at the beach and loves playing with her dog.

How to Focus Virtual Meetings for Medical Affairs

By Sarah Stickland | August-2020 Issue

The coronavirus has created one of the most challenging environments the world has ever experienced. It has also generated an increasing demand for virtual online meetings by healthcare professionals (HCPs) in medical affairs.

Various other industry challenges are also driving this rising HCP need. These include the changing demographics of HCPs, more demands on their time, and stricter healthcare industry regulations. Such trends are providing medical science liaisons (MSLs) with new opportunities to integrate online meetings and associated digital activities as a key part of their medical affairs strategies.

Seven Key Steps for Online Meetings

In order to plan, design, manage and facilitate effective online medical affairs meetings, several essential steps are required. We have collated some of our key learnings, and have suggested the best practices to help you run an effective online meeting.

1. Start with a Defined Goal

- Ensure you know what you want to achieve from each of your online medical meetings before you start planning or deciding which digital platforms to use.
- Define and investigate your meeting participants. Once you know who you're targeting, you can develop relevant content for their particular needs.

2. Develop Specific Online Meetings

A successful online medical affairs meeting involves much more than just presenting slides. The timing, activities, and interactions required for an online meeting will not be the same as those used for face-to-face training.

Therefore, don't simply copy and paste a face-to-face meeting format. Start by planning and designing an online meeting as an

online meeting, from the ground up. You can also selectively adapt current face-to-face content for an online meeting:

- Start by reviewing any current content you have, and remove any reading and research activities.
- Design the online event to allow participants to practice essential skills. For example, these activities could include role playing and discussing relevant case studies.
- Review the remaining content and decide what can be used as off-line pre-reading or post-reading, or other off-line learning.

3. Keep it Clear & Interactive

For each online meeting, aim to tell a story, keep the content clear, get the pacing right, and use powerful visuals. Regularly weave in a variety of audience interactions throughout the entire event in order to maintain participants' ongoing engagement.

A skilled meeting facilitator can help you achieve these objectives and prompt participants and speakers to interact with each other every three to five minutes. Using a combination of polls, text chats, a whiteboard, breakout rooms, and/or question-and-answer sessions provides opportunities for engagement.

People often chat more online than in face-to-face meetings. Text chat can therefore allow more participation in less time compared to oral discussions.

4. Choose the Right Platform

It is important to choose the right platform technology for online meetings as each one will have a different set of requirements and objectives. The appropriate platform will depend on:

- Online audience size and the number of presenters/speakers
- The level of interactivity and/or breakout rooms required
- Required screen shares
- Whether all participants need to be on camera

Some platforms are designed for much larger audiences (e.g. webcasts,) while others are designed for smaller, more exclusive meetings (e.g. webinars.) There are also those that lend themselves perfectly to internal team meetings as they readily integrate with other technology.

Furthermore, there are platforms that may not be suitable for HCPs in hospitals if these platforms require downloads that may be blocked by internal network security systems.

5. Pick the Right Meeting Duration

People generally tend to have a shorter attention span when watching online meetings compared to face-to-face gatherings. Other distractions at home or in an office that can prompt online participants to start multi-tasking make it important to plan and use the right meeting design for virtual events.

- Space the learning content; people retain information best if they learn over time.
- Break the content into manageable parts during the session.
- Ideal duration of an online session is 90-120 minutes.

6. Build it Around Other Activities

Overall, MSLs should consider where online meetings fit in the range of their overall medical affairs strategies. It is unlikely that online meetings will completely replace the need for face-to-face events in the healthcare industry; however, they can be incorporated into your strategy to complement other activities.

Virtual meetings may not be appropriate for all medical affairs. MSLs should therefore consider using a blended approach to their medical affairs strategies delivered over time, using a variety of methods (Figure 1).

- Plan to have pre- and post- learning activities around an online meeting.

- Use a combination of electronic continued medical education modules (eCME), videos, audios and/or face-to-face meetings.
- If you are aiming to distribute information, this blended approach can enable your healthcare audiences to absorb more content using multiple methods.

7. Find a Skilled Facilitator

It is essential to have a skilled facilitator to plan, manage and deliver an online meeting. These professionals can keep a meeting interactive, coordinated, efficient and productive. They can also carry out essential test runs before the meeting, using the relevant technology platforms.

Many MSLs are now partnering with virtual communications agencies that specialise in online meetings and digital activities in order to deliver successful virtual meetings for their medical affairs strategies.

Figure 1: Examples of virtual meeting activities for medical affairs

Medical information collection & management	Medical information distribution methods & online platforms
• Virtual advisory boards (HCPs) • Virtual advisory boards (patients) • Virtual advisory boards (key opinion leaders) • Online surveys of virtual communities of HCPs & patients	• Virtual speaker training • Virtual standalone meetings • Virtual medical conferences • Webinars & webcasts • Pre-meeting & post-meeting reviews & education (eCME courses, online programs, podcasts, videos)

Abbreviations:

- HCPs: Healthcare professionals
- eCME: electronic continuing medical education

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Sarah Stickland is the Associate Director at The Corpus — dedicated providers of highly interactive virtual meetings. Sarah obtained her BSc in Biomedical Sciences at the University of Dundee, UK in 2004 and, since graduation, her career has focussed on the publishing and healthcare industries. Part of Sarah's role at The Corpus is working with clients to define the right kind of virtual meeting for them — tailoring each program to fit their unique needs.

Impact of COVID-19 Outbreak on Field Medical Activities: The Italian Experience

By Maria Constanza Oliveros Celis, MD, PhD, Maria Carmela Filomena, PhD, Marco Gorini, Andrea Lurlaro, PhD, Jacopo Marangon, PhD, Antonio Rossello, PharD and Laura Zappavigna, M.Sc | August-2020 Issue

The ongoing pandemic of coronavirus disease 2019 (COVID-19) was first confirmed to have spread in Italy on January 31, 2020. By the end of February the virus started its exponential growth from the Lombardy region. As of today, we have had 231,139 total cases, 33,072 deaths and 147,101 recovered [1]. Since March 8, the country has been in a total shutdown. Most of the Northern hospitals are still COVID-19 dedicated and close to the breakdown, while southern hospitals are managing the hit. In order to face the COVID-19 emergency, one of the priorities of the National Health System was to reduce the flow of non-COVID-19 patients to hospitals by suspending both chronic and new outpatients' visits. The healthcare professionals (HCPs) are still working under critical conditions and a death toll that is constantly rising (160 deaths among clinicians) [2]. In this scenario, the access to hospital sites has been restricted only to the personnel.

This experience is the first time in decades that the Italian Health System and its HCPs are facing a national emergency. Numerous management problems are emerging regarding both the COVID-19 patients and those non-infected but in need of hospital care. In this scenario of disruption of the status quo and of increasing pressure, the emotional status of the physician plays an important role. Despite the situation, HCPs are still willing to have contacts with pharma companies, a clear sign that we remain their scientific advisors and they need us at their side in this battle (Figure 1). Understandably, their primary focus is not anymore just on our products but on how our knowledge, skills, and tools can support them in winning this fight.

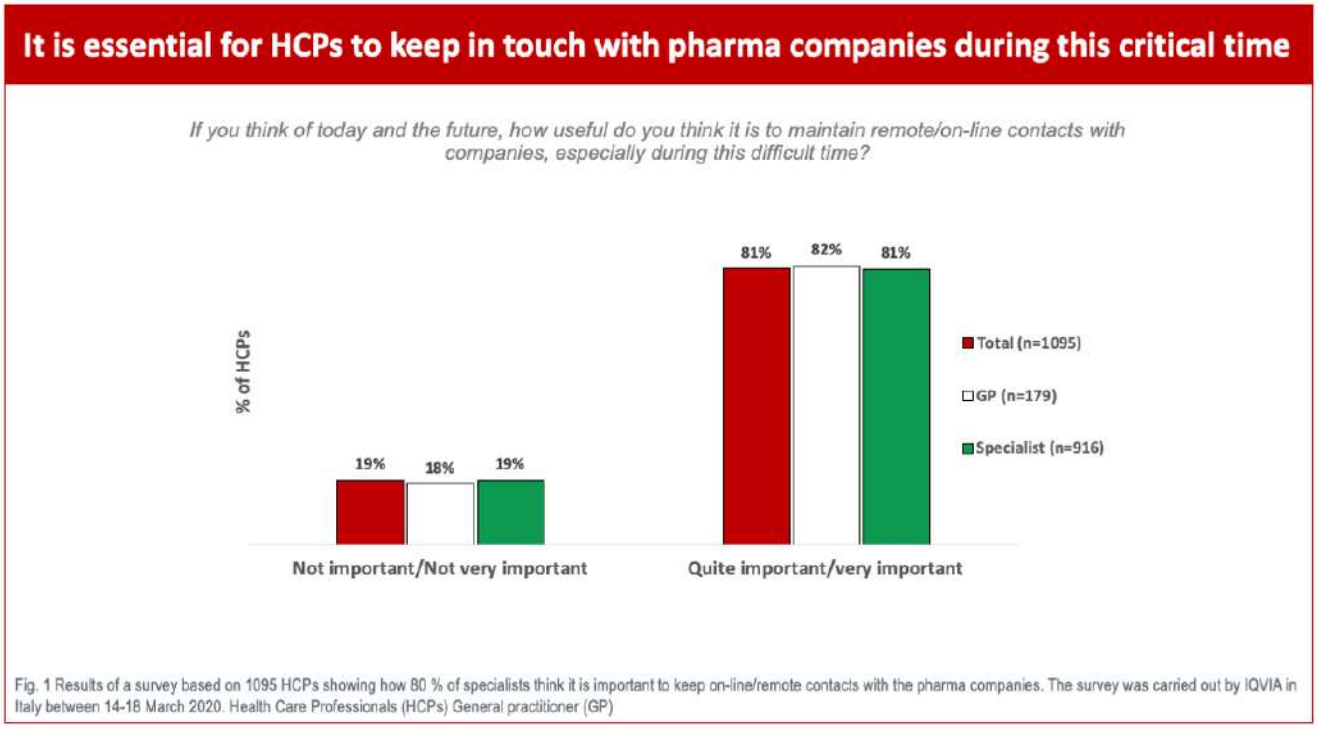

Fig. 1 Results of a survey based on 1095 HCPs showing how 80 % of specialists think it is important to keep on-line/remote contacts with the pharma companies. The survey was carried out by IQVIA in Italy between 14-18 March 2020. Health Care Professionals (HCPs) General practitioner (GP)

