

THE MSL

JOURNAL OF THE MEDICAL SCIENCE LIAISON SOCIETY

MARCH 2021



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Letter from the Editor

By karolina | March 2021

Welcome to another edition of The MSL Journal! We thought it would be an ideal way to kick off the first edition of 2021 in time for the 2nd Annual International MSL Day – March 27, 2021 – with a focus on diversity, inclusion, and development topics! As our world evolves and changes, it's timely and relevant to elevate these ideals. It has been an enormous undertaking to deliver an array of content that spans these key areas. We were so impressed by what the authors contributed with a focus on the value of diversity in teams and any endeavor, building bridges for inclusivity in all areas of our lives and continuing to climb toward new development heights, particularly with digital technology! We are thankful for our globally diverse MSL society and readers who made time to write and share their views, expertise, and insights with everyone! My sincere appreciation to the writers!

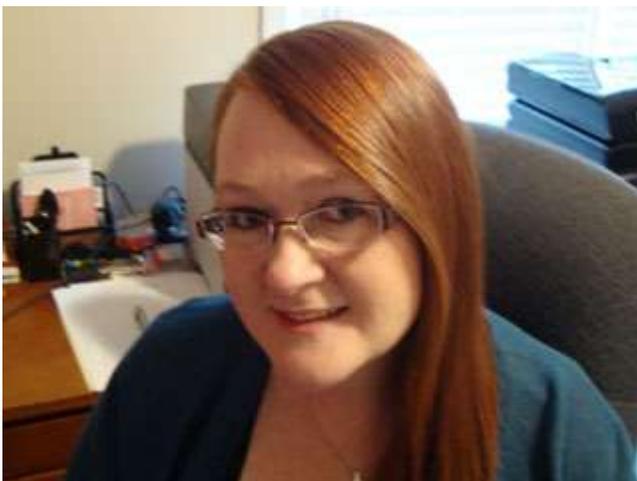
I hope that you enjoy the broad range of articles in our first journal edition of the year! Our talented, amazing MSL community has outdone themselves with many great reads! We send all our best wishes for health, success, and positive energy to rise above all challenges we face, knowing that we do not face them alone. Keep reading, learning, and striving for excellence in all you do! If these articles inspire you to put pen to paper, please send us your articles!

As the pandemic lingers, we are beginning to see hope for an eventual return to a new normal where vaccines can be received, the ability to start traveling again may happen more often, and people are sensing the need to reconnect in person in a safe manner. The pandemic has taught us to lean into others' needs and views; we aim to have more empathy for others and consider what works best for them, for our needs, and we adapt. Perhaps the pandemic encourages diversity in thinking, more awareness of the world around us, as all parts of the globe are touched by covid-19, more creativity in how we accomplish our jobs and tasks in daily life and also reminds us that the isolation caused by the past year opposes our very human need to be with others.

Having a formal day dedicated to recognizing the MSL community on International MSL Day is quite special and well deserved! My glass is raised to a toast to each of you for your contribution as MSLS and leaders who make a truly significant impact in patient lives each day!

Until our next edition, happy reading, and please take time to celebrate International MSL day!

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.

New Diversity and Inclusion Initiative

By Dr. Samuel Dyer | March 2021

The [Medical Science Liaison Society](#) is launching a new Diversity and Inclusion initiative for the MSL community. The mission of the Diversity and Inclusion group is to cultivate a diverse and inclusive platform for Medical Science Liaisons, MSL leaders, and affiliated partners to collaborate and optimize strategies to support inclusion. Our vision is to identify opportunities to enhance diversity and inclusion within the pharmaceutical, biotechnology, medical device, and other healthcare companies and foster an environment for all to excel in their MSL careers and future aspirations.

The Diversity and Inclusion initiative consists of several MSLs and MSL leaders, and there will be multiple activities and programs throughout the year. As a first activity and launch, a few members of the new initiative shared their thoughts on diversity and inclusion.

Why are you getting involved with the diversity and inclusion group through the MSL Society?

Shay Taylor, MD: I feel the diversity and inclusion of the Medical Science Liaison Society is what we should experience in the broader scientific community. I believe that most will agree that diversity, inclusion, and creating a safe space for all is important, however, it is not entirely clear what actions can be taken to foster such an environment. It is my hope that leaders from the Medical Liaison Society can come together to share their experiences and have those vital discussions to provide and share information to help guide the scientific community on this topic.

How does one build a safe and inclusive environment?

Lori Crawford: It's important to create an environment where people feel comfortable sharing their perspectives and ideas. This starts from the top. Having leadership that resembles the diversity it seeks will set the standard for inclusivity throughout the organization. This includes, but is not limited to, in-depth leadership training on diversity, equity, and inclusion, the addition of individuals from diverse backgrounds to positions of leadership, and the value of and commitment to diverse backgrounds and perspectives. These efforts will cultivate a workplace where people can contribute fully to the organization, improving performances and results.

The organization should not only focus on leaders but its employees, as well. One way to engage employees is to provide opportunities for employees to celebrate diversity and share ideas. For example, we can develop subcommittees of diversity and inclusion. This will give employees the opportunity to learn from one another's varying and unique backgrounds. As a result, the organization creates another avenue towards a safe and inclusive work culture.

What is your approach to understanding the perspectives of colleagues from different backgrounds?

Lori Crawford: I believe people feel more comfortable sharing their ideas in spaces that center open-mindedness and understanding. Thus, I take a personable approach. I focus on cultivating relationships with my colleagues that embody trust, understanding, and authenticity. Moreover, I practice empathy and listening without judgment. Because it is in that space where communication can thrive and bridges can be built.

What does diversity and inclusion in the workplace mean to me?

Dr. Lori Crawford: Diversity and inclusion in the workplace mean working in an environment where every employees' background and perspective is respected, valued, and celebrated. The organization understands the significance of leveraging different cultural backgrounds and ideas to its advantage — internally and externally — and its employees' morale and production are a reflection of its commitment to this core value. The organization focuses on bringing aboard various individuals with unique backgrounds and nourishes existing employees' talent, growth, and advancement. Also, diversity and inclusion in the workplace mean the organization reflecting the consumers and communities it serves. This humanizes the organization,

garnering results that are positive both socially and economically.

Harry Andre Michel, Jr., MBA: When I was first asked, “what does diversity, equity, and inclusion in the workplace mean to you?” My immediate thought was, simple question...more representation of people, within our organization, who look like me. Immediately, I paused and asked myself, is that it, or could there be more than my unilateral perspective? I realized deeper reflection was needed to contextualize workplace diversity, equity, and inclusion (DEI) and its potential benefits. The question was about my willingness to learn more with an open mind. So I started with a plan to research answers to a subject matter, I would later learn, I did not intrinsically understand. The investigation uncovered principles and practices of diversity, equity, and inclusion I hadn’t even begun to consider. At that moment, I realized there were levels to understanding DEI, and if I truly intended to grasp its relevance, and hoped to share that value with others, more would be required. So, I began with the definitions of diversity, equity, and inclusion, seeking to delineate their differences and develop my own interpretation of their respective meanings.

Diversity is the presence of difference within a given setting. For example, diversity of animal species within a deciduous forest, diversity of shoe brands in your closet, or diversity of opinion or experiences. In the workplace setting, I am referring to a diversity of identities: like race, culture, gender, and sexual orientation. Diversity can be broadened to include differences in ethnicity, religion, or nationality as well.

Inclusion in any setting can be described as people with different identities being welcomed, valued, and leveraged, within that setting. Some experts describe, “Diversity as being asked to the party, and inclusion as being asked to dance.”

Equity is an approach that ensures everyone has access to the same opportunities. Equity recognizes advantages and barriers exist, and as a result, we all don’t begin from the same place. Equity acknowledges some track races have different starting points, and those unequal starting points affect the outcome of the race. Equity commits to address and correct the imbalance.

The next question I asked myself, once we have a foundational understanding of the unmet need, how do we create and implement sustainable solutions? Acknowledging the challenges we face may be the next best step, followed by an actionable improvement plan. But what does that mean? Perhaps it’s a reversal of traditional norms in the workplace setting, where structured dialogue around “off-limits” topics such as religion, politics, and race relations are encouraged. Maybe it’s having difficult conversations, and having feelings of discomfort which lead us to a better understanding, empathy, and respect for one another. If we have the courage to accept this challenge, I believe we will all be better for our diligence and commitment to growth. So I would ask, what does diversity, equity, and inclusion in the workplace mean to you?

Why is it important to have a diversity and inclusion group that represents MSLs and MSL leaders from several companies?

Leann Pezdirtz: Each leader will bring experiences of success and challenges unique to their organization. This variety of perspectives will allow us to have the greatest opportunity to affect positive change and bring more talent to the MSL profession.

What would you say is the most important and most difficult part of implementing Diversity and Inclusion?

Leann Pezdirtz: The most important part is having a sense of vulnerability. A willingness to admit what you don’t know, to listen with a humble mindset, and to truly learn.

The most difficult part...is the same. As leaders, we want to have the answer and demonstrate that we know exactly what to do. Implementing Diversity and Inclusion requires us to recognize we need others and that positive change and growth will only occur through the effort of everyone across the organization.

Please share what diversity, equity, and inclusion mean to you and why they’re important.

Douglas Yau, Ph.D., MBA: To me, inclusion means how we as a team/company work together, diversity is the team makeup and the richness of the differing backgrounds of each team member, and the combination of the two results in engagement of the employee as they feel a great sense of belonging to the team and the company. We need to develop conscious inclusion to prevent unconscious bias so that we can create greater gender balance in leadership positions, enable multiple generations to work together and learn from one another, promote equality on the teams and leverage from their diverse backgrounds and

provide opportunities for growth, and train ourselves to challenge unconscious bias.

Our D&I efforts will lead to our companies attracting and retaining the top talent, strengthening our company's reputation, and overall allow us to develop strategic partnerships with investigators, hospitals, medical societies, and co-operative groups and better serve the communities in need. From a medical perspective, the more diverse, engaged, and efficient our field medical team is, the better we are at asking the right questions, addressing the critical problems that our health care providers and their patients face, and develop innovative medicine.

Shay Taylor, MD: Diversity, equity, and inclusion are at the forefront of quality comprehensive medical care. My personal view of diversity is recognizing and embracing the unique qualities and experiences within each person. Having diversity within the healthcare industry is critical as it offers varying perspectives, insights, and values which combined, lead to improved quality of care for the diverse patient populations that we serve.

Equity and inclusion are action items that can be used to recognize and incorporate diversity into the workplace. Equity is being fair and impartial as we interact with one another and in the hiring process. As a society, we have progressed remarkably in this regard, but more work can be done to improve equity and inclusion and eliminate disparities that continue to exist. It is important to reassess ourselves and bring awareness to appreciating the positive impact of diversity through providing equity and inclusion in our field.

Can you give me an example of how to make direct reports or colleagues feel a sense of inclusion, belonging, and equity on a daily basis?

Douglas Yau, Ph.D., MBA: Making direct reports feel a sense of inclusion, belonging and equity is an important job for a field director. Our 1:1's provide an opportunity for us to actively listen to their concerns, gather feedback and current needs and also understand their dreams and career aspirations so that we can provide them with opportunities for development. One way that I have achieved this is to mix up my team members for different roles and projects throughout the year so that they have equal opportunity to lead, have visibility, and grow from the experience. For some roles, these MSLs are chosen based on their expressed interest or areas where they already excel, which makes them feel validated that I have listened and am actively helping them direct their career; while for others I base the selection on their gaps in experience and areas for necessary growth, and by assigning them for a particular role, they are forced "to grow" and learn by working alongside others who already have this competency.

With either decision, I explain to the MSL my reasoning for their assignment and also explain that these roles rotate each year so that their diverse talent, tenure, and experience can spur innovation and new ways of problem-solving. In the end, this inclusive culture only solidifies the bond of each team member and makes the overall team stronger and better prepared for the challenges and opportunities to come.

Authors:



Dr. Samuel Dyer
CEO and Chairman of the Board

Dr. Samuel Dyer has over 21 years of experience within the International MSL community while working for a number of top global companies. During his career, he has led MSL / Medical Teams in multiple TA's in over 60 countries throughout the U.S., Canada, Europe, Africa, Middle East, Australia and Asia.