The aim of this article is to share with you the action plan that the Medical Affairs Team of AstraZeneca (AZ) Italy adopted in order to: 1) respond to the COVID-19 emergency, 2) answer to the new needs of HCPs and 3) keep making the difference (Figure 2). We are going to do this from our point of view as MSLs, because we played a key role in implementing the plan and we witness the incredible impact that those actions had on the key opinion leaders' (KOLs) work.

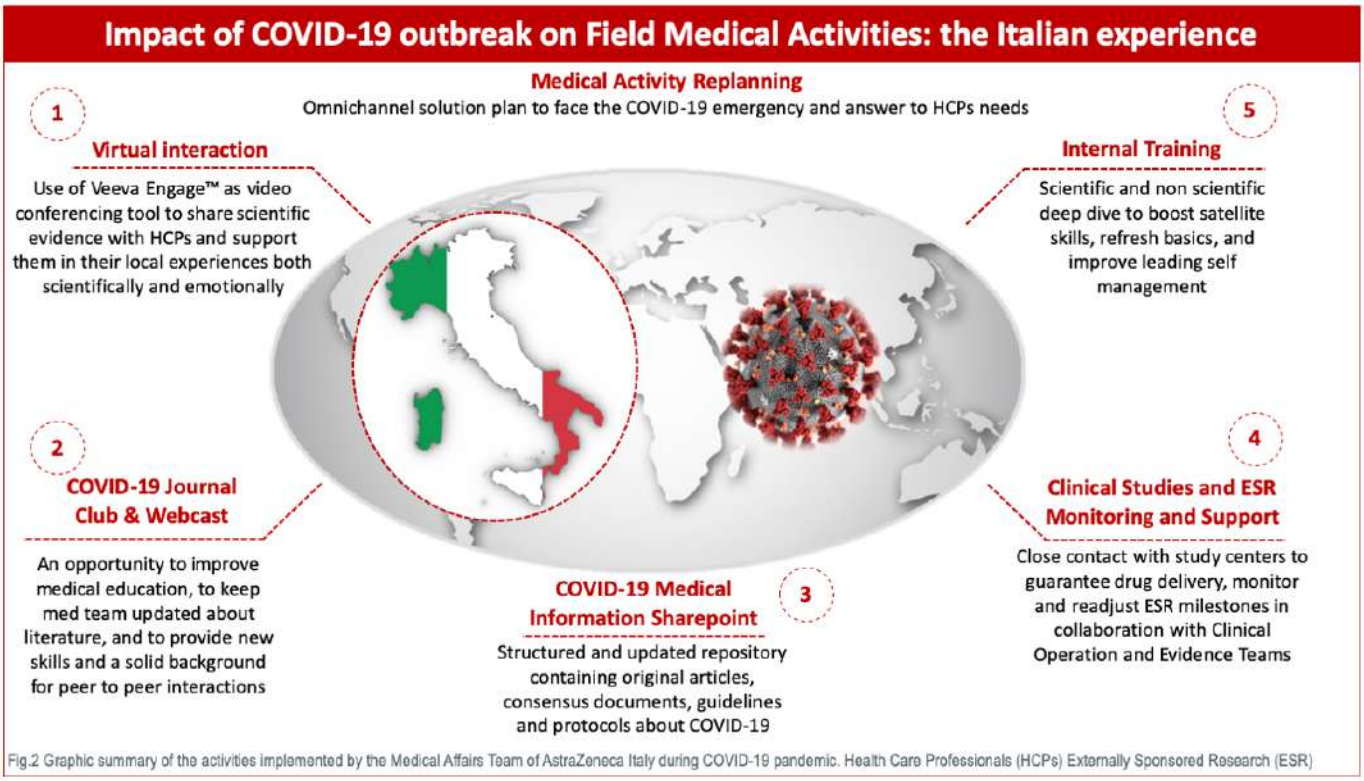

Fig.2 Graphic summary of the activities implemented by the Medical Affairs Team of AstraZeneca Italy during COVID-19 pandemic. Health Care Professionals (HCPs) Externally Sponsored Research (ESR)

Face-to-face interactions between pharma and physicians have essentially ceased overnight during the COVID-19 pandemic, but that does not mean HCPs have stopped looking for new medical information. Veeva Engage™ is an application that allows users

to plan and make calls with healthcare professionals through video conferencing and online content sharing, either by smartphones, pc or tablets. This effective tool allowed us to be close to HCPs, not only for sharing the scientific evidence concerning our portfolio, but also to grasp their mood, listen to their individual experiences, and be able to guarantee them a more complete scientific information service. The positive feedback that we received from this experience let us think that, even after the current emergency, remote personal interactions will be the new frontier of our job as MSLs.

In order to be prepared for effective interactions with the clinicians, in-house training and exchange were crucial. The Journal Club about COVID-19 was a useful opportunity to improve medical education, to enable medical team members to keep updated about the current medical literature, and to provide an occasion for social interaction. Throughout the weeks, several hot topics concerning the outbreak were discussed, such as the virus mechanism of action [3], transmission routes [4], the mathematics of the outbreak [5] and the associated clinical complications [6-8]. Both MSLs and medical advisors from different therapeutic areas were involved as speakers. The AZ medical team also attended an international webcast held by several KOLs that shared their clinical experience about the new pandemic. All these interesting opportunities provided us with new skills as advisors, and a solid background for peer to peer interactions with the HCPs.

The wealth of new scientific data has been skyrocketing during the pandemic, and an updated *ad hoc* Medical Information Repository about COVID-19 has been essential to keep up with the literature in a structured way. The COVID-19 repository was made up of original articles, revision papers, consensus documents, guidelines and protocols. All of the files were stored, updated, and easy to access for the medical team members. Using this system, MSLs are able to constantly answer to the HCPs requests with the latest updated material (Figure 3).

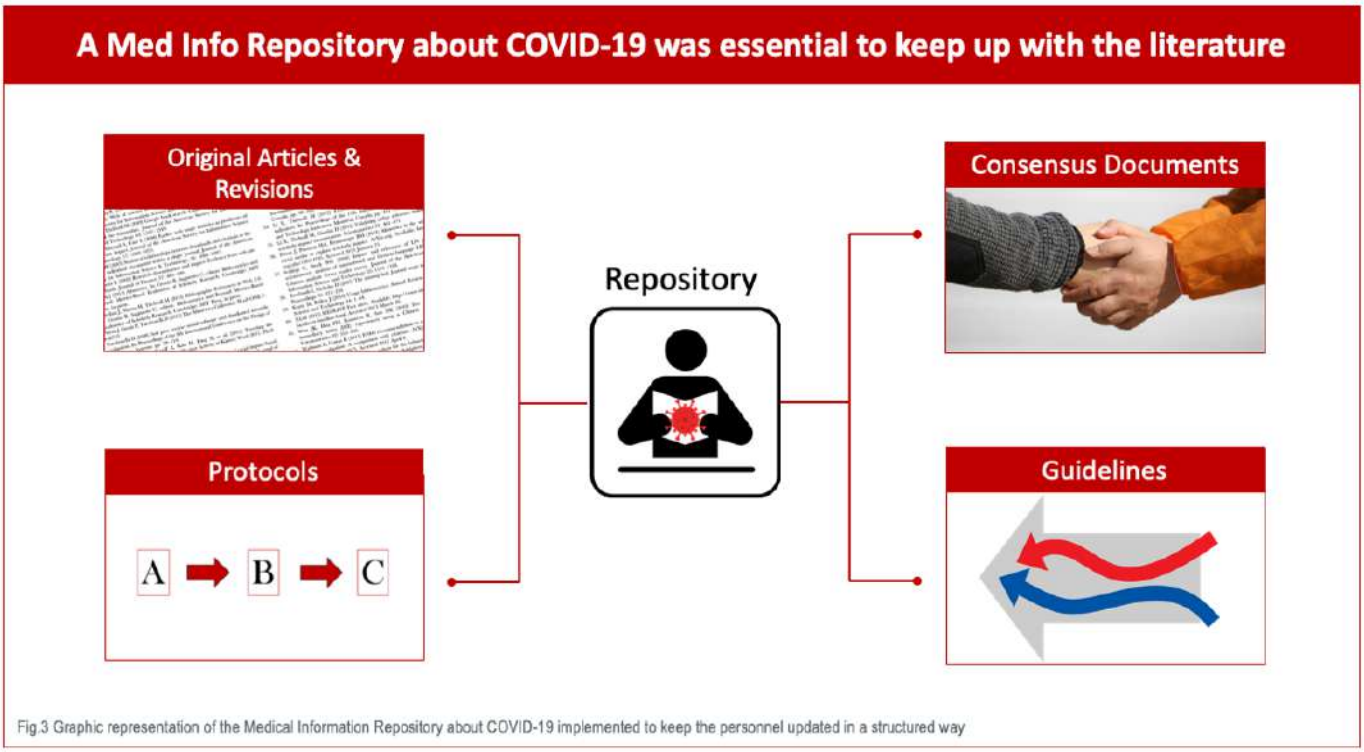

Fig.3 Graphic representation of the Medical Information Repository about COVID-19 implemented to keep the personnel updated in a structured way

Our activity of monitoring and supporting clinical studies and Externally Sponsored Research (ESR) was deeply affected by the contingent situation. COVID-19 free hospitals were mapped in order to carry on studies according to National Pharma Agency emergency guidelines. The collaboration with the Evidence Team allowed to estimate the delay of each study site and re-adjust the milestones of the ongoing ESR studies, and the continuous communication using ad hoc newsletters, granted the drug delivery. In the case of new studies, MSLs participated in virtual site initiation visits together with the clinical operations function. This participation allowed us, as a study sponsor, to guarantee the process and to the study sites to maintain the enrollment.

Finally, as an MSL team we took part in several training sessions to reinforce our fundamental skills in finance, market access, patient safety and regulatory, and good clinical practice. Although basic skills are important, satellite skills are equally essential. Thinking outside of the box represents life skills, being able to solve problems and overcome challenges that we have not seen before. As an MSL team, we have been involved in several training sessions, from strategic marketing, medical information, real world evidence, big data, biostatistics to innovation. Investing our time in development was the best opportunity to grow from

these dramatic circumstances and to enrich our support to our clients (Figure 4).

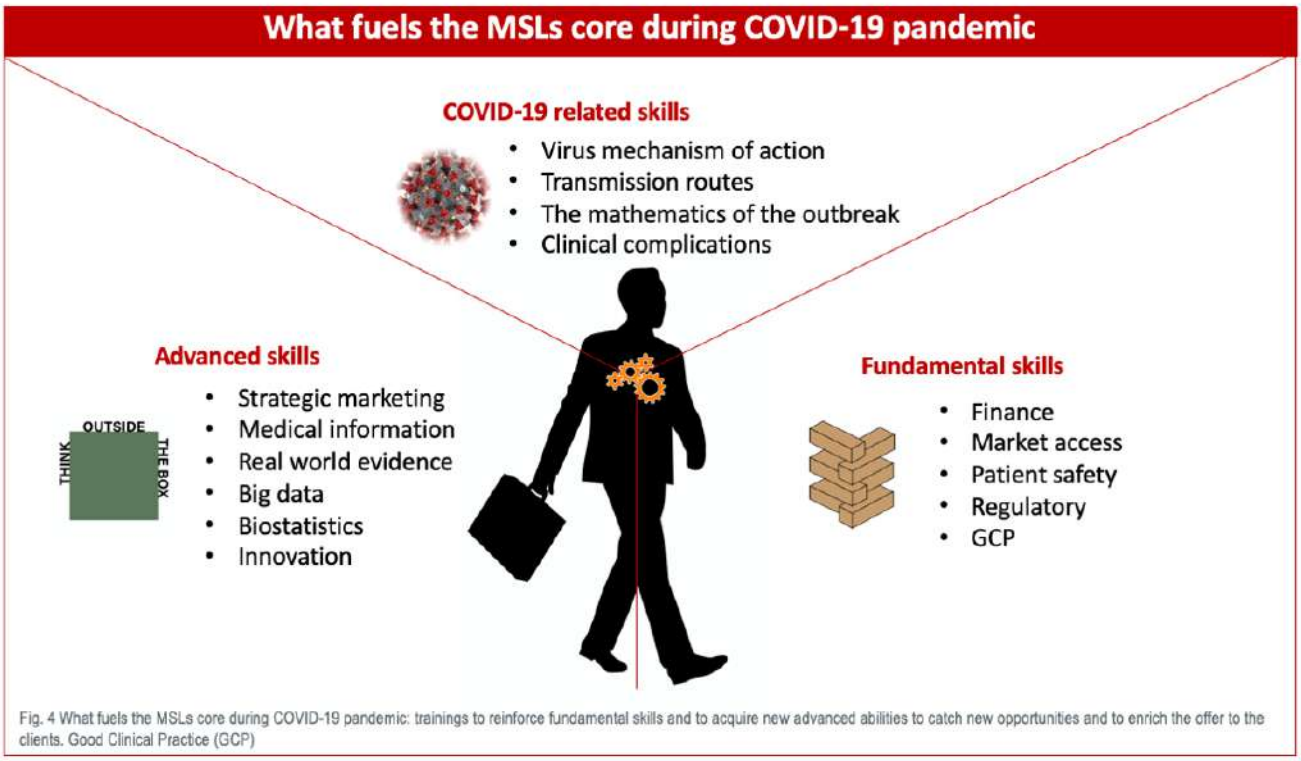

Fig. 4 What fuels the MSLs core during COVID-19 pandemic: trainings to reinforce fundamental skills and to acquire new advanced abilities to catch new opportunities and to enrich the offer to the clients. Good Clinical Practice (GCP)

The COVID-19 pandemic threatened our working habits with unique challenges, while also offering peculiar opportunities to work in new and effective ways. Taken together, all the initiatives adopted by the Medical Affairs Team of AstraZeneca Italy have been essential in order to: 1) guarantee quality interactions with our clinicians, 2) consolidate our partnership throughout the development of new competences, 3) give the answers our partners were expecting from us, and 4) keep the projects moving in the best way possible.

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Authors:

Maria Constanza Oliveros Celis is a medical affairs leader. She is passionate about science and patient care. She has an entrepreneurial spirit and a strong knowledge of oncology and hematology. For more than a year, she served as Vice President Medical Affairs Italy. Leading different therapeutic areas with a special focus on bringing digital technology and innovation into the medical department. Her focus is to have an enterprise approach avoiding silos functions and therapeutic areas. Maria leverages people development and brings together past experiences to a new team. She earned her MD degree in 2000 and specialized in Clinical Nutrition both in Venezuela and Italy. Her PhD in medical biochemistry was earned from the Università degli studi di Bari.

Maria Carmela Filomena is the Medical Science Liaison for the North-West Region of Italy at AstraZeneca Lab. She holds a PhD in Experimental Pathology and Neuropathology from University of Milan and a Master in Pharmaceutical Management from Alma Laboris Business School. After spending many years in preclinical research focused on the skeletal and cardiac muscle pathophysiology, she began her career at AstraZeneca as a MSL in the cardiovascular, renal and metabolic therapeutic areas. She became a crucial point of contact with external KOLs in the identification of medical unmet needs and non-promotional dissemination of best standards of care. Her passion is her work dedicated to delivering optimal treatments to patients. Resilience and serendipity are the key elements of a satisfying private and professional life in Maria's opinion.

Marco Gorini is the Head of Innovation & Medical Excellence for Astrazeneca Italy. He is responsible for defining and implementing medical innovation strategies and patient centric solutions. He aligns strategies, metrics, and building capabilities for medical teams while also deploying regional initiatives. After spending nearly a decade working in commercial roles in previous companies, he began his medical career as a MSL and a Clinical Science Liaison Manager with several teams. He loves to inspire each member of the team with the same vision and ambition to play to win.

Andrea Iurlaro is the Medical Science Liaison for Southern Italy (Puglia, Campania and Molise regions) at AstraZeneca Lab Italy. He received a Ph.D in Biology and Biotechnology from the University of Salento and he has a solid scientific background. As a MSL, Andrea worked with the most influential KOLs in cardiovascular, renal and metabolic therapeutic areas. He is constantly trying to link his passion for following science with the goal of improving the lives of chronic disease patients. Pragmatic and passionate, he is always seeking new scientific evidence to share with both his colleagues and stakeholders.

Jacopo Marangon is the Medical Science Liaison for the Lombardy region at AstraZeneca Lab Italy. He has a Ph.D in Biophysics from the University Nova of Lisbon and a well-rounded scientific background with several years of academic experience. As a MSL, Jacopo worked in cardiovascular, renal and metabolic therapeutic areas building a strong scientific partnership with the primary KOLs of the region. While at AstraZeneca, he has been involved in several milestone projects about medical education, customer relationship management, and digital innovation. He strongly believes that passion, curiosity and optimism are the key ingredients to personal and professional fulfilment.

Antonio Rossello is the Medical Science Liaison for the Sicily – Calabria – Basilicata regions at AstraZeneca Lab Italy. He has a Pharmacy degree from the University of Catania. He has a solid commercial background from previous work experiences as well as AstraZeneca. His love for science and data dissemination led him to his actual role within the cardiovascular, renal and

metabolic therapeutic areas. Antonio is committed to building a strong scientific partnership with the KOLs of his regions. He is actively involved in several projects involving medical education and scientific dissemination. He combines experience with curiosity to explore new ways to grasp the appropriate solutions to achieve ambitious goals.