His management experience includes small (2+) to large (240+) MSL teams across multiple TA's. Throughout his career, Dr. Dyer has worked on MSL and Medical Affairs strategy and has extensive experience in creating strategic MSL utilization and medical communication plans. He has designed, and created global MSL training programs that have included: on-boarding programs, KOL Medical communication plans, strategic assessments, planning, and execution in geographical locations with diverse cultures /languages. Dr. Dyer has successfully launched both pharmaceutical and medical device MSL teams both in the U.S. and internationally.

Dr. Dyer has also written extensively on the Medical Science Liaison role, including numerous published articles, benchmark studies, and reports. Dr. Dyer is well recognized within the global MSL community and has developed an extensive international network within the Pharmaceutical, CRO, Medical Device, and Biotechnology industries. He is the owner of the largest group on LinkedIn for MSLs and Medical Affairs with over 25,000 members. He has spoken and moderated several international conferences on various MSL topics including KOL management, creating MSL teams, MSL training, international MSL teams, and the value of the MSL role and Medical Affairs. Dr. Dyer is consistently sought out as a resource and consultant for MSL projects that have included diverse companies such as McKinsey Consulting, Bain and Co., and Philips Healthcare.

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Dr. Lori Crawford

Dr. Lori Crawford is a Medical Science Liaison in the Cardiometabolic Division of Boehringer Ingelheim Pharmaceuticals, Inc. Dr. Crawford earned her Doctor of Pharmacy degree at the Xavier University of Louisiana. She completed an American Society of Health-System Pharmacists-accredited Pharmacy Practice residency at Central Arkansas Veterans Healthcare System. After completing a residency, Dr. Crawford worked as a Clinical Assistant Professor in the Division of Clinical Administrative Sciences at the Xavier University of Louisiana.



Harry Andre' Michel, Jr., MBA

Harry currently is an Associate Director, Medical Science Liaison at Boehringer Ingelheim

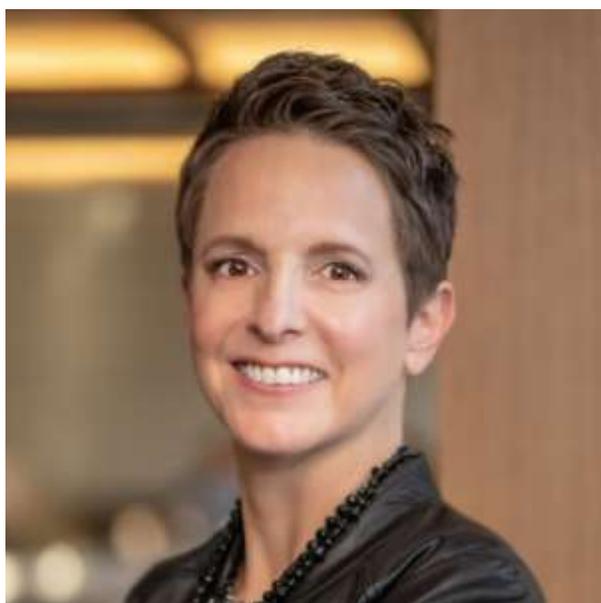
Pharmaceuticals, Inc. He, earned his Bachelor of Science in Finance from Xavier University in Cincinnati, OH, continued graduate training in the Medical Sciences at St. Louis University School of Medicine, and later completed his Masters of Business Administration at the Olin School of Business, Washington University - St. Louis, MO.

Harry began his pharmaceutical industry career on the commercial side of the business as a Metabolic Sales Representative for GlaxoSmithKline in 2002 and later secured a senior specialty-sales role with Boehringer Ingelheim as a Metabolic Specialty Sales

Representative in 2011. When the opportunity presented itself to combine his medical science background and practical industry experience, Harry transitioned to BI's Clinical Development and Medical Affairs division as a Medical Science Liaison in 2015. Responsible for the southeast region of the US, Harry is able to engage with key opinion leaders providing product and pipeline therapeutic area expertise. This role allows him to build advocacy with medical institutions and identify collaborative research opportunities, bringing him closer to the frontlines of influencing patient care and improving health outcomes.

Harry is passionate about leadership development and diversity, equity, and inclusion (DEI) initiatives within corporate America. In his current role, Harry was selected by US leadership to participate in the BI Leadership Development Program (BILD). This company-sponsored program is designed to foster growth in key leadership behaviors and competencies that are necessary for success now and in the future at BI. Currently, Harry is championing BI's Field-Based Medicine DEI initiatives to increase awareness about the value of DEI to internal and external partners.

Outside of his profession, Harry is a volunteer youth basketball coach where he is inspired by mentoring and teaching young people the value of commitment and teamwork. Harry resides in Atlanta, GA with his wife Dawanna and two sons: Mason age 15, and Myles age 13. During his free time, he enjoys family, traveling, reading, exercise, food, movies, and outdoor excursions.



Leann Pezdirtz, MS

Leann joined Boehringer Ingelheim in 2002 as an MSL after leaving Family Medicine where she practiced as a Physician Assistant. In 2003 she moved into a leadership role with the Cardiovascular MSL team. In 2004, Leann led the implementation of the newly created Medical Grants Office and developed BI's first online grant application process. In 2006 she joined the commercial organization where she had the opportunity to be a part of several marketing teams, including launch readiness, traditional and specialty marketing in the areas of institutional sales, and managed markets marketing.

In 2012, she assumed a 2nd line leader role for a field-based clinical team reporting into the commercial business. In 2015, she led a Cardiovascular Specialty Sales team and in 2016 transitioned to the Director of Oncology Nurse Educators. From 2018 to 2019 she served as the Interim Head of Sales for the Oncology Business Unit. In January of 2019, she moved into her current role as Head of Field-Based Medicine.



Douglas Yau, Ph.D., MBA

Douglas Yau, Ph.D., MBA is the National MSL Director of Oncology Solid Tumor Field Medical at Sanofi Genzyme. Dr. Yau has 20 years of experience in the biological sciences sector with over 10 years within Sanofi Genzyme Medical Affairs. In his career at Sanofi Genzyme, Dr. Yau has held a number of roles within Oncology with increasing responsibility including Medical Science Liaison (MSL), Senior MSL, Oncology Field Medical Training Lead, US Medical Lead for the drug Elitek, and East Regional Director. Prior to joining Sanofi, Dr. Yau worked in preclinical research at The University of Chicago Hospital, an instructor for Emotional Intelligence at the University of Illinois at Chicago's graduate school, and a scientific advisor for Heartland Angels startup investment group.

Dr. Yau earned his undergraduate degree in Biological Sciences at The University of Chicago, his Ph.D. in Pharmacology at the University of Illinois at Chicago, completed his postdoctoral fellowship at the University of Chicago, and earned his MBA with dual concentrations in Health Sector Management and Leadership and Change Management from DePaul University-Kellstadt Graduate School of Business. He also holds two graduate certificates in Emotional Intelligence from The University of Illinois of Chicago and The Liautaud Institute and executive certificates in Leadership and Management from Cornell University and Wharton.



Shay Taylor, MD

Shay Taylor, MD is the Medical Science Liaison for Lupin Pharmaceutical's. She has a Medical Degree and received her OB/Gyn residency training at East Carolina University in Greenville, NC. After residency, she became Director of Women's Health Research for the Geneva Foundation, developing and implementing women's health research for the US Army at one of the

largest military hospital centers in the US, Womack Army Medical Center. Her research focused on the effect of deployment on women's health. Dr. Taylor transitioned into the pharmaceutical industry and has 6 years of experience as a Medical Science Liaison. She has been involved in the MSLs since her transition into the industry.

Who are Medical Science Liaisons and MSL Managers?

By Dr. Samuel Dyer | March 2021

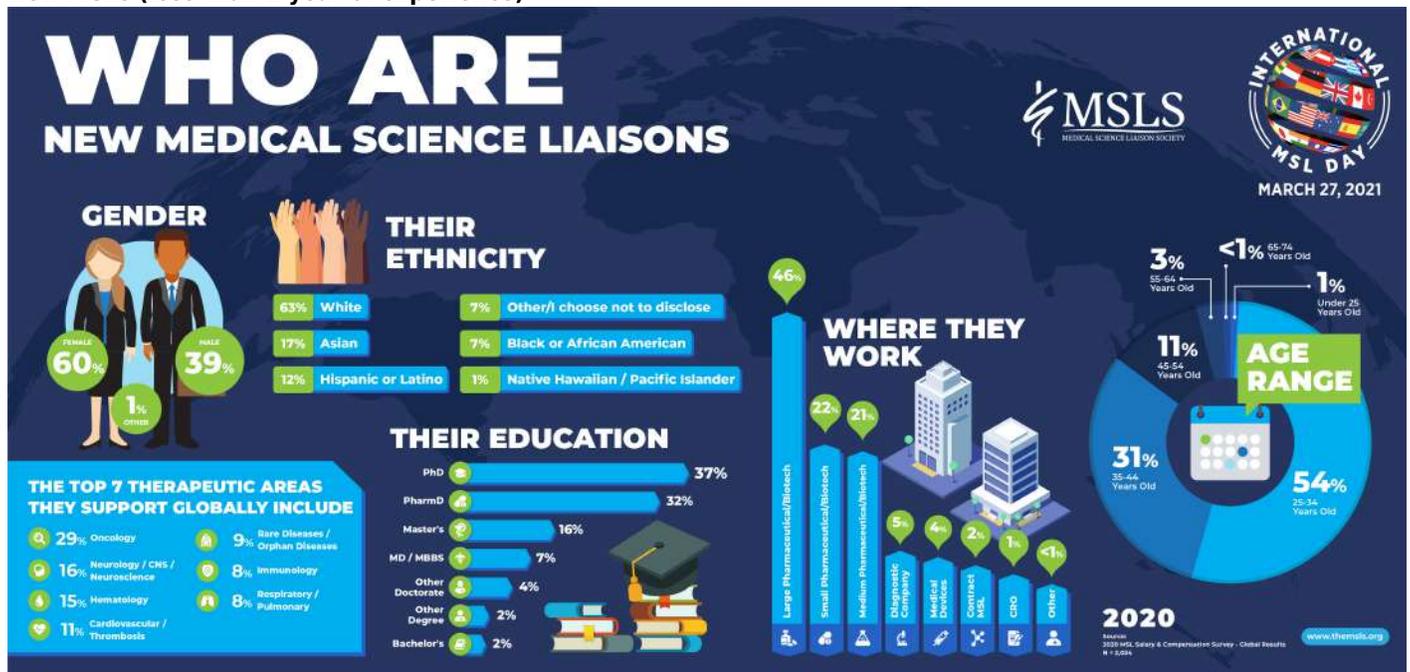
The COVID-19 Pandemic has been very challenging for the pharmaceutical industry. However, according to Key Opinion Leaders (KOLs), Medical Science Liaisons (MSL) have proven, this past year, that they continue to be very important to the success of pharmaceutical, biotechnology, medical device, and other healthcare companies. The primary responsibility of an MSL is to build value-added relationships with KOLs. These relationships are vital to a company's success because KOLs are often crucial to the adoption and utilization of products, and they provide strategic advantages for companies. In two separate surveys conducted in 2020, a total of 720 KOLs were surveyed to understand their perception of the value of MSLs. Among many other valuable insights and successes, about 80% of KOLs shared it was very important/important for them to maintain contact with Medical Science Liaisons during the COVID-19 Pandemic.

To recognize and celebrate the success of MSLs, March 27th was registered as the official International MSL Day to serve as a unique way to raise awareness of the profession's importance and celebrate the diversity of the individuals who make up the global MSL profession.

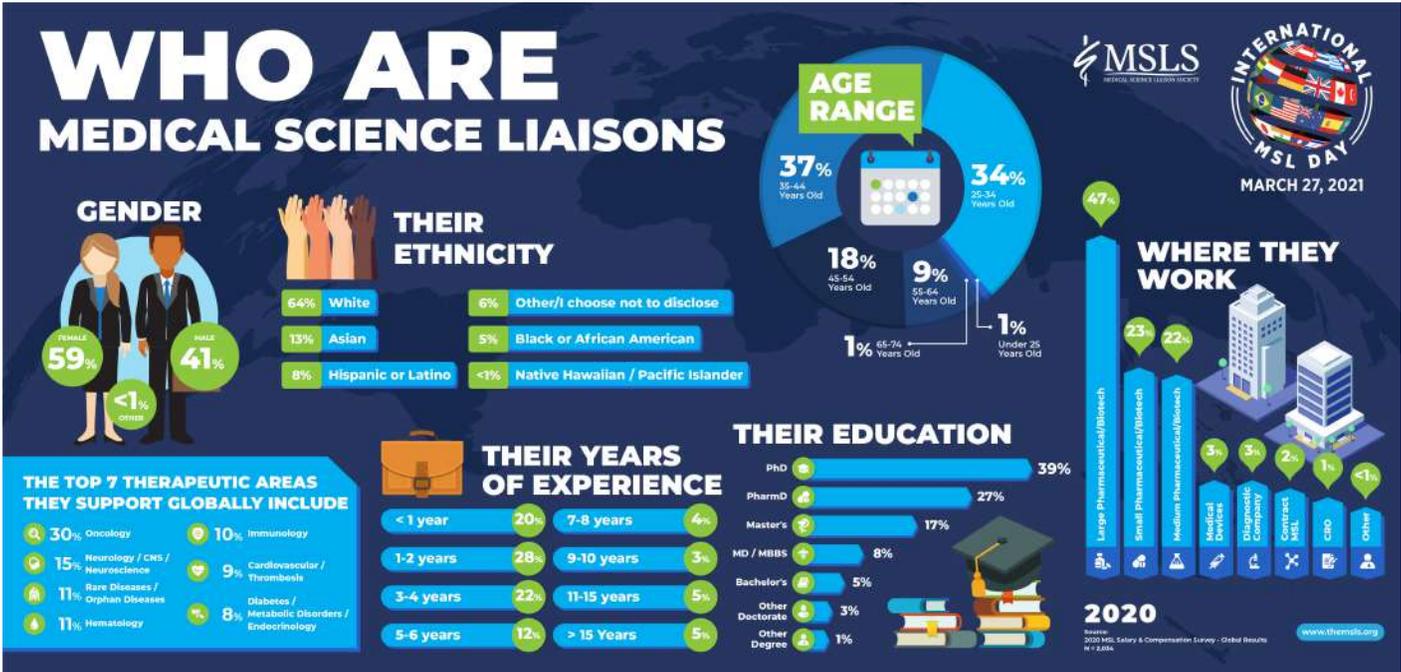
In celebration of International MSL Day, we analyzed the demographic data from the 2020 MSL Salary & Compensation survey, which included 2,034 MSL professionals from 67 countries to reveal who are Medical Science Liaisons and MSL leaders?

The following data highlights the diversity of MSL professionals, including their gender, ethnicity, experience, age range, education, company type, and therapeutic areas across the global community.

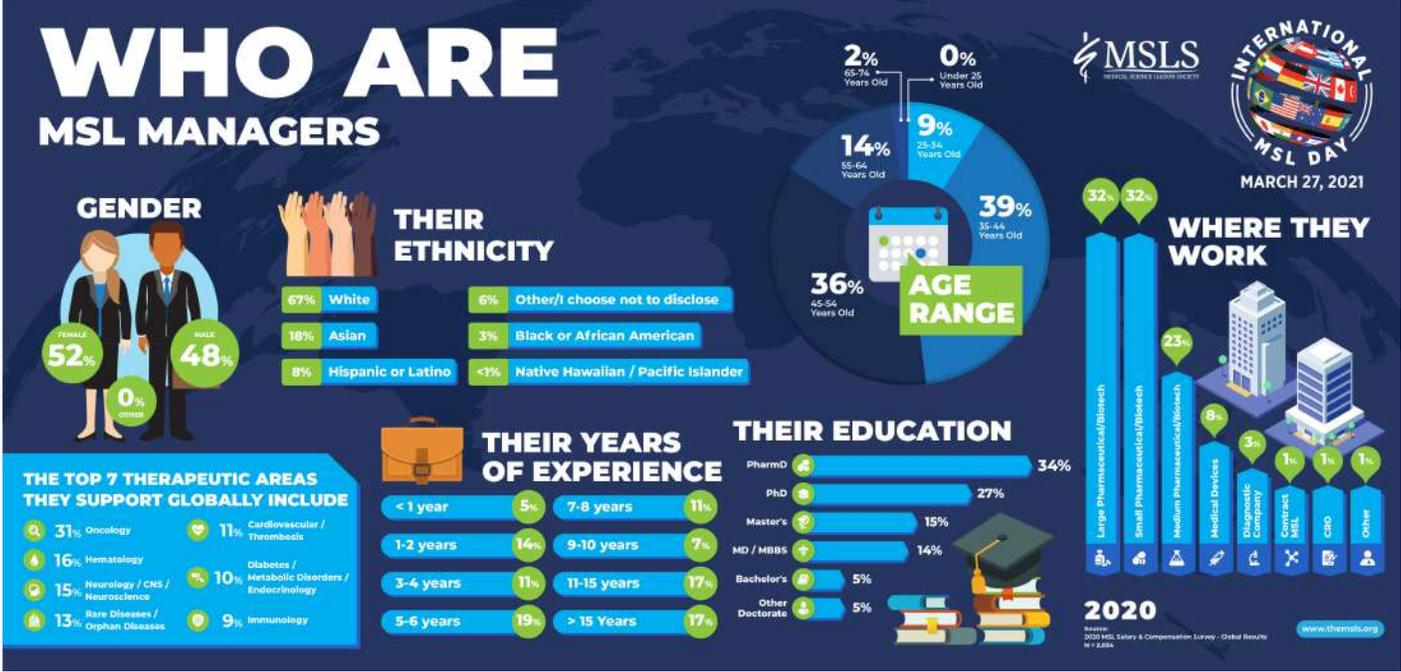
New MSLs (less than 1 year of experience)



MSLs



MSL Managers



Author:



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CEO and Chairman of the Board

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A Taiho Oncology, Inc. Health Equity Initiative Led by

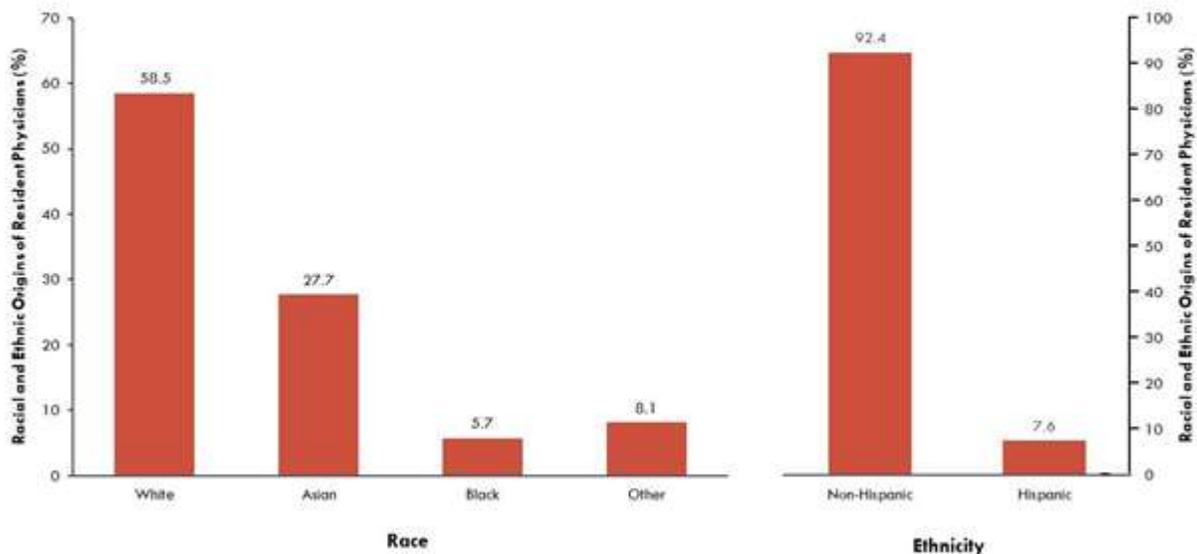
Field Medical Science Liaisons

By Shahrukh Hossain | March 2021

Introduction

There is no doubt that diversity breeds creativity and innovation. Numerous studies have demonstrated that diverse demographic representation in medicine is associated with multiple benefits. These include better healthcare access for underserved communities, cultural intelligence amongst physicians, and designed medical research across various patient populations.¹ Nevertheless, minority groups, integral to foster diversity in medicine and industry, are underrepresented (**Figure 1A**). The American Society of Clinical Oncology® (ASCO) Strategic Plan for Increasing Racial and Ethnic Diversity in the Oncology Workforce report found that only 2% of the oncology physician workforce is Black/African American, and 3% is Hispanic/Latino.² These figures are much less than their representation in the overall population (**Figure 1B**). In addition, the proportion of oncology fellows who are Black/African American or Hispanic/Latino is consistently lower than many other ethnic groups with subspecialties in internal medicine.²

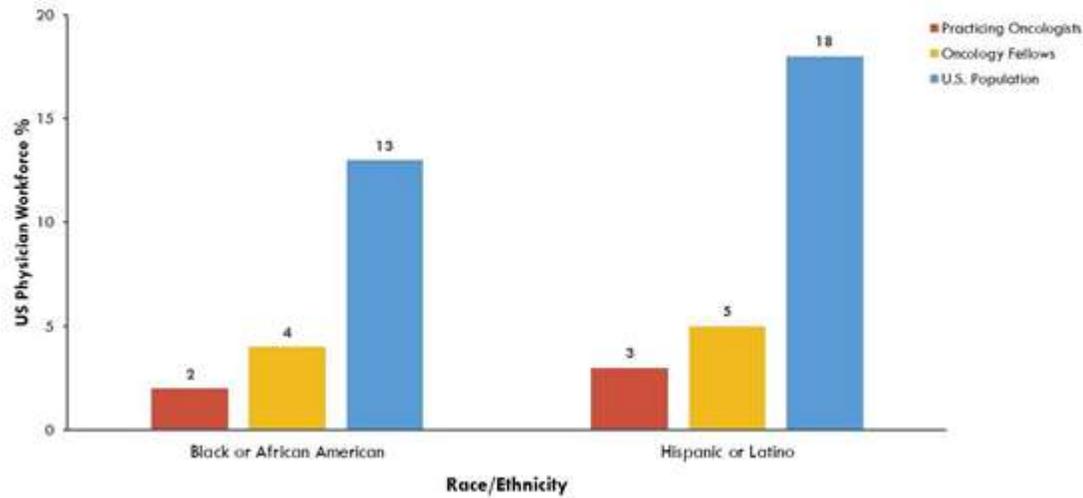
Figure 1. US Workforce Inequity in Healthcare
IA. Race and Ethnic Origin of Resident Physicians (2015)



Data from: Graduate Medical Education, 2015-2016. JAMA. 2016;316(21):2291-2310

Figure 1. US Workforce Inequity in Healthcare

1B. Practicing Oncologists, Oncology Fellows, and US Population by Race and Ethnicity



Adapted from American Society of Clinical Oncology Strategic Plan for Increasing Racial and Ethnic Diversity in the Oncology Workforce. *J Clin Oncol.* 2017;35:2576-2579

Imbalances in racial/ethnic representation are not limited to those working in medicine; the pharmaceutical industry also suffers when there is a lack of diversity. Having a diverse and inclusive workforce enables pharmaceutical companies to better understand the needs of different patient populations. This is especially important in the recruitment of a diverse pool of patients when studying innovative medical approaches as part of clinical trial programs. African Americans, Asians, and Latinos comprise less than 10%, 14%, and 11%, respectively, of the U.S. pharmaceutical workforce.³ As Jaya Aysola, MD, MPH, Assistant Professor of Medicine at the University of Pennsylvania’s Perelman School of Medicine and Executive Director of the Penn Medicine Center for Health Equity Advancement, stated in a recent interview: “The truth of the matter is that we need a diverse medical workforce, not just at the frontlines, but also among those generating the science of tomorrow and generating the systems in which we deliver care.”⁴

In response to the need to address diversity and health equity, Taiho Oncology Inc. launched its *Taiho Cares- Diversity Breeds Innovation Initiative* in 2020 (**Figure 2**). The overall objective of this initiative is to partner with academia, patient advocacy groups, and other organizations that advocate for racial and health equity. One of the areas of focus is to support the growth of minority talent in academia and industry. Collaborative partnerships with Historically Black Colleges and Universities (HBCUs) present a great opportunity to achieve this goal.