Laura Zappavigna is the Medical Science Liaison for the center Italy at AstraZeneca Lab Italy. She holds a M.Sc degree in Biology from the University of Rome "La Sapienza" and a master in clinical studies. Before joining AstraZeneca, she had extensive experience at the department of Interventional Cardiology at the San Camillo Hospital in Rome, providing her with a deep understanding of both patient and physician needs. With her experience in clinical studies and her passion for cardiology, she brings great enthusiasm and positivity to the job's daily challenges.

Job Search Checklist for Aspiring MSLs, Part 2 of 2

By Tom Caravela | August-2020 Issue

Breaking into industry with your first MSL role requires a tremendous amount of effort and persistence. More importantly, it requires patience. Stay positive and focused. This article is a continuation of your guide based on my experience, opinions, and best practices for positioning you as an attractive candidate for a MSL career.

- **Network, Network, Network:** It is very important to network with industry professionals. Especially any friends, colleagues, or acquaintances that are currently MSLs or working within medical affairs. Reach out and see if they would be willing to have coffee and chat. Perhaps they will offer advice or pointers. Ask if they will review your resume and offer recommendations. Most importantly, ask kindly if they can keep you on their radar for any positions that may become available at their current company. Again, getting a foot in the door is always key to your next step. If there is someone who is willing to help, it could make all the difference. Attend The MSL Society Conference and take advantage of their global membership directory. If you can afford it, attend medical affairs conferences and bring plenty of business cards.
  Important Networking Rule: **Positive and Memorable Engagement**. We all know the expression, you only get one chance to make a first impression. You want to make yourself memorable and leave a positive impression. One of the biggest issues I notice with many aspiring MSLs is the need to be more prepared and more polished.
    - Know your elevator pitch (brand) i.e., what you bring to the table.
    - Have a purpose and be tactful in your request.
    - Be well-rehearsed and smooth.
    - Offer a genuine compliment whenever possible.
    - Be gracious, always thank the person for their consideration.
    - Do not be too eccentric, it may just come off as weird.

    - Find a connection or something in common. Use LinkedIn.
    - Follow good business etiquette: maintain eye contact, a firm handshake, look your best.
    - Be brief and mindful of how much you are talking. Do not overshare.

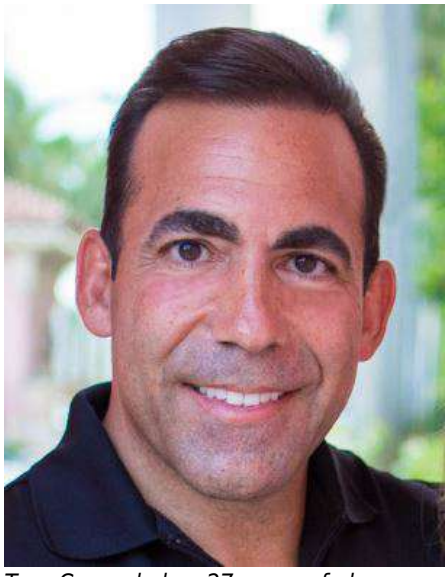
- **Other Industry Options:** It may be wise to consider other industry roles to begin, such as an entry-level position in medical information, scientific communications, medical writing, medical outcomes, etc. All are great ways to break in and eventually transition into a MSL role.
- **Engaging with MSL Recruiters:** Through your networking and research efforts on LinkedIn, Simply Hired, and Indeed, I am sure you will be able to find several medical affairs or MSL recruiters to make a connection.
    - Send a personalized connection request, short, polite and to the point. NOT…"Hey, can you find me a MSL job."
    - Once the connection request is accepted, send a direct message no longer than 250 words and attach a resume or request their email address to send a cover email (350-400 words) and attach a resume. Ask if it is possible to set up a brief call at the recruiters convenience.
    - Recruiters get inundated with connection requests and direct messages from aspiring MSLs. Accept that it may take time to get a response, if at all.

  As a MSL recruiter myself, I can say on behalf of my colleagues, we all want nothing more than to be able to place you in your first MSL position. Statistically, we may only have one or two opportunities that would consider an aspiring MSL out of every 10-12 jobs. The percentage is low, but opportunities do exist. We want to be the best resource we can, but oftentimes, companies seeking entry-level MSLs may not engage a recruiting firm on these positions. We will certainly do our best with the opportunities that we do come across. If you do not hear back right away, it is likely because the recruiter does not have anything available for you at the time. Please do not take it personally, get offended or discouraged.

- **Training and Certifications**: Michael Phelps, the greatest Olympic athlete of all time, had coaches and trainers throughout his entire career. There are great resources out there to teach candidates about the MSL role, develop skills, and help you prepare for the career path. I am often asked, "If I obtain a certification, will it get me a job as an MSL?" There are no guarantees that any training or certification will ensure you a job, however; it will certainly help you in terms of preparation.
- **Interview Preparation:** The interview is the culmination of ALL your efforts in the job search process and the final step in obtaining an MSL role. Preparation and practice is key to your success in this effort. You can expect to start with a "phone screen" with human resources and or the hiring manager followed by an onsite interview. The live, onsite interview will be a series of individual discussions with hiring team members or a panel interview which will be a group of interviewers. You will likely be asked to do a presentation which is typically a 30 minute (15-20 minutes of slides and 10-15 minutes of QA) topic of your choice with a preference for a scientifically relevant discussion. For industry specific interview preparation articles and information, visit my activity on LinkedIn and use The MSL Society 2019 Global MSL Salary & Compensation Survey for access to results and resources.
- **Patience:** Pursuing a career in industry and trying to land your first MSL role requires patience. The percentage of MSL opportunities that would consider an entry-level candidate is not high, but do exist. The best advice is to be patient, tactfully persistent, and work the process. If a career as a MSL is meant to be, it will come together for you in time.

In conclusion, one of the most common questions asked from aspiring MSLs is "how do I overcome the lack of MSL experience?" The answer is through networking, matching your background, experience, and transferable skills to the specific responsibilities outlined in the job description, and proving you understand the role. Most importantly, be convincing of why you want to be a MSL and how you are a good fit for an organization. Best of luck as you complete the checklist items and in your search efforts.

Authors:



Tom Caravela has 27 years of pharmaceutical industry experience and is the Founder and Managing Partner of The Carolan Group, LLC. Established in 2002, The Carolan Group is a leading pharmaceutical and biotech search firm specializing in medical affairs and medical science liaison recruitment. Tom is responsible for leading a team of expert recruiters and account managers in client expansions for various levels of field based and in house medical affairs professionals including MSLs, MSL Leaders, Managed Care/HEOR Liaisons, Medical Directors as well as various other medical and clinical affairs roles. With nearly three decades of pharmaceutical industry experience, Tom is a frequent speaker and consultant for clients, advisory boards and industry meetings. His strategic interests focus on hiring, retention and career development for the field based MSL role.

Medical Affairs in South Asia

By Anand Lakhkar MD, MS, PhD | August-2020 Issue

The Asia Pacific Region is fast emerging as a major hub for the pharmaceutical industry. This region includes the developed APAC (Australia, Hong Kong, Japan, Singapore, Taiwan and South Korea), South-East Asia (Indonesia, Malaysia, Thailand, Phillipines and Vietnam), China and South Asia (India, Pakistan, Bangladesh, Nepal, Sri lanka, Maldives). The requirements of Health Care Providers (HCPs) across these areas are very diverse and they provide an interesting set of challenges for Medical Affairs teams, particularly in the Indian Sub-Continent where India is the major market.

South Asia

India accounts for forty percent of the total generic demand in the US. The Indian pharmaceutical sector is expected to grow to US$100 billion by 2025. With such rapid growth, the opportunities for Medical Affairs are tremendous.

Challenges for Medical Affairs

Although the projected growth figures for the Indian pharmaceutical industry are impressive, most of these companies are generic manufacturers where medical affairs may have a limited role to play.

In the absence of defined deliverables, the Medical Affairs teams are seen more as a supporting function rather than a business partner. The main Medical Affairs roles include training, sales, and marketing team functions reviewing promotional materials for accuracy of medical content and providing support to the regulatory teams as needed.

Many Indian companies tend to intertwine key opinion leaders and key business leaders. Key business leaders may be the physicians who have a practice. However, they might not be the subject and research experts in their therapeutic areas and may not be the correct advice to share. A medical affairs team can prove to be very useful in this scenario. With the emphasis on medical affairs, growing the number of multiple national pharmaceutical companies based in India, and in consideration of the shift Indian companies manufacture generic brands, biosimilars and biologics, the role of medical affairs in India is also undergoing a change.

Opportunities for Medical Affairs

The pharmaceutical sales and marketing model has greatly changed over the last 15 years. Traditionally, physicians would have medical representatives coming and meeting them, with medical and scientific updates provided by the medical representatives. This model has now started to evolve and change.