Figure 2. Overview of Taiho Oncology, Inc Health and Racial Equity Initiative

Social Responsibilities	Our Approaches
<ul style="list-style-type: none">• Promote health equity• Improve workforce diversity• Representation of underserved populations in clinical trials• Develop innovative medicines that benefit all	<ul style="list-style-type: none">• Collaborate with academia, patient advocacy, and research organizations• Support health and racial equity research and projects• Contribute to physician education and knowledge advancement• Establish fellowship/internship programs from HBCUs• Focus on students in health and life sciences programs who are not licensed healthcare providers• Establish complimentary registration to medical conferences• Appropriately disseminate the learnings to broad audiences

Across the U.S., there are 101 HBCUs with more than 291000 students enrolled nationally.⁵ Although HBCUs were originally founded to provide higher education opportunities for Black Students, they enroll students irrespective of their ethnicity, race, or income level. In fact, according to the [National Center for Education Statistics](#) of the U.S. Department of Education, non-black enrolment in 2018 was 24% — up from 15% in 1976.⁶ In this article, we describe Taiho Oncology, Inc’s partnership with HBCUs to create a program for students interested in healthcare careers. The program includes complimentary medical conference registration, networking with professionals in the pharmaceutical industry, and an opportunity to build professional presentation skills.

Taiho Oncology, Inc’s Complimentary Conference Registration Project

One way of increasing the diversity of talent in oncology medical practice and within the pharmaceutical industry is to increase students’ exposure to oncology prior to graduation. Attending medical congresses provides an opportunity for students to understand oncology and to develop an interest in the field. However, the cost of attending these meetings can be prohibitive for many students. As a result of purchases of advertising or booth space, Taiho Oncology, Inc may receive complimentary registrations for medical conferences. Traditionally, we have used these complimentary registrations for our own employees. However, recently, Taiho Oncology, Inc developed a program in partnership with HBCUs to provide complimentary meeting registrations to college students. This project was developed in consultation with the Compliance and Legal Departments and is administered by the Taiho Oncology, Inc MSL team. We are sure this is an initiative other companies could also implement to support minority talent in oncology. Thus far, due to the COVID-19 pandemic, we have only implemented the project at virtual conferences, but the process could be modified for live conferences in the future.

To kick off the project, we formed a small working group of MSLs to manage logistics and outreach. For each medical congress that Taiho Oncology, Inc purchases advertising or booth space, the project lead identifies how many complimentary registrations we have available for college students. Then, the MSL working group prepares a list of HBCUs to approach. Taiho Oncology, Inc has specifically chosen to focus on students in health, science, or related degree programs who are not licensed, healthcare providers. However, these criteria can be modified to suit an individual company’s preferences. Additionally, we recommend seeking the input of your Compliance Department as you develop your initiative as offering complimentary conference registration is considered a transfer of value to the student.

Once HBCUs are identified for potential participation in our conference program, the working group of MSLs begins their outreach. We have found that it is best to contact professors, deans, faculty administrators, and dean’s assistants at the HBCU degree programs of interest. The MSLs explain the conference program to these faculty members and ask them to choose which students in their program should receive the complimentary conference registrations. Once we receive a list of students from the HBCU, Taiho Oncology, Inc welcomes them into the program via a virtual one-hour welcome session a few days prior to the start of the conference. In this meeting, we review the conference agenda and demonstrate how to find sessions of interest.

Additionally, our Human Resources Department joins to give the students a presentation on the structure of a pharmaceutical company, including different functional areas and potential fellowship opportunities. After the welcome session, each HBCU student is assigned an MSL Guide who reaches out periodically throughout the conference to answer any questions the student has or to provide them with any assistance they may need in navigating the virtual conference. After the conference, students are given the opportunity to create a short, ten-minute PowerPoint presentation summarizing a session they attended. Students present their summary to the Medical Affairs team at Taiho Oncology, Inc including senior leadership. Finally, students are also invited to an optional closing session on careers in the pharmaceutical industry (**Figure 3**). All of these activities provide development, mentorship, and networking opportunities to the students.

Figure 3. Roadmap of Taiho Oncology, Inc Conference Registration Project



Networking and Education around Industry Careers

Taiho Oncology, Inc did not want the opportunity for student development, growth, and mentoring to end with attending conferences. We reviewed the feedback and demographics from the students who took part in the complimentary conference registration program and found that a majority of the students participating in the program were PharmD students in their penultimate year of graduate school. These students would soon begin their Advanced Pharmacy Practice Experientials and were extremely interested in learning more about the pharmaceutical industry and fellowship opportunities. In response to this interest, the MSL team developed an informational session for students to learn more about career paths in the industry. It included insights and tips on expanding professional networks, creating an effective resume/ curriculum vitae, and preparing for interviews. The panel consisted of experienced industry professionals who could relate to the students and help them to gain some perspective as they thought about their own futures. This session was well received by the students, and although it was not originally part of our plan, due to its success it will now become a regular feature in our conference registration program planning.

Building a Diverse Talent Pool

One potential advantage of developing a program, like the one described in this article, is that the company implementing the program may be able to increase the diversity of their talent pool by exposing more students of diverse backgrounds to the company. For Taiho Oncology Inc, many of the student participants were unfamiliar with our company and did not know we offered fellowships prior to the conference registration program. Additionally, developing a conference registration program like the one described here can widen the scope of a company’s outreach and visibility to colleges away from key pharmaceutical hubs, such as the New Jersey/New York City and Boston areas in the Northeast, and Bay Area in the West. By reaching out to colleges in other parts of the country that do not have the advantage of being geographically close to these pharmaceutical industry hubs, we can be proactive in making the candidate pool for open roles more diverse.

Tips and Lessons for Other MSL Teams

MSLs as a field team can sometimes feel excluded from large corporate initiatives that may predominantly focus on office-based employees, and company initiatives related to diversity and health equality are no exception. However, we believe that the onus is on each of us as individuals, regardless of where we are located, to step up and make a difference when it comes to health equity. The project described in this article can be almost exclusively executed by a field team. You do not need a large team; a small group of dedicated individuals can execute the project and create a large impact. However, your team will need to gain leadership buy-in to get started. We recommend gaining their buy-in along with your Compliance Department, early on, to ensure the project runs smoothly.

When starting a similar initiative, you will need to identify your target student population to receive the conference registrations. Although this article describes a process for working with college students at HBCUs, you can tailor your program to fit your company's interests. For example, rather than HBCUs, you could focus on colleges with a high percentage of students from low socioeconomic backgrounds. You could also investigate other colleges or programs that would increase your reach to underrepresented groups in medicine (Blacks, Mexican-Americans, Native Americans, and mainland Puerto Ricans).

For MSL teams wishing to launch a similar initiative, we recommend you start early. We have found that every step in the process seems to take longer than might be anticipated initially. As mentioned above, it is critical to get the Compliance Department involved to review your program idea. Your Compliance Department may also want to review the emails you send out to faculty members about the program or other materials. These reviews take time, so you must plan accordingly. Additionally, it may take you longer than you think to find students for all of your complimentary registrations. Not every faculty member you reach out to is going to respond, so you may have to reach out to more colleges or multiple degree programs within the same college to identify appropriate recipients for all of your available registrations.

We believe that a field Medical Affairs team is ideal to lead this type of initiative because it utilizes the same relationship-building skills that MSLs use with their Key Opinion Leaders (KOLs) on a regular basis. You will want to manage the relationships you build with faculty members for this project, much like a KOL relationship. Ultimately, you are hoping to return to the same faculty member, again and again, asking for new students to receive complimentary conference registrations. This is a health equity initiative that can easily be carried out for years if the appropriate network is built and relationships are maintained. This will increase your company's visibility with up-and-coming talent from all regions of the country, which can be used as a good leverage point when pitching the idea to your senior leadership teams.

Conclusion

In summary, we describe a health equity initiative that involves a partnership with HBCUs to provide complimentary conference registrations to students interested in health and science. The program provides participants with networking opportunities with professionals in the pharmaceutical industry and with healthcare professionals/researchers presenting data at congresses, the option to practice presentation skills, and access to a career panel to answer their questions about transitioning from education to professional employment. Ultimately, we hope that a program like this will further student interest in science and medicine and encourage students to consider careers in oncology and the pharmaceutical industry, where underrepresentation remains a problem. For companies interested in starting a similar initiative, we recommend consulting with your Compliance Department to establish eligibility criteria and a project workflow. We also recommend leveraging the expertise of MSL field teams who are skilled at building relationships with KOLs and can use those skills to build relationships with HBCU faculty members to identify students who are eligible for the program. A small group of dedicated individuals can tackle this initiative and take some steps to address the recognized lack of diversity within medicine and the pharmaceutical industry. Ultimately, small positive steps can lead to progress with a big impact on the future.

Acknowledgments

The authors wish to acknowledge the tremendous contributions of the Taiho Oncology, Inc field medical team to this initiative. From guiding students through the conferences to participating in the career panels, we could not have executed this initiative without the support of our entire team. We also want to acknowledge the Manager of Strategic Planning in Medical Affairs who helped coordinate the logistics and administrative details of our program. Thank you!

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Position Yourself for Success - The Medical Science Liaison in the New World

By Susan Malecha, PharmD, MBA | March 2021

Pre-pandemic meetings full of in-person scientific exchange logistics and challenges now seem so antiquated. The Medical Science Liaison (MSL) had to be engaging in front of a live audience with expressive hand gestures and body language, knowing which side of the PowerPoint presentation to stand, and most importantly, how to have that impactful discussion. These details were paramount to a deemed successful interaction.

Then suddenly, the MSL world of travel, food, entertainment, and in-person events came to a screeching halt. After a few weeks of figuring out what the “new world” may look like, the frontier of virtual communication began. It was a difficult transition for many. While working professionals were all learning different and innovative ways to connect, there was the solace that all of us have not operated in this completely virtual environment, and in many instances, isolation. This was the opportunity to position yourself as that valuable resource of essential scientific information during these unprecedented times.

The question arose of the how—how to position oneself in such uncertainty? How am I going to make sure I am doing everything I can to provide scientific information to key healthcare decision-makers, and ultimately, help patients?

First, getting the appropriate time to request a virtual exchange with the competing priorities of healthcare professionals (HCPs) became more than daunting. It was the ask of businesses to reach out to HCPs; yet as patients are a priority, when is that the right time? The MSL was put in a very difficult situation. The companies asked the MSL to reach out, and the MSL did not want to jeopardize a prized and valued relationship. The bottom line: the MSL is getting paid to do a job that has suddenly changed.

For group meetings, attendance was the first hurdle. Without the travel and food, rustling up attendees would only happen if the deliverable was something they need — new, useful, beneficial information and insights. Relevant is the key message. Sessions need to be extremely pertinent, meaty, and brief (or more concise than they used to be).

Situations create opportunities. This “situation” is the opportunity for the MSL to position yourself as the most relevant, most knowledgeable, and most valued source of scientific and healthcare information. Take on the extra deep level of learning. Expand your horizons and learn new methods of interaction. Create a list of Digital Opinion Leaders and follow their insights. Look for ways that you can gather HCPs around a common topic, and then facilitate a “panel” interaction.

Understand the challenges of virtual presenting. Recall that many have had to pivot to learn about these varied platforms, from

Zoom to Teams to Google Meets and more. Many healthcare professionals learned to use a different platform for communication too. The learning curve with the capabilities and utility of these platforms varied.