Indian physicians who completed post- graduate training in the US, Europe or other western countries are moving back to India. They are sharing knowledge gained abroad, enabling collaboration between doctors in India and western counterparts, and expecting interactions with pharmaceutical companies to be similar to those in the western world. This change has resulted in Indian physicians expecting more from pharmaceutical companies in the areas of education, MSL interactions and initiatives that improve patient care. There is much opportunity for medical affairs teams in India and South Asia to step up and foster meaningful interactions with KOLs – through investigator initiated trials, medical advisory boards, one to one interactions, and Medical CMEs, among a host of opportunities.

Field Medical Affairs Teams

Business leaders in India have also started realizing the importance of having strong medical affairs, including the build-out of competent field medical teams. One key difference between MSL teams in India and western countries, is that Indian field medical teams are mainly comprised of medical doctors (unlike in the US or Europe where you see PharmDs or PhDs working as MSLs). MSL teams composed of only physicians can have their unique challenges with the lack of diversity and lack of scientific and pharmaceutical expertise that having pharmacists and scientists on the team can bring.

There are also cultural challenges to take into consideration. With the large population and the limited number of trained physicians available, physicians in this part of the world tend to be overworked and overloaded. As such, there is a limited number of KOLs in every therapeutic area and many industry representatives competing for their time. In such a scenario, face time with a KOL can become very challenging. Moreover, KOLs in India generally prefer face to face interactions over email communications. However, with the emergence of younger KOLs, there is a trend towards acceptance of more digital interactions.

Summary:

Medical Affairs in India and South Asia continues to evolve. . Business leaders, as well as KOLs have gradually started to realize the value that a good medical affairs team brings to the business and patient care respectively.

Many pharmaceutical companies in India have focused energy on building strong field Medical Affairs teams. Unlike the west, field Medical Affairs teams in India still tend to be composed mainly of physicians. Implementation of good Medical Affairs training programs for pharmacists and PhDs may help companies embrace having talented pharmacists and scientists as MSLs, increasing the breadth of expertise within their teams.

Reference:

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Authors:

Anand Lakhkar MD, MS, PhD, currently serves as a Senior Manager, Medical Affairs and Clinical Development, Vaccines and

Biologics at Serum Institute of India. He has completed his MD in India, MS in Cancer/Neuro Pharmacology from Georgetown University and his MS and PhD in Pharmacology from New York Medical College. His medical affairs experience spans multiple therapeutic areas from oncology, anaesthesiology, critical care to infectious diseases. He is passionate about the field of medical affairs and medical science liaisons; he has a strong interest in mentoring and nurturing the next generation of medical affairs professionals. Anand and his wife are the proud parents of two year old twins.

What is a Health Outcomes Liaison?

By Mahesh Tawney, PharmD, MS, MBA | August-2020 Issue

It's been 53 years since the term "MSL" was introduced to the pharmaceutical industry. Upjohn Pharmaceuticals recognized that sales representatives with a high scientific acumen had significantly longer face time with doctors, resulting in higher sales numbers than those representatives who were "non-science" trained. Upjohn trademarked the term "MSL" and defined the function as those employees responsible for "education services," specifically the initiation of drug studies in laboratory and clinical settings, development of workshops, symposia, seminars for physicians, medical societies, specialty organizations, academicians, concerned with drug related medical topics".

While several aspects of the MSL responsibilities have remained the same over time, much of the role has evolved over the last half-century due to the ever changing landscape of the US healthcare system.

While building and maintaining relationships with key opinion leaders continues to be paramount, MSLs are increasingly tasked with working as the scientific/medical interface to a variety of customer segments. The shift in the healthcare industry has continually been defocusing the fee-for-service healthcare model in favor of more evidenced-based approaches and value-based pricing. This shift in landscape has led to the creation of a new type of "Liaison" focused entirely on communicating with payer organizations: the Health Outcomes Liaison (HOL).

The role of a HOL is newer and less established and recognized than that of an MSL. A 2018 study shows that about 56% of the pharmaceutical companies have a dedicated HOL team with almost 80% being among the top 20 companies.

The roles and responsibilities of an HOL are oftentimes still met with confusion, especially around the question of where exactly the role of MSLs ends and that of HOLs begins. The two roles have much in common regarding responsibilities as well as approach with customers. Like their MSL colleagues, HOLs are subject matter experts committed to presenting accurate data that is free of commercial bias and not focused or incentivized by commercial outcomes. For this reason, the majority of HOLs are, like their MSL counterparts, members of a medical affairs umbrella within the industry.

HOLs generally tend to have a comprehensive understanding of their field of expertise rather than a narrow focus on their portfolio, are able to provide information that extends beyond product-specific data and provide the most value to payers. Since HOLs are a "recent" addition to the Medical Affairs department, their teams are generally smaller than their MSL counterparts and therefore HOLs tend to be generalists rather than specialists.

So, what exactly are the responsibilities of a health outcomes liaison? Just like their MSL colleagues, HOLs serve as trusted experts, but while MSLs focus on communicating scientific and medical information about a product, an HOL's focus is on communicating a product's value proposition and health outcome data to payers. Presenting pharmaco-economic data is therefore one of the key responsibilities of HOLs.

Other key responsibilities include:

- Understanding the payers and the overall payer landscape and staying up to date on changes and reforms.
- Conducting discussions and answering information requests from key opinion leaders in the payer community.
- Planning and conducting health outcomes research and studies as well as publishing and presenting those data.
- Providing internal information and training on health outcomes issues to internal stakeholders, specifically MSLs and the account management teams.
- Working with internal stakeholders such as the market access, HEOR and Medical Science Liaison teams and to provide information and training on health outcomes issues.

The role of health outcomes liaison is fairly new and the responsibilities of this function will undergo changes as the role

matures. Given the changes in the healthcare system towards value-based models, HOLs are likely to see their importance increase as they move from providing cost-benefit analysis for a specific drug to analyzing the healthcare environment more holistically to come up with recommendations that lead to better patient outcomes while simultaneously reducing cost. As Payers struggle to balance quality and cost of care, demonstration of product value is increasingly material to the competitive evaluation, placement, and reimbursement of different treatments.

Bio-pharmaceutical organizations have turned to Health Outcomes Liaisons to serve as a scientific bridge with payer organizations, thought leaders, and other important decision makers. Moving forward, it is important that organizations understand how to fully leverage the relatively new field-based HOL function in order to better inform decision-making about pricing, reimbursement, inclusion of drugs on formularies and treatment guidelines. Face-to-face visits will remain the most important mechanism to build working relationships and credibility with payers and thought leaders. Although payer groups are traditionally targeted, it is critical that HOLs deliver a strong value proposition to both customer segments in order to synergize with the efforts of their MSL colleagues.

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Authors:

Mahesh Tawney joined Alnylam Pharmaceuticals in June 2018 as a Medical Outcomes Science Liaison (MOSL). Prior to joining Alnylam, Mahesh spent three years at Eli Lilly, and seven years at Daiichi-Sankyo, and three years at The Medicines Company. Mahesh received his Doctor of Pharmacy degree from the University of Maryland School of Pharmacy and subsequently completed a post-doctoral fellowship in Medical and Scientific Affairs at Sankyo. In addition, he has a Master's in Applied Pharmacoeconomics from the University of Florida and Masters' of Business Administration from Stetson University.

Seasoned MSL Retention

By Alvaro Herrera, PhD and Víctor Sastre, MS, MSL-BC | August-2020 Issue

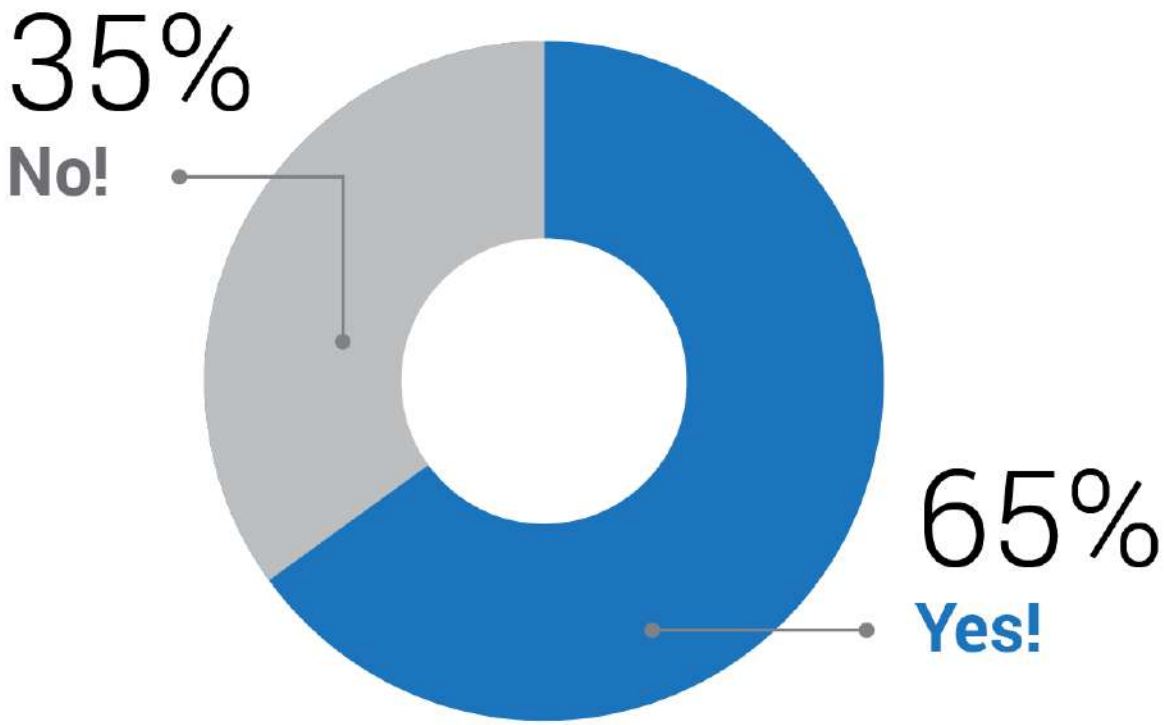
A "seasoned" MSL can be described as one who has changed companies several times due to professional or personal reasons, who has at least 7 years of MSL experience, who is very familiar with the art of being an MSL, who has a solid knowledge of the therapeutic area or disease state they support, and is looking for new challenges. However, the first question we ask ourselves is: Is the MSL position a transition role into another position within the Medical Affairs (or another department) or is it a career

itself, where one can develop and stay long term, acquiring the appropriate skills to become an MSL leader? This question was evaluated by the Medical Science Liaison Society during a webinar in August 2019 entitled "*Enhancing the Value of the MSL through Technology in the Field and the Power of Personal Branding for Field Medical Professionals*" in which 234 MSL professionals from 34 countries participated. A survey was immediately conducted prior to the webinar to gain insights into various aspects of the MSL career.