Nonetheless, regardless of platform, there are effective ways to communicate. Here are a few suggestions to increase the chance of success:

1. Position Yourself in the center of the screen. Look at eye level.
2. Start and stop on time. Have an agenda and follow it.
3. Avoid distractions. Be in a space where there are no pets, people, children running around. Give your HCP the respect of undivided attention and preparation.
4. Light it up. Get a ring light to make the visual appearance as clear as possible.
5. Say no to the virtual background. Those can be so distracting when the person goes in and out, and with any movement, sometimes even disappears from the screen. Figure out a solid, plain background and use it.
6. Choose attire as if you were attending an in-person conference. Plain-colored shirts display better than patterns or stripes. Avoid wearing white, red, or a color similar to your background.
7. Do an audio check. Speak slowly and clearly. Consider investing in a USB microphone for added audio quality.
8. Be engaging and confident – Ask questions, incorporate polls, and feedback opportunities. Give your audience a reason to be tuned in and not looking on their iPhone.
9. Smile! A smile will help people feel welcome in the virtual meeting. Building trust is essential, and a smile is a sign of welcome. It is also okay to use your hands with gestures when you speak as you normally would in a face-to-face meeting.

For upcoming “live” meetings in the “new world”, be sure to follow safety protocols in the local area and position yourself with appropriate distance requirements for communication. Be respectful and show empathy for all situations.

Whether virtual or in-person, the MSL needs to position yourself in a way that is memorable, personable, and relevant:

- Position yourself with your focus. Be a partner with your HCP. Understand the most important questions and needs. Keep the focus on the HCP, not on yourself or the product.
- Position yourself with your words. Be careful of the choice of vocabulary, as every word you say can potentially have you viewed as a valued and relevant person, or alternatively, as someone who is fluff.
- Position yourself with your presentation. The energy and effort that goes into the setup and delivery say a lot about how important it is to listen to you.
- Position yourself with your appearance. Although it does not seem fair, first impressions matter. Being neat, well-groomed, and engaging shapes that impression. Think about the people that you meet and your reactions. Do you pay more attention to people who look sloppy?
- Position yourself by the way you handle objections. Be open to all ideas and questions. If a person has an objection, there is a legitimate concern and this needs to be addressed before it gets in the way of credibility.
- Position yourself by the way you close the conversation. Make sure all is understood, and the informational needs are met. If additional data is requested, address the next steps.
- Position yourself with the way you follow-up. One of the most vital factors in positioning yourself as a professional is what you do once the interaction is over. Developing a long-term, mutually beneficial relationship with HCPs requires diligent, respectful, and intentional outreach. The continued connection will lead to you being viewed as that valuable resource in your area of expertise.

The role of the MSL is vital for healthcare communications, and ultimately, getting the right data to key healthcare decision-makers. Using these steps, you’ll be able to position yourself to HCPs in a way that adds value and knowledge to the evolving healthcare world.

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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 the Healthcare Businesswomen’s Association (HBA), as the current President of the San Diego Chapter. She is also Vice-President, Board of Directors, Health Care Communicators of Southern California, and Board Director for California Special Projects Fund for the American Association University of Women. Earning her BS in Pharmacy from Butler University, she completed her Doctor of Pharmacy at the University of Illinois at Chicago and earned her Masters of Business Administration from Keller Graduate School of Management. Dr. Malecha is a certified Etiquette Consultant and currently the Senior Director, Medical Affairs at Puma Biotechnology.

Diversity Impact in Medical Affairs

By Luchy Hidalgo | March 2021



Diversity Increases Greatness by Luchy Hidalgo-Semlek

Source: Montessori picture of my children’s Pre-K class

Note. This picture was taken a few years ago and includes my children while attending the Montessori school. It does not contain parental sharing restrictions.

Medical Affairs (MA) constitutes a critical branch for the Pharmaceutical and Medical Device Industry growth. This department drives innovation by creating a channel for the transfer of essential information among healthcare industry stakeholders. The lifecycle of a product heavily depends on the insights acquired and effectively communicated by the field Medical Affairs team, which inform their employers about consumers’ product acceptance, the competitive landscape, the opportunity to expand the label, and how employer products impact consumers’ quality of life. The ultimate goal is to ameliorate a disorder or eliminate an existing condition that affects a specific individual group.

To achieve these goals, diversity is a crucial component of Medical Affairs, especially in that MA personnel often work cross-functionally with people from diverse cultural and educational backgrounds. Traditionally, diversity refers to the differences in race, religion, gender, disability, sexual orientation, age, and education, among other variables, says Steven Cates, a faculty member for graduate programs at Purdue University Global.

Over the years, I have worked for several companies that are also diverse in size, culture, and product portfolios. As I worked in these organizations, I have observed that the best teams of which I had the pleasure of working with teams composed of individuals from diverse backgrounds. In my experience, I observe that groups who lack diversity often have an “only one right way” mentality that stifles creativity, growth, or opportunity for significant break-out successes.

Researchers have shown the advantages of having diversity within an organization as employees with different backgrounds bring their perspectives, ideas, and experiences, creating resilient and effective organizations (Eswaran 2019). To use a sports analogy, it is more important to find players to fill every position before adding depth to the roster at a single position. This analogy does not only apply to work functions. It applies to a diversity of gender, ages, ethnicities, or any number of categories.

Evers. M. et al. (2014) mention the importance of acquiring and developing strong talent. Specifically, for Medical Affairs, each member should combine strategic thinking, basic commercial skills, cross-functional collaboration, teamwork, and scientific leadership. The author acknowledges the scarcity of talent that meets all the requisite skills, especially within the borders of a single nation (Evers et al., 2014). Therefore, diversity should be an essential component of company culture to achieve optimal results.

The problem is that individuals harbor unconscious biases, which are powerfully manifest during the hiring process. In my experience, managers are significantly averse to risk during this process; hence, they often hire individuals most like themselves. This mindset creates a homogeneous group of individuals that affirm one another’s beliefs and preconceptions while simultaneously perpetuating unconscious bias against conditions that allow for a diversity of people and thought. Martins et al. (2004) suggest that homogeneous teams are more satisfied and experience more positive reactions, while heterogeneous teams experience enhanced team creativity and bring a wider variety of solutions to a given problem.

In my experience, the best leaders make hiring decisions to create a balanced team filled with employees with a diversity of talent, skills, and backgrounds best suited to complete current and future team needs. However, preconceived biases make hiring managers to analyze resumes and work experience primarily through the lens of their own experiences. They are only viewing the candidate on the merits of what they have done instead of how they complete the team and can succeed in the role to which they would be hired, or even better, to succeed in a way that the leader had never even considered before the interview. The worst leaders are entirely unaware of their biases. The best leaders are constantly aware of their own preferences and actively take measures to minimize them.

Executive leadership will also be aware of how their decisions affect their company’s ability to compete among rivals. The gold standard for planning for success within a given industry is Porter’s Five Forces framework, which leadership will use to help them create strategies to compete against industry rivals. Absent from Porter’s is any mention of a need for employee diversity. However, Porter’s is an analysis of forces mostly beyond a company’s control. Hiring for diversity is within an organization’s control (Anastasiu, L. 2020). In a future article, I may delve into how Medical Affairs can contribute to company strategy to help shape the competitive landscape in which it operates.

A recent BCG study suggests that increasing leadership diversity leads to more and better innovation and improves financial performance. Research has shown a positive impact on economic growth due to a diverse population (Hamilton Project 2019, BCG 2017). The Boston Consulting Group (BCG) found that companies with more diverse management teams have 19% higher revenues (BCG study 2017). Eswaran (2019) suggests how New York, Dubai, London, and Singapore’s financial success correlates to the high concentration of immigrants as a commonality.

The healthcare industry is heavily regulated and is continuously evolving. Hence innovation is an essential part of industry growth. For instance, the COVID surge last year significantly changed the way Medical Affairs operates the business. Hence finding creative and innovative opportunities to conduct business by thinking outside of the box was a must to succeed during the pandemic, in my personal view. There is an advantage for the Pharmaceutical and Medical Device industries to invest in their organizational culture by increasing diversity in Medical Affairs since it’s an integral part of their business success.

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Disclosure: This manuscript was prepared by Luchy Hidalgo- Semlek, MD in her personal capacity. The opinions expressed in this article are the author's own and do not reflect the view of Employers past or present.

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Cognitive Diversity and MSL Team Success

By Shahrkh Hossain | March 2021

“Strength lies in differences, not in similarities” is a famous quote by Stephen R. Covey. This issue of the MSL Journal is focusing on the value of these differences and the importance of diversity in the profession. When most people think of diversity, identity diversity comes to mind: differences in age, gender, ethnicity. Identity diversity leverages the differences in culture,

backgrounds, and experiences based on these three criteria and can lead to successful teamwork. However, another form of diversity is emerging as a key factor in the performance of a team and it is known as cognitive diversity.

Cognitive diversity is the difference in perspective or information processing styles. In other words, cognitive diversity is the range of ways that people do the following when encountering a challenge or unfamiliar task:

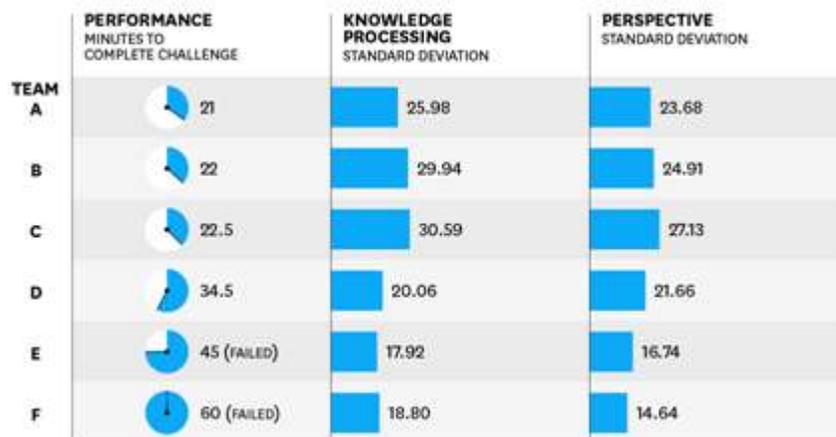
- (1) make sense of new information (how the information is absorbed and processed)
- (2) solve problems (design a process of exploring evidence, generating options, making choices)
- (3) respond to the unfamiliar situation (finding the confidence to move forward in the face of uncertainty).

Current wisdom is that the higher the identity diversity (gender, age, and race) of a team, the more creative and productive the team is likely to be. However, this wisdom is being challenged by recent research in cognitive diversity which has shown that this type of diversity is a critical success factor when it comes to a team's performance.

In an analysis of six teams who were challenged with managing new, uncertain, and complex situations, each group had to formulate and execute its strategy to meet a specified outcome. Researchers found a significant correlation between high cognitive diversity and high performance as shown in the table below (Reynolds, Allison and David Lewis. "Teams Solve Problems Faster When They Are More Cognitively Diverse." *Harvard Business Review*. 30 March 2017.

<https://hbr.org/2017/03/teams-solve-problems-faster-when-they're-more-cognitively-diverse>).

Higher Cognitive Diversity Correlates with Better Performance



NOTE: COGNITIVE DIVERSITY IS CALCULATED AS STANDARD DEVIATIONS IN THINKING STYLES PRESENT ON EACH TEAM. SOURCE: ALISON REYNOLDS AND DAVID LEWIS USING THE JEM CUBE, A TOOL THAT ASSESSES DIFFERENCES IN THE WAY THAT PEOPLE APPROACH NOVEL SITUATIONS. © HBR.ORG

The three teams that successfully completed the challenge in under 30 minutes (Teams A, B, and C) had both diversity in knowledge process and perspective while the three teams that failed the challenge or failed to complete the challenge in under 30 minutes (Teams D, E, and F) all had less diversity as shown by the lower standard deviation. Teams composed of cognitively diverse members succeed because of the different approaches to resolving problems that each team member offers. This cognitive diversity leads to enhanced learning and higher performance. Members of teams with lower cognitive diversity tend to approach complex situations in the same manner and this leads to a lack of resourcefulness in identifying and implementing solutions to resolve the issue.

When encountering new challenges, being able to adapt and resolve the issue in a timely manner is crucial to any team, but this is especially true for MSL teams who often need to pivot at a moment's notice. Having individuals who approach problem solving with different knowledge processes and perspectives allows for a number of solutions to be generated in a short amount of time. These solutions can be evaluated for expected success and risk, and the most viable solution implemented with confidence.

Currently, most pharmaceutical companies now require an advanced scientific degree (PharmD, PhD, MD) for the medical science liaisons. Although cognitive diversity is independent of education, having a variety of scientific degrees composing an MSL team enhances the chance that there will be different knowledge processing and perspectives based on the differences in training, experiences, and approaches learned in the different educational programs. A team of diverse scientific degrees is likely to have a greater range of views, experiences, and opinions leading to the generation of a variety of solutions. Cognitive

diversity is less visible than identity diversity; hiring managers need to be intentional in identifying and hiring team members with diverse styles of thinking and approaches.

One MSL hiring manager shared that having a mix of degrees on the team leads to a variety of strengths and yields a well-rounded team. Members with the MD degree tend to have a higher focus on the patient and have more compassion to patient-related issues; PharmD members bring in-depth drug knowledge while PhD members have extensive basic science knowledge. In addition to approaching challenges differently based on perspective and training, the unique views that each degree holder possesses offer the team the opportunity to function cohesively as a unit playing to each member's strengths. When a team functions well together, the chance for success is heightened.

Although some will argue that cognitive diversity is more important than identity diversity when it comes to the performance of a team, the consensus seems to be that it goes together with identity diversity. Both types of diversity are needed to create a high performing, successful team.

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Angela joined Alimera Sciences in May 2019 as the Medical Science Liaison for the Central States Region. Angela has a Doctor of Pharmacy degree from the University of Kansas and a Master of Business Administration from Baker University. With a passion for using evidence-based medicine to guide treatment decisions, Angela has worked with physicians throughout her pharmaceutical career to manage patient care and impact health outcomes. She was named an MSL Rookie of the Year Finalist in 2020 and was named MSL of the Year for Alimera Sciences in 2021.

Diversity, Equity, and Inclusion: The Road to Meaningful Change

By Melissa Mims | March 2021

Change is a given in this world and is a perfect illustration of the old adage “There is nothing permanent except change.” When it comes to diversity, equity, and inclusion (DEI), change is a necessary priority. It certainly isn’t just another fad or the latest buzzword, it a shift in mindset. It reflects a more holistic and human-centered approach that spans the companies where we work and the scientific leaders and patients that we serve. DEI opens the door for all to feel welcomed for their talents,

celebrated for their diversity, and afforded equal access. There is a certain freshness associated with this cultural norm rather than a check-the-box mentality. We're at our best when all voices are heard and valued to contribute fully to this call.

Being an agent of DEI change requires more than good intentions; it also means action, resources, time, and energy. Alignment of this type of commitment doesn't happen by accident, it requires an intentional shift to move away from a few employees (e.g. the HR department or a diversity executive) to each individual holding themselves accountable. We can educate ourselves and others to stand against hateful and bigoted speech, express empathy for all people; while encouraging others to do the same in our communities and at work.

Organizations with strong DEI climates are more likely to have employees with increased job satisfaction, higher levels of trust, and be higher performing. For that reason, it is important to put DEI knowledge into action for organizational transformation. Shifting the thought process within an environment allows individuals of different races, nationalities, genders, ages, cultural backgrounds, experiences, and sexual orientation to be more connected and valued above and beyond a business strategy. It is important to have constant support from our corporate leaders when rooting out the effects of systemic inequity hidden in company cultures. When leaders demonstrate their authenticity for DEI, the company's employees can stand in solidarity to elevate others to the highest standards of progress.

The Medical Science Liaisons (MSLs) associated with strong DEI organizations offer a perfect opportunity to bridge DEI to external customers. No matter what their specialty, MSLs establish and maintain relationships with the purpose of scientific exchange on a macro level. The essence of this job is to showcase open-mindedness and empathy among various external stakeholders of different races, nationalities, genders, ages, cultural backgrounds, life experiences, and sexual orientation. It stands to reason that clinicians are more apt to trust their MSLs when a higher standard of awareness and credibility is demonstrated. Once trust is established, the door is opened for a genuine connection to learn more about real-life day-to-day patient and clinical experiences. The stage is also set for more targeted insights, strategic challenges, treatment landscape perceptions, knowledge gaps, and any other specific feedback.

MSLs are trusted professionals that thrive on education, empathy, and optimism; and are positioned to catapult DEI to the next level of change. It is a collective effort, yet requires individual responsibility, urgency, and accountability. It means speaking up and speaking out in favor of the greater good and a better future for all.

Authors:



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Melissa is an Executive Director in US Medical Affairs at Merck. In her current role, she provides strategic direction and oversight for the US GI oncology field medical team. With ~25 years of pharmaceutical experience across several therapeutic areas most notably in Oncology, she has led cross-functional teams, managed complexities, and developed talent. She received her Ph.D. from Howard University and her M.B.A. from Cornell University.



Dr. Kimberly N. Simmons

Kimberly is a multi-faceted professional with 25+ years of pharmaceutical & biotech industry experience across therapeutic areas in Medical Affairs. She currently serves as a Regional Medical Scientific Director at Merck in Oncology and is results-oriented in relationship building, mentoring, training, strategic thinking, and collaboration. She possesses a PharmD from the University of Florida and a BS in Pharmacy from Drake University. Kimberly also completed an Association Management residency with APhA.

Adapt or Perish: A look at MSL Development During the COVID-19 Pandemic Through the Lens of an MSL Team Manager

By Darina Frieder | March 2021

The COVID-19 pandemic has impacted millions of people both personally and professionally in ways most of us would not have imagined two years ago. All of us who are or manage MSLs know that the life of an MSL team has been changed, in some cases dramatically. I interviewed my friend and former colleague, Jean-Francois Fortin, Medical Affairs Lead at Eli Lilly Canada, to find out how he has overcome the challenges of managing a team of MSLs in a virtual environment. We discuss growth and development and what skills MSLs need in order to excel and bring value in their current virtual environment. Jean-Francois speaks openly about the challenges of guiding his team in a world that has been stripped of face-to-face interactions and opportunities to engage and forge the human connections that are so imperative to providing and receiving feedback.

All MSLs require a few basic skills in their day-to-day work. These key elements are scientific acumen, business savvy, communication skills, and identifying and leveraging customer value and arguably have not changed as a result of the pandemic. Several skills, however, have emerged as being necessary for success in a virtual environment. Certainly, there is the need for technical aptitude, or at the very least a willingness to learn. As far as coaching and development go, this skill is relatively straightforward to teach. Indeed, step-by-step instructions and a little bit of practice are sufficient for most of us and a little extra hand-holding can help the more resistant wade through the technological swamplands. And the universe has granted us plenty of opportunities to practice.

The so-called soft skills, like dexterity, resilience, creativity, and adaptability, are not as easily coachable. These have always been an important component of the MSL's constitution. In COVID times, not only are these the skills that help us get us through the long days of lock-down, they are a requirement if MSLs wish to excel and continue to bring value to their customers. In contrast to mastering a new disease state or treatment, which MSLs are practically hard-wired to do, soft skills are much tougher to learn. Perhaps we should call them out for what they are - tough skills.

Let's take a deeper dive into why Jean-Francois Fortin says that dexterity, resilience, adaptability, and creativity have been key to maintaining a high-achieving MSL team during the COVID-19 pandemic. Last year, Fortin's team had to up their flexibility game to accommodate their KOLs' shifting schedules. As the lines between work and home lives blurred, KOL meetings were pushed into the late evening or weekend hours. While the scheduling pendulum is swinging less wildly these days, flexibility around meeting times continues to be something Fortin's team needs to be comfortable with. More than ever before, KOLs report being bombarded by virtual event invitations and overwhelmed by meetings and activities. The first impression upon opening an email could make the difference in deciding whether to accept or decline an invitation. Being creative, knowing how to capture their customers' attention, has helped ensure that the MSLs on Fortin's team continue to engage their KOLs in tactical programs that further their medical strategy.

The way that MSLs deliver scientific messages has also changed. The advantages of face-to-face meetings are not available to us during remote interactions. Typically, MSLs would guide their customers through a publication using graphs and tables, the visual representations of the data that we are all accustomed to. There would be pauses to observe body language, make eye contact, and adjust accordingly, as MSLs tell the story of the data. The information we glean from a person's body language is lost in a virtual call. Layer on ZOOM fatigue, replace video calls with good old phone calls, and now MSLs are left out in the lurch without our trusted graphs and figures. If a picture is worth a thousand words, what do you do when words is all you've got? Fortin helped his team adapt to the changing environment as they transformed the graphs and figures into an articulate story in order to communicate effectively with their KOLs. He noted that MSLs need more preparation for remote meetings and need to be nimbler on their feet. He has also coached his team on resilience and resourcefulness, particularly as they enter new therapeutic areas. Building KOL relationships from scratch in a virtual world requires these skills. High-resilience teams are able to dig into their resourcefulness and creativity and persevere in the face of cold-calls with, sometimes, nothing but cricket sounds to show for their efforts. But how does a team become flexible, adaptable, creative, and resilient?

As with most skills, one gets better with practice and with consistent coaching and feedback. Typically, Fortin would meet with his MSL team two or three times per year and would conduct field visits with each of his MSLs. But coaching and development are tougher to achieve in a virtual world. He can certainly attend virtual calls, but this is hindered by scheduling as more calls are now ad hoc and more interactions are accomplished via email. Fortin, who joined his team at the cusp of the second wave of the pandemic, has never met his MSLs in person. Despite the constant interconnectedness that today's technology allows, nothing replaces the human connections that are formed from face-to-face interactions. Those human connections drive empathy, a skill that is integral to our ability to give and receive feedback. Without it, coaching is impaired and incomplete. As a manager, he works harder to help his team develop in a virtual environment to get the same amount of output as he would in a face-to-face world. Says Fortin, "many things we can do virtually, but the human factor will remain a need."

As we look with hopeful hearts toward a vaccinated future when we can return to in-person interactions with our team members and our customers, we know that on some level, our work as MSLs will never return to what we knew before the pandemic. We will be happy to leave behind the monotony of hours upon hours of virtual meetings. But we should continue to practice those soft - ahem, tough - skills that have helped us succeed despite the limitations and challenges we have experienced in the last year. While adaptability, resilience, dexterity, and creativity are not the typical competencies one would expect on a development plan, I like to think that investing a bit more in these skills is a worthwhile insurance policy, not for the next pandemic, but for the everyday mountains, we climb in our journeys as MSLs and MSL team managers.

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Darina Frieder is an experienced Medical Affairs professional and is currently a Medical Science Liaison at UCB Pharma. She also runs her own medical writing business, Science Nerd for Hire. She lives in Toronto, Canada with her husband, 2 kids, and 1 temperamental cat. She is passionate about many things, a few of which are gardening, creating delicious meals for family and friends, and reading as many books as she can.

Giving and Receiving Feedback - are we “in the arena” together?

By karolina | March 2021

I was digging through some old boxes in the garage and found a framed poster of a favorite quote sent to me long ago. The quote is attributed to our 26th President of the United States - statesman, writer, conservationist, and naturalist, Theodore Roosevelt.

The quote is taken from a speech President Roosevelt gave on a whistle stop tour on the orient express and delivered to a relatively small audience in Paris over 100 years ago, it emphasizing the importance of character of the individual in a Democracy and challenging political leaders to “hold the average citizen to a high standard”.

While written more than 100 years, ago, I couldn't help but reflect on the relevance it has today, perhaps more than ever, in our political arena as well as our roles in industry. Inspiring our teams to do better, holding our MSLs to a high standard of performance - nothing new here really, this has been the job of both the MSL and Manager to work together to optimize performance for as long as I can remember. However, as we dig in to the part of his speech known as the “Man in the Arena” - it took on a renewed focus for me.