One of the questions in the survey was: "Do you plan to retire as an MSL / MSL leader?"

Figure 1, reveals interesting results. 65% of MSLs who participated in this survey plan to retire as an MSL, while only 35% believe that their career plan is directed towards other positions.

Graphic 1: Do you plan to retire as an MSL?



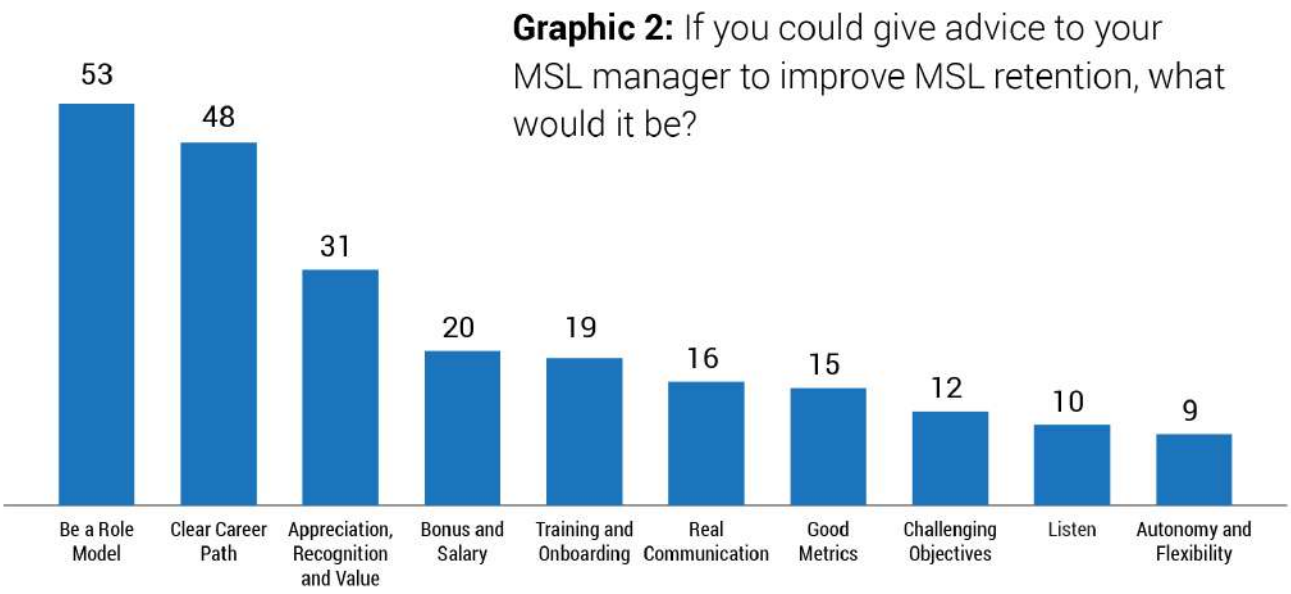
MSL Society. Global Survey. August, 2019.

So what are the drivers that motivate an MSL to become an MSL Leader? Will there be new strategies and areas of opportunities that help improve motivation?

The survey conducted by the MSL Society found that the 23% (56 participants) had more than 7 years of experience as an MSL, allowing us to understand more deeply the motivations and opportunity areas of MSLs that we do not know despite having extensive experience in this position.

One of the key questions was: "If you could give advice to your MSL manager to improve MSL retention, what would it be?" "We understand MSL Retention as those incentives that will keep our MSLs engaged, loyal and struggling with first day motivation".

This question certainly gave us a deeper understanding of the drivers that motivate MSLs and, more importantly, what they expect from their line manager to feel comfortable and motivated.



MSL Society. Global Survey. August, 2019.

In Figure number 2 the results reveal that the three most important drivers are:

1. Be a Role Model
2. Clear Career Path
3. Appreciation / Recognition / Value

But, what does "Clear Career Path and Appreciation / Recognition / Value" include?

From Clear Career Plan we could expect the following: create development opportunities in your team, create different levels (MSL, Senior MSL, etc.) and thoroughly understand personal expectations. In regards to Appreciation / Recognition / Value we could expect: an increase in the sense of belonging, a good understanding of virtual work environments, recognize talent and reward it and advocate the value of MSL within and outside the company.

Undoubtedly, from our point of view the high responses to "Clear Career Path" and "Appreciation / Recognition / Value" are expected.

But, why did "Be a role model" get the highest response?

Being a role model is an extremely important component in medical affairs as it can empower your team to conduct themselves and cooperate synergistically with colleagues and stakeholders. No less important, it could be a form of persuasion to obtain more knowledge, empathetic behavior, collaboration, admiration and to increase the professional skills of seasoned MSLs that need a greater challenge in their day to day working life. Therefore, medical departments that have effective managers will be able to retain and rediscover their MSL team in a synergistic and constant way. In addition, being a role model also includes:

- Guiding your team
- Providing recourse and tools for success
- Using creative thinking
- Never micromanaging
- Conducting more field base work with the team than administrative tasks
- Good MSL selection and onboarding

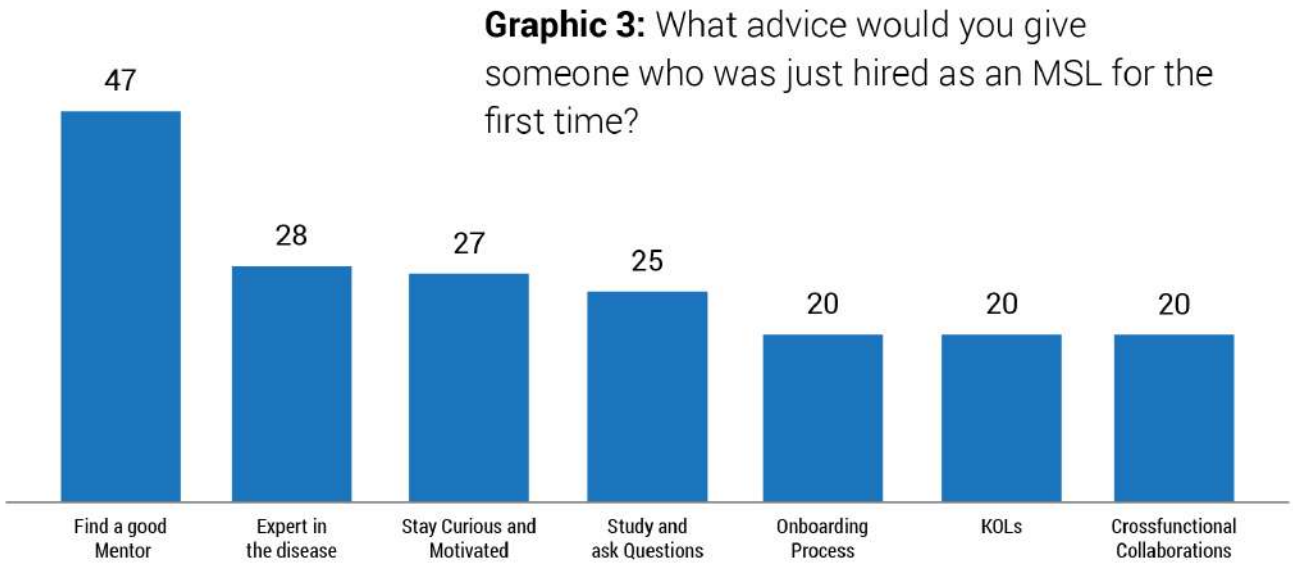
- Understanding the MSL Role
- Not letting sales encroach on our roles

It would be interesting in another survey to be able to segment the participants based on their years of experience and correlate them with their motivational drivers.

Would there be other strategies and opportunity areas to improve your motivation based on years of experience?

Would being a role model be the most important driver for junior MSLs?

It would certainly give us information on how this strategic role has taken on relevance and, above all, a leadership role within medical affairs. Evidence suggests if you admire a leader, eventually you will develop your hard and soft skills in order to be like that leader. That seems to be the trend in this new era of empowerment and leadership that MSLs are experiencing. This can be evidenced by the answers obtained in one survey question "what advice would you give someone who was just been hired as an MSL for the first time?".



Graphic 3: What advice would you give someone who was just hired as an MSL for the first time?

MSL Society. Global Survey. August, 2019.

In this survey, 47 MSL professionals believe that getting a good mentor is key to their successful professional development, followed by 28 people who think that the most valuable advice is to be an Expert in the disease and 27 people think that the most assertive option is Stay Curious and

Motivated (the 3 most frequent alternatives). It seems that everything is summarized in the statement "Leaders never go alone".

But, what about MSL Managers? One question in the survey asked "What do you find most satisfying or rewarding about being an MSL or an MSL leader?" This question was evaluated only for MSL Managers, finding that of the 55 responses analyzed, almost 35% responded "developing others" followed by 30% that responded "HCPs interactions & Insights".

In this article we have tried to describe and discuss the characteristics of MSL retention, and discover new strategies and opportunities to improve the motivation of "seasoned" MSLs. Differentiation and value strategies have been one of the most useful for maintaining motivation in "seasoned" MSLs. The differentiation rule states that there must be unique responsibilities, knowledge requirements, capabilities, and performance measures for unique roles. The value rule adds that this differentiation must provide incrementally greater value to your customers and / or the organization in order to earn sustained company investments in the role. These drivers are definitely natural catalysts for leading MSLs to engage and retain seasoned MSLs. Lastly, "Be a role model" and establish a clear definition of the "Career Path" are the two important considerations for MSL Managers to consider in order to improve the retention of MSLs. In the near future we will need to continue to define the areas for improvement and opportunities for experienced MSLs to continue building and overcoming all the barriers that prevent effective engagement and retention.

Recognizing and rewarding talent, advocating the value of MSLs inside and outside the company are drivers that will undoubtedly enhance the retention of MSLs and give them the motivational energy to seek the path to leadership.

It is important to remember that “As you grow, you make so much space for everyone else”.

Authors:

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Victor Sastre has over 20 years of experience in the pharmaceutical & biotech industry, Medical Affairs and R&D. He serves as a professor in several Masters and Pharma MBA positions. Passionate and the industry and a widely published author on MSLs and the industry, he is currently a Senior MSL with Amgen in the Bone Metabolism, Neuroscience, Inflammation and Biosimilars division. In 2018, he received the MSL Award of the Year (Outside USA) from the MSL Society.

Three to Succeed

By Elizabeth Kupferer, PhD, MSL-BC | August-2020 Issue

The Medical Science Liaison (MSL) has become an integral member throughout a product’s lifecycle in the Pharma, Device and Diagnostic Industries. As a new MSL, it is exciting to get started and navigate through the complexities of the new role.

The MSL career offers so many benefits and opportunities. For some, one major benefit is that as a remote employee, it provides flexibility and lends itself well to balancing personal and professional life. Yet with a remote position, it can be challenging to maintain visibility, which is important highlighting your performance and professional development opportunities.

If you are feeling a little “remote” these days and wondering what you can do to create more visibility, have a look at these simple recommendations that will help you exceed as well as take charge of your professional growth.

Be Present

Obviously, maintaining a physical presence is key to visibility, yet, it isn’t as straightforward for a remote employee. Typically, the opportunity to be physically present at the corporate office is rare, especially with Covid-19. However, those opportunities will arise, and when they do seize that opportunity.

Remember it is also important for your coworkers to understand your role in the company. It is your responsibility to showcase yourself. Be strategic with your time while you are at your home office by setting up short meetings with a clear agendas with key individuals. If unable to go to Headquarters Office, then make the most of Medical Congresses and local conferences by setting up meetings with internal colleagues and other remote colleagues that will be attending as well.

Being physically present isn’t the only way to ‘be present”. You can maintain valuable relationships with colleagues virtually by setting up brief routine phone calls or video conferences. Be strategic here as well, and make these moments count. When attending group meetings, whether that is on the phone or in video format, make it your objective to have your voice heard at least once during every call. As an expert in your field, you have good opinions, share them.

Stay Connected

If you do not already have regular one to one call with your manager, create it. If it is not possible to get on a call together, at minimum craft an email with a rundown of everything you accomplished throughout the week to highlight your accomplishments. As a manager, I find these types of communications invaluable. Beyond connecting with your manager, consider creating weekly calls with crucial members of your team to stay up to date.

Mentor and Be Mentored

There is no doubt that mentorship plays a key role in career development. Choosing a mentor within your company can provide that extra visibility and connect you to others within the organization. To start, it is important that you define what you are looking for and what that career path might look like. Once you have that in mind, have a look around at those individuals who are currently employed at your company in your dream job and reach out. Mentoring relationships will be successful if there is a good match between the mentor and the mentee. Some mentorships are formal, others are far more casual.

Be open to mentoring others as well. There may be individuals in your company who are interested in a MSL role. When those opportunities appear, take the time to provide the mentorship. If you are thinking about mentorship outside of your company, consider the wider community of MSLs beyond just your company. For more experienced MSLs, the MSL Society has a mentorship program in which you could serve as a mentor for others. Volunteering and being active in professional societies can positively impact your career and visibility among your MSL peers.

The bottom line is, it takes extra effort on your part to stay visible at your company when you work remotely. In addition to the points above, think about taking initiative, going above and beyond what’s necessary at work and being that person who creates solutions to problems no one wants to tackle. When you are recognized as a resource your manager and your peers can depend on, you will make an impact and will be top of mind even when you aren’t physically in front of your colleagues on a daily basis.

Authors:

Elizabeth Kupferer, PhD is a Regional Director, Medical Science Liaisons in Ophthalmology at Novartis. She has extensive experience in the Pharmaceutical Industry as a Medical Science Liaison (MSL), MSL Director and Sr. Director of Medical Affairs.

MSL Virtual Encounters in a Post-COVID Environment

By Cerise James, MD, MPH and Leona Hamrick, DHSc, MSL-BC, PA-C | August-2020 Issue

Since COVID-19 entered our lives, we have all been faced with uncertainty. COVID-19 has challenged us to be better community stakeholders and more creative about how we do business. Medical Science Liaison (MSL) teams have been forced to consider new and creative ways to connect with their customers.

In 2018 Dr. Leona Hamrick, MSL-BC and Dr. Cerise James, MPH presented a workshop at the MSL Society annual meeting on the Regional Medical Director (RMD) On-Call program established at CardioDx. CardioDx is a cardiovascular genomic diagnostic company that allows compliant interactions between the commercial and medical affairs teams. The workshop was prescient for its time because it introduced a non-traditional KOL engagement style that did not involve an in-person face to face meeting. This program pioneered a new way to engage with KOLs by providing a concierge-like virtual service through support of the commercial field team.

The program consisted of the sales team contacting the RMD prior to their office visit alerting the RMD to be on standby. This protocol established that an HCP/KOL encounter might occur within the next hour. These encounters could utilize any technology based on the preference of the HCP/KOL. The interaction could involve a voice call or a video call using platforms like FaceTime, GoToMeeting or Zoom. In addition to last minute encounters, virtual visits could be scheduled ahead of time between the KOL and RMD. These visits were reactive based on requests made by the KOL/HCP and may consist of a discussion on various topics including score report interpretation, investigator-initiated trial requests, and clinical utility. This program was first piloted within a territory for a period of 90 days.

To monitor effectiveness, post call surveys were administered both to the commercial sales colleague and the HCP office. Information captured included effectiveness of the call, RMD accessibility, and quality of scientific exchange. Survey results were ranked on a scale of 1 to 5 with one being least satisfied and five being most satisfied. At the end of the 3 month pilot, an average rating of 4.0 was recorded from external HCP surveys (survey completion rate of 80%) and a rating of 4.4 was recorded from internal commercial colleagues (survey completion rate of 92%) (CardioDx, 2018). Following the completion of the successful single-territory pilot, the RMD On-Call program was launched nationally at CardioDx. On average, 10 RMD On-Call encounters were logged per week, in addition to traditional face-to-face encounters. The metrics recorded for the engagement were captured similar to a traditional in-person KOL metric (type of encounter, scientific exchange, number of providers, etc.) and followed the Medical Inquiry process if additional medical information was required.

This program was created as a response to having limited resources in a small medical affairs team and large geographic territories. In a traditional MSL engagement there is a pre-plan meeting, followed by the in-person meeting, and finally, the post meeting follow-up. This process usually occurs over a span of weeks. The RMD On-Call program accelerated that whole process into days – sometimes hours. This program was well received at CardioDx as it facilitated compliant medical-commercial interactions. Dr. Hamrick and Dr. James have gone on to successfully utilize similar programs in other roles.

Businesses are adapting to out of the box thinking for impactful KOL engagements and have utilized similar models to guide their COVID-19 re-entry strategies. In a recent MSL Society survey regarding the impact of COVID-19 on KOL engagements, 54.7% of Global MSL respondents described an uptick in KOL receptivity to virtual engagements (see Figure 1) (MSL Activities

During The COVID-19 Pandemic: Global and USA, 2020).

How receptive are KOLs and/or other healthcare providers to virtual interactions via WebEx or Skype or other virtual platforms?