THE MAN IN THE ARENA

“It is not the critic who counts; not the man who points out how the strong man stumbles, or where the doer of deeds could have done them better. The credit belongs to the man who is actually in the arena, whose face is marred by dust and sweat and blood; who strives valiantly; who errs, who comes short again and again, because there is no effort without error and shortcoming; but who does actually strive to do the deeds, who knows great enthusiasms, the great devotions, who spends himself in a worthy cause; who at the best knows in the end the triumph of high achievement, and who at worst, if he fails, at

least fails while daring greatly, so that his place shall never be with those cold and timid souls who neither know victory nor defeat”

President Theodore Roosevelt

Sorbonne, France 1910

I began thinking how this applied to me as someone who is often times asked to provide feedback and even more often, receive it. As someone who has given and received more than 100 performance reviews in his career I couldn't help but wonder if over the years, my direct reports felt that I was in the arena with them or if I was perceived as the critic, the one whose "face is not marred by dust and sweat and blood".

I certainly can remember thinking at times while on the receiving side of feedback that my manager wasn't really in the arena with me -perhaps they had pointed out where I had stumbled or where I could have done better, but were not really in the ring with me along the way. I can also remember how open to feedback I was when I felt they were in it with me, partners along the way, accepting the outcome as ours, not solely mine.

What a difference being in the arena makes.

To be truly effective leaders and to give credible feedback, MSL managers need to be in the arena - side by side our people, inspiring them to do better. Managers need to provide valuable and needed feedback, not for the sake of pointing out where one has stumbled, but to inspire them to do great things, in order that "their place shall never be with those cold and timid souls who know victory nor defeat"

Thinking back to the MSL Society Awards, I had the pleasure of reviewing the nominations for our MSL and MSL Managers. I also had the honor of announcing one of the winners of the Managers of the Year - I can't help but smile knowing we have so many talented MSLs and Managers who have mastered the art of giving and receiving feedback and that are in the arena together inspiring each other to do great deeds. We will need to continue in this direction as we face the challenges and unknowns of our future. We will need to take risks, bring forth ideas, innovate. Some will work, some will not. The only failure is not trying something new. The arena is ours to enter together.

Author:



Paul Ward

Paul joined industry in 1988 and has been working in Medical Affairs since 1996 as he joined Lilly Oncology as a Regional Research Manager in Oncology. He has since worked in various leadership roles in a Medical Affairs at Cell Pathways, Abbvie Oncology, Pharmacyclics and Astellas. He is currently the National Liaison Leader for the Hematology and Oncology MSL teams at AstraZeneca. He is passionate about bringing needed therapies to Patients afflicted with Cancer, helping reshape medical practice, and aligning field and headquarters strategy in a way that brings forward the incredible value MSLs bring to the many healthcare providers and internal stakeholders we touch.

Professional Development. Job Satisfaction. Mental Wellbeing. Does it matter?

By Delinda Bane Melvin, MSN, APRN, FNP, CDECS | March 2021



Professional Development. Job Satisfaction. Mental Wellbeing. Does it matter?

You bet it does. We all strive to be successful and excel in our professional lives. We all want to be confident in our career choice whether you are a new MSL or a seasoned MSL. By learning and developing in areas such as a new therapeutic space, improving business acumen and communication skills, and emotional intelligence, we gain confidence in the value we bring to our organization.

Job satisfaction is part of the equation. Professional growth, engagement, and self-efficacy are key factors that increase job satisfaction. Feeling valued by the company and key opinion leaders provides the support and motivation required to grow professionally. A sense of self-efficacy, driving positive clinical practice changes, creates a feedback loop that encourages innovation and effort. This leads to reduced stress and an improved sense of wellbeing. Research has shown that the number one reason people leave a job is that they are feeling stagnant and are looking for growth and progression with their career(1). Development program offerings within an organization are crucial to employee job satisfaction to allow for continuous learning and growth opportunities.

Career development exposes employees to new challenges leading to increased engagement (increased job satisfaction) thus increasing company effectiveness(1). Development plans need to match employee aspirations with company needs, goals, and vision. Each individual will have different developmental needs based on their abilities and personalities. Managers should keep this in mind during development program planning and tailor development opportunities according to specific MSL needs.

Career development discussions between the MSL and manager should take place monthly or at least quarterly. SMART (specific, measurable, attainable, realistic, time action) goals will provide a framework to assist the MSL to achieve developmental goals. Conversations focused on MSL career development will increase job satisfaction, engagement, a sense of fulfillment in work life, and overall wellbeing.

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Delinda Bane Melvin is a board-certified Family Nurse Practitioner and Certified Diabetes Education Care Specialist with biological and pharmaceutical expertise spanning over two decades. She holds a nurse practitioner license in the state of Florida. Delinda has been with Fresenius Kabi in Medical Affairs for nearly three years as the Senior Manager, Medical Science Liaison, Parenteral Nutrition Division. Previously, she was with Novo Nordisk for nearly 17 years in multiple roles. Delinda was recently selected as MSL Manager of the Year 2020 by the MSL Society. Additionally, Delinda has earned four national awards including the Education Excellence Award in 2017 and multiple Vision Awards during her pharmaceutical career for leadership, collaboration, and teamwork. Her clinical experience includes critical care and trauma at Baptist Health System, Pensacola, Florida, and preceptorships in the therapeutic area of Endocrinology at the International Diabetes Center at Park Nicollet in Minneapolis, Minnesota, and the Diabetes Research Institute, University of Miami Leonard M. Miller School of Medicine, Miami, Florida. She currently resides in Florida at Emerald Isle Farm with her husband, Stephen, their AKC golden retrievers, and AQHA/PTHA World Champion quarter horses. She is the founder and VP of Emerald Coast Equine Rescue, a Florida nonprofit corporation, and is a volunteer with Emerald Coast Golden Retriever Rescue. Delinda can be contacted directly at 850.381.1163, at delinda.bane-melvin@fresenius-kabi.com or on LinkedIn.

Diversity and Human Development

By Beky Ortiz Sedano, MD, MSc, MBA | March 2021

In the world we know today, we are faced with the daily challenge of understanding and interiorizing concepts such as diversity and development that facilitate the understanding of human behavior in school, urban, rural, and organizational environments.

Diversity, which implies differences, movement, and multiplicity, is a concept that moves away from any position that implies a binary position (yes vs. no, white vs. black, cold vs. hot, low vs. high, homogeneous vs. heterogeneous, etc.), so that talking about mixtures, transversality and intersections facilitate the understanding of this concept.

On the other hand, when referring to human development, we could affirm that it is the possibility that all people have in terms of deploying their capabilities in an environment of diversity and responding to individual differences. Thus, the different environments related to the various stages of life play a fundamental role as a platform for diversity and the construction of identities.

SCHOOL: Diversity and development

The school as a learning platform has the challenge of developing skills in a diverse scheme that allows making decisions with multiple elements that do not bias the opinion and the construction of the identity of each individual. Therefore, it should be

possible to absorb a lot of information without value judgments and with a large amount of data that contributes to the development of personal criteria.

COMPANY. Diversity and development

Diversity in work teams, heterogeneity in management, and multiple leadership styles contribute to the fact that people in a company have a great variety of spaces for personal development and can achieve their learning and development expectations.

For several years, multinational organizations have given the opportunity to work in a multicultural, diverse, and inclusive environment. The matrix teams have the possibility to operate in a culturally and geographically cross-cultural way and this allows a permanent exchange of opinions, positions, and diverse ways of doing things that guarantee the enrichment of each other's culture.

Some of the best practices that organizations have adopted to reinforce diversity and development show a genuine interest in inclusion. Thus, empowerment programs and team balance are the natural results of a development plan. Likewise, the inclusion of families as part of the transformation of unconscious biases, inclusive language, and, of course, empowerment of employees' children contribute to the purpose of diversity.

In terms of STEAM, many organizations are working to inspire boys and girls who want to develop in these areas of knowledge, which historically have been largely male-dominated careers.

Medicine and the pharmaceutical world and R&D actively contribute with the objective of giving greater relevance to innovation and development, in such a way that these variables play a central role within companies; That is why the pharmaceutical industry, through its multiple diversity and inclusion programs, guarantee equity and development in the members of their communities, expanding participation every day and citing an example, women are currently the majority in medical departments, as well at the corporate level and in senior management positions.

The permanent search for campaigns worldwide, the evolution of the Medical departments, have been aligned in relation to the changes related to diversity and human development, achieving in recent years, including in our Medical Department and MSL team, diverse groups, of high performance and leaders who transmit deep knowledge, who transmit science, who innovate with each action and who work as a team to achieve a common goal.

Finally, it should be noted that certain global initiatives demonstrate how equity, innovation, and science are essential pillars in human development, have an important impact, an example of this is the International **Day of Women and Girls in the Science**, established on December 22, 2015, by UNESCO and approved by the United Nations General Assembly; is celebrated every year on February 11, "the General Assembly decided to establish an annual International Day to recognize the critical role played by women and girls in science and technology, through Resolution A / RES / 70/212 ., in order to achieve full and equitable access and participation in science for women and girls, and also to achieve gender equality and the empowerment of women and girls. "(1)

Reference:

<https://es.unesco.org/commemorations/womenandgirlinscienceday>

Author:



Beky Ortiz Sedano, MD, MSc, MBA

Beky Ortiz Sedano, MD, MSc, MBA, is the Medical Sciences Liaison (MSL) Leader at Abbvie for the North Region of LATAM. She has a Bachelor of Medicine, a Master of Pharmaceutical Medicine, and a Master of Business Administration. For the past 13 years, Beky has held a variety of positions at key pharmaceutical companies, always within medical affairs. It started in Medical Information, Pharmacovigilance, Patient Program, clinical Operations, and Medical Manager. She then moved to the MSL Leader position, which gives her an understanding of people transformation and development. Currently, Beky is responsible for planning, executing, and aligning strategy, processes, and field systems for MSL teams.

Beky loves to lead by example, to be an inspiration in relation to autonomy, dedication at work, and work & life balance, always aiming to convert high-performance teams and functional Cross work.

Networking effectively

By Sheri Hussain, PhD | March 2021

You never know when that phone number might come in handy. I've often told this story to people who've asked me about developing their careers and getting into the industry. I was working in surgical device sales, at a wonderful company, with a brilliant manager and team. I was good at what I did, had a territory that performed well, and loved the fact that I was helping patient care, in some shape or form. Despite all these positive things, I was also getting itchy feet. Five years prior, I had completed a Ph.D. in cancer therapies and I had long wanted to get into 'medical affairs' – a relatively new division of the pharmaceutical world where I could use my science communication and relationship building skills. Disappointingly, every job ad for these roles seemed to make getting in an impossible feat. I never seemed to get callbacks, or if I did, the HR people I spoke to seemed quite insistent on the fact that I needed experience. Experience in pharma, and experience in medical affairs, both of which I had zilch. Nada. Zippo.

Around this time, a colleague of mine at the company I was working at mentioned that she knew a manager at a large pharmaceutical company and that I should really give him a call. I will forever be grateful to this colleague of mine. She gave me his mobile number, and I tucked it away somewhere, where it sat, untouched, for three more months. I was driving home one day, after a particularly grueling country hospital visit. The surgeon I had seen was annoyed – the products he had asked for hadn't arrived in time. I had spent all day trying to understand why. The operation was canceled. Three hours of talking to staff at the hospital later, we found the box of product, sitting on a dusty shelf in a corner somewhere. Someone had put it down and then forgotten all about it.

I called the manager at that large pharma company that day in the car as I drove home. We spoke for 2 hours. A few days later, he put me in touch with another manager in his department who was potentially looking to hire. I still had no pharma experience, but I was determined and put on a show all my best soft skills, eagerness, and expertise in scientific communication. A couple of weeks later I was on a plane for a final interview with that company, where I am lucky enough to still work now, several promotions later.

This was a long-winded way of demonstrating the value of your network. People always talk about networking as something that should be done constantly, and in today's highly connected global village, I agree that this is an incredible way of expanding your reach. If I hadn't discussed my wish to move into medical affairs with that colleague of mine, she may never have thought to connect me with that pharma manager. Often, connections made at the periphery of your network come through when job hunting. Or sometimes when you're not even looking at all. Right place, right time, the right person has never rung so true.

So how does one network? I put networking into two main "buckets". In-person networking, and virtual networking. There are skills you need that cross over both "buckets", but I believe that in this day of constant communication bombardment and the restrictions imposed on us by the pandemic, virtual networking is where we spend much of our time, and hence, virtual networking needs to be incredibly selective, personalized and considered. It is also much harder to build connections virtually.

Most people today are familiar with LinkedIn. In many ways, LinkedIn seems to have become the new Facebook. Everyone's got one. Only 3 million users (out of more than 700 million) on there are content creators. Most users simply engage with posts (whether original or shared content) via likes. Used properly, however, LinkedIn is a powerful tool for building your professional network into something that works for you - and I don't mean by growing your contacts list exponentially. Think back to the last person you added on LinkedIn. Did you write them a personalized message? Did you look over their profile, their contacts, their recent posts? *WHY* did you add them? Were you able to convert your LinkedIn connection request into a meaningful relationship? If you are struggling to answer any of these questions, have you considered what value hitting that "add" button has brought you? Or them?

Here are the things I would consider when using LinkedIn (or any other professional networking site)

- Keep your profile up-to-date. This is effectively your resume- make sure you've got any details around the job description, higher duties, and role changes current.
- Don't go on an adding spree. Reach out to connect with people in the industry you are hoping to work in, but also think outside the box. Are there people outside that industry but who have skills that you would like to learn? Could you connect with them?
- When adding someone, personalize your message to them - write out why you're adding them, what you hope to gain, *and* give through this connection.
- As a build on the previous point - go through their profile and professional history (including any work they've published) so you understand their experience. This is good practice before any meeting, not just with networking.
- Once they've accepted you, perhaps arrange for a virtual meeting or a phone call. Building a personal connection is so important - you want your personality and the memory of you to stick in this person's brain, so that when they next see a role that fits you, they may remember you and connect you to the right people. Likewise, as is the reciprocal nature of networking, once you have spoken to this connection via phone/your favorite video conferencing service, you may be able to return the favor.
- Soft skills are everything. Whether in building your own network or whether at work. And especially so in the world of medical affairs. EQ (*have I reached out to this person at the wrong time?*), trust (*I said I would call at 8 am, and I am ready to ring them 5 minutes before*) and communication (*I have my elevator pitch ready to go - the "why" of this call*) are just some of the soft skills that will hold you in good stead both in networking and at work.
- Follow up - once you've spoken to the person, it may be reasonable to build an ongoing relationship, if that works for the both of you. If the person is in your city, consider grabbing a coffee with them. Go to local industry nights. Above all else, ensure you are visible (in a good way). Ask lots of questions! Cultivate a general and informed interest in the industry you want to get into.
- And my number one rule - Always. Stay. Professional. There are other websites for building friendships or more. Keep networking strictly above board.

Author:



Dr. Sheri Hussain

Dr. Sheri Hussain is a Senior MSL at AstraZeneca Australia, currently on secondment as a field medical manager, leading a team of 7 clinical science liaisons. She holds an honors degree in biomedical science following which she completed a Ph.D. in the field of prostate cancer, and now has over 12 years of industry experience across commercial and medical functions. Dr. Hussain has a strong interest in implementing medical excellence initiatives to drive strategy within the medical function and has engaged in a number of local and global initiatives to drive these imperatives. She was born and raised in the Maldives, and now resides in Melbourne, Australia, with her partner and far too many plants. In her spare time, Dr. Hussain enjoys circuit training every day, planning for future travels, sneaking new plants into her home, and cooking new and unusual cuisines.

MSL Hiring and Recruitment: 5 Ways to Support Diversity and Inclusion

By karolina | March 2021

While the COVID-19 pandemic wreaked havoc on many industries, Medical Science Liaison hiring was steady throughout 2020 and continues to remain strong in 2021. The one change in hiring that has become evident is the increase in recruitment practices that support diversity and inclusion. While we may all agree on the importance of adopting conscientious hiring practices, the question is: How? How are companies finding success in their implementation of diversity hiring? Diversity and inclusion recruitment efforts can only be successful when an organization aligns cross-functionally to **hire without bias** and create a culture of diversity, encourage inclusion, and foster retention of talent.

Here are some key ways to move towards the goal of hiring without bias and supporting inclusion across positions:

- **Start with the data**

The best place to start is with full company alignment and understanding of what diversity and inclusion mean for your organization. This may require a company audit and analysis of data. Statistically, which groups are under-represented within the organization? These categories can include race, ethnicity, age, sexual preference, gender expression/identity, political inclination, religious affiliation, religion, degree (educational background), geography, veterans/ex-military, economics, family status, and disability. At the onset, it may be best to pick the specific metrics you want to improve upon first, rather than target a complete overhaul.

- **Have a corporate goal, vision, or mission statement**

It is important for an organization to establish a corporate D&I mission statement that is clearly defined, communicated, and promoted within the company. Some organizations create a D&I Task Force to promote best practices amongst employees. One such way is to prominently display images and videos on the company website that outline and portray your diverse company culture. However, most importantly, the specific D&I hiring and recruitment goals MUST be communicated throughout the organization. Each department needs to be aligned, trained, and committed to implementing defined strategies and tactics set forth by leadership to meet corporate goals.

- **D&I Employee Referral Program**

Many companies have Employee Referral Programs that will offer compensation for sharing resumes of colleagues or friends for company job postings. Consider bolstering your Employee Referral program by incentivizing employees for providing resumes in line with your specific diversity metrics. Communication is key to the success of this sort of program, which may be the best lead and accomplished through Talent Acquisition or Human Resources departments. Promoting the D&I Employee Referral Program can also be a function of a D&I Task Force (if your organization has one in place).

- **Strategic Diversity Sourcing and Outreach**

One of the most effective ways to ensure a diverse slate of talent when hiring is to identify candidates from diversity-rich environments. Start with colleges and universities that foster these ideas and practices, such as Howard, Spelman, Xavier, and Tuskegee – as well as others that are historically all African American. Simple Google searches can provide information on schools with predominantly minority populations and underrepresented students. There are also many diverse professional associations organized around specific minority groups. Organizations to consider include Out & Equal Workplace Advocates, American Corporate Partners for Veterans, National Black MBA Association (NB MBA), and the Association of Latino Professionals for America (ALPFA). Creating strategic partnerships and perhaps sponsorships with such groups can be a great way to improve D&I recruitment initiatives.

- **Make your interview panel diverse**

One of the most effective strategies to ensure unbiased hiring is to assemble a diverse interview team (per department or group). Typically, this strategy should start with your Talent Acquisition or Human Resources department that can provide interview guidance and oversight of the hiring panel. To note, women are much more likely to join a company when they can engage with other women during an interview, in order to get a feel for the corporate culture and witness the level of diversity firsthand. Additionally, experts in the D&I field say that one of the determining factors of whether a diverse job-seeker is going to accept a position is if they see an example of diverse culture in the hiring process.

How to hire a diverse team of Medical Science Liaisons

While there are many ways to implement diversity and inclusion hiring practices in an organization, it is often challenging to incorporate them into hiring processes for MSLs. When hiring and recruiting Medical Science Liaisons, the requirements are often very precise. For example, Managers may want a PharmD, MD, or PhD plus 3+ years of MSL experience, plus 2+ years of specific therapeutic experience, and lastly, the person needs to reside in a certain geography. Clearly, it becomes a challenge just to find suitable candidates that meet the outlined (and sometimes inflexible) criteria. The answer should not be to lower the bar or change the requirements.

Instead, to summarize, here are some steps to follow to still accomplish D&I goals:

1. Understand which groups are under-represented in your organization
2. Communicate specific D&I hiring and recruitment goals within your department
3. Explain and promote your employee referral program within your current team
4. Source talent from diverse environments
5. Maintain a diverse hiring and interview panel

BONUS QUESTION: How can MSL job-seekers determine whether a potential employer can offer a diverse culture?

MSL candidates should research an organization prior to an interview to see if the company has a D&I mission statement or initiative. Visit the company website to see if you can find examples of their culture through photos or videos. It is also good practice to research the interview panel through LinkedIn to see who you will be speaking with during the course of your interview. You can learn a lot about each individual's background, education, and industry experience, as well as whether the full interview panel is diverse. Lastly, and perhaps most importantly, ask the right questions. Here are some of the questions job seekers should consider asking to learn about an organization's culture:

- Can you describe your organization’s culture and what you like most about the company?
- How do you foster a team culture/motivation as a manager?
- What (if any) types of employee resource groups exist within the company? Is the organization open to creating new ones?

Author:



Tom Caravela

Tom Caravela has 30 years of pharmaceutical industry experience and is the Founder and Managing Partner of The Carolan Group and Host of the MSL Talk podcast. Founded 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 Medical Science Liaisons, MSL Leaders, Managed Care/HEOR Liaisons, Medical Directors as well as various other medical and clinical affairs roles. With almost 3 decades of pharmaceutical industry experience, Tom is a frequent speaker and Medical Affairs Consultant for clients, advisory boards, and industry meetings. His strategic interests focus on hiring, retention, and career development for the field-based MSL role.

Zoom In: 10 Tips to Make Virtual KOL Meetings more Engaging and Productive

By Bruno Larvol, MBA | March 2021

Medical Science Liaisons have been especially impacted by COVID-19 restrictions on in-person meetings. Most have shifted to connecting with KOLs virtually using videoconferencing solutions like Zoom, Microsoft Teams, or Google Meet. Though definitely a change in the day-to-day life of any MSL, this transition has been relatively smooth.

- A [survey](#) of 245 KOLs by the Medical Science Liaison Society (MSLS) found that:
 - MSLs are still getting meetings. In fact, 50% of MSLs surveyed were able to maintain an average of 1-3 virtual visits per month, just slightly lower than the 63% who met this goal in-person before the pandemic.
 - And they are successful meetings. 78% rated the effectiveness of virtual discussion with MSLs as either “somewhat” or “very” effective during this time.
- Another [survey](#) of MSLs which we partnered with MSLS to conduct showed that:
 - 10% of MSLs were able to *increase* their KOL engagements since the pandemic began.
 - And despite an overall decrease in engagements, MSLs reported that the quality of their relationships with KOLs improved.

This is encouraging news as virtual meetings are definitely a part of the future of KOL engagement. Whatever the post-COVID landscape looks like, MSLs will likely adopt a hybrid model-mixing in-person and virtual meetings for greater convenience and productivity.

We say this is encouraging because we believe this shift can *strengthen* the connection between MSLs and KOLs. As a global, remote-first team, we've learned firsthand how to make the most of video as a platform for getting business done and building real connections. With lots of practice, our team has discovered ways to make our time on video (and increasingly now in virtual reality) both meaningful and effective.

Here are 10 tips from our experience in the video meeting world. These best practices can help strengthen your virtual meeting skills and maximize the efficiency of your meetings with KOLs.

10 Tips for Virtual KOL Meeting Success

1. **Set the Proper Mood** - No one expects these meetings to be professionally produced, but you do still want to set yourself up for success. Pay attention to lighting, camera placement, and audio. Try to sit facing natural light, and never have bright lights behind you, which make you look dark. If you don't have windows, put small lamps behind both sides of the computer angled toward your face. Since the camera is typically at the top of the laptop, tablet, or phone, angle the screen so its top aligns with your eyes, or put a few books under your device to bring it to eye level.
2. **Dress for Success** - Looking professional on a video call requires specific attention to wardrobe, at least on your top half. Shirts with bright, solid colors show up well on camera. Most video platforms also have a way to "touch up your appearance" in the video settings menu. That's a helpful confidence boost, but don't get carried away. Authenticity is key, and the opposite is easy to read on video.
3. **Do a Background Check** - Your visual background should be as professional as your appearance. Keep it simple and without distractions. An empty wall works, but you can also add personality and a professional edge by setting up with some artwork or a bookcase in sight. My team uses virtual backgrounds to create an office setting. If you're in a cluttered space, we recommend choosing from the backgrounds in the video settings of each application or uploading your own.
4. **Maintain Eye Contact** - This can be tricky. When there's no one to lock eyes within the room, we naturally want to look at the screen to see how others are reacting (or to check to make sure we look okay). It actually