Reception to Virtual Interactions	MSLs USA	MSL Managers USA	MSLs Global	MSL Managers Global
Very receptive	9.5%	19.8%	8.1%	16.6%
Somewhat receptive	51.6%	67.0%	46.6%	55.2%
Not very receptive	34.4%	12.1%	38.7%	20.9%
Not at all receptive	4.6%	1.1%	6.7%	7.4%
	Total = *306	Total = *91	Total = *496	Total = *163

* Only MSL / Sr. MSL (or equivalent title)
* Only Manager / Director of MSLs (or equivalent title) AND Executive Management / Vice President of Medical Affairs

Additionally, 38.8% of Global MSL respondents stated these virtual KOL encounters lasted 16-30 minutes (see Figure 2) (MSL Activities During The COVID-19 Pandemic: Global and USA, 2020). The FDA also recognizes COVID-19 will change the landscape of clinical trials. They are suggesting sponsors consider alternative methods for assessment including phone calls and virtual visits (Caccomo, 2020).

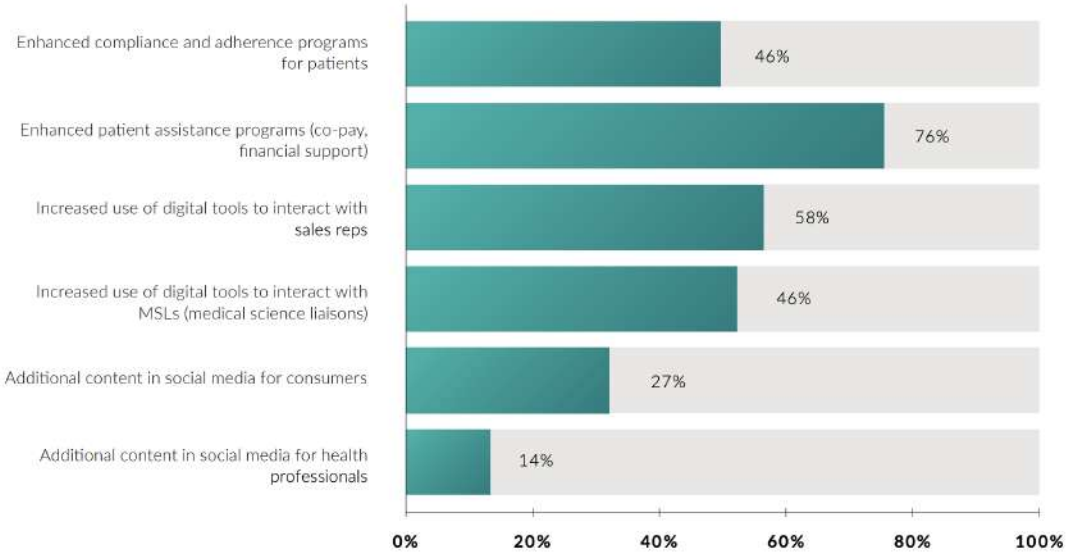
WHEN you have a virtual engagement with a KOL or other healthcare providers, how long do they typically last?

Virtual Engagement Length	MSLs USA	MSLs Global
5 - 15 Minutes	26.8%	30.4%
16 - 30 Minutes	45.8%	38.8%
31 - 45 Minutes	11.4%	9.8%
46+ Minutes	2.9%	2.0%
The KOLs and/or other healthcare providers I support are not open to engaging with MSLs at this point as a result of COVID-19	13.1%	19.0%
	Total = 306*	Total = 490*

* Only MSL / Sr. MSL (or equivalent title)

Given our current situation, a digital transformation within medical affairs teams is inevitable and imminent. When physicians were asked about their concerns surrounding the reduction of interaction with PHARMA related to COVID-19, they were most concerned over prescription sample access but this was closely followed by concerns about the reduction of professional education and clinical trial updates at 50%, 38%, and 31%, respectively (The Aftermath: COVID-19 Insights & Recommendations, 2020). Roberta Ascione, CEO, Healthware Group stated, "We're starting to see signals that MSLs are in more demand. This was happening already, but we expect to see that demand continue to increase as MSLs are viewed as a more neutral and informative voice than traditional reps" (The Aftermath: COVID-19 Insights & Recommendations, 2020). One potential benefit to virtual engagements is the ability to track and measure what works and what does not in real time. A digital platform can be equipped with analytics dashboards that track activities with actionable metrics (Hansen, 2020). These data-driven insights could produce KOL/HCP behavior virtual benchmarks that would lead to immediate benefits and help shape future virtual encounters. The need for virtual engagement was further illustrated in a survey where physicians were asked what they would like to see from Pharma. Of those surveyed, 46% wanted an increased use of digital tools to interact with MSLs (see Figure 3) (The Aftermath: COVID-19 Insights & Recommendations, 2020).

Figure 19: What Physicians Would Like to See From Pharma



Source: DHC Physician Survey

COVID-19 has catapulted medical affairs teams into change. KOL interactions must evolve and companies are considering what this will mean in the future. As travel restrictions and hospital system access concerns continue, how do we reach KOLs and provide impactful information? Will social media interactions between MSLs and KOLs evolve to become a compliant, mainstream interaction technique? Will we ask KOLs during an initial encounter if they prefer text or email communication (in lieu of face-to-face)? What Customer Relationship Management (CRM) software will be used to effectively capture virtual interactions? Will MSLs routinely record short video messages for KOLs? These and many other questions exist around virtual MSL/KOL engagements.

MSL teams will continue to deliver impactful, concise, compelling, fair, and medically balanced clinical messages that inform KOL decisions. However, many of these interactions will need to move to a virtual environment. The RMD On-Call program was a successful example of an approach that personalized KOL virtual engagement and provided a cost saving benefit by reducing travel. Programs like RMD On-Call are likely to become standard procedure due to reductions in face-to-face access and tighter budgets as a result of COVID-19. As such, there will be benefit in sharing best practices around virtual encounters between MSLs and KOLs.

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Congratulations To Those That Have Recently Passed The MSL Board Certification (MSL-BC) Exam

By Dr. Samuel Dyer | August-2020 Issue

The following individuals have recently passed the exam and earned the MSL-BC® Credential:

1. Montora Mayes, RN, BSN, MSN, MHA, MSL-BC
   MSL

Romark, L.C.

2. David Queen, APRN, FNP-C, AE-C, MSL-BC
   Clinical Science Liaison
   AstraZeneca
3. Gabriela Dontu, MD, PhD, MSL-BC
   MSL
   ASTROTIDE, INC.
4. Chuck Sherline, BS, MBA, MSL-BC
   MSL
5. Kristie Wallace, RPh, CPh, PharmD, MSL-BC
   MSL
   AbbVie
6. Amanda Berge, PharmD, MSL-BC
   Sr. MSL
   Amarin Corporation
7. Jaideep Banerjee, PhD, MSL-BC
   Senior Manager, Medical Science Liaison and Clinical Strategy Lead (Biologics)
   Smith & Nephew
8. Anthony Fernandez, PharmD, MSL-BC
   Director Medical Affairs
   Photocure
9. Gary Dawson, RPh, PhD, MSL-BC
   Medical Affairs, Clinical Pharmacology and Toxicology
   Retired – Private Practice
10. Linda Freeman, PharmD, MS, FASCP, MSL-BC
    Senior Medical Science Director
    Relypsa
11. Haris Shekhani, MD, MBID, MSL-BC
    MSL
    safeBVM
12. Dustin Dunham, MSL-BC
13. John Hudson Garrett Jr., PhD, MSN, MPH, MBA, FNP-BC, FNAP, MSL-BC
    Strategic Medical Affairs Executive & Infection Prevention Expert, Assistant Professor, & Patient Safety Thought Leader
    Community Health Associates, LLC

Eligibility Criteria

The Medical Science Liaison-Board Certification (MSL-BC®) is designed for professionals that have experience working as a **Medical Science Liaison (or equivalent title)** or **leading a Medical Science Liaison team**. As a result, experience working as a Medical Science Liaison or MSL leader is required of all certification candidates; those aspiring to break into the MSL profession are **NOT** eligible. All MSLs and MSL leaders, including international applicants outside of the United States, are encouraged to take the examination if qualified.

Specific eligibility requirements include:

1. Bachelor's degree or higher from a regionally or nationally accredited educational institution. A copy of the candidate's highest degree or transcript **must** be provided at the time of registration.
2. One (1) year of cumulative experience working full-time as a **Medical Science Liaison (or equivalent title)** or **leading a Medical Science Liaison team**. (see Appendix A in the Candidate Handbook for equivalent titles)

Note: This certification is **NOT** intended for sales, marketing, or other non-MSL related functions within a company. All candidates must **legally attest** that they meet all the above requirements, which are subject to verification.

Details About the MSL-BC® Exam

1. Consists of 140 multiple-choice questions. Of these, 125 questions will be used to calculate your test score. The remaining 15 items serve as pretest questions, and do not affect your final score.

2. You will have a total of four (4) hours to complete the exam.
3. The exam is virtual and can be completed at your home or office (*we do not recommend using company issued computers as there are often company firewalls which prevent the individual from properly accessing and completing the exam*).
4. The exam will be administered through the Medical Science Liaison Society's Learning Management System (LMS) and will be remote proctored live through ProctorU.

To learn more about the benefits of the Medical Science Liaison-Board Certification click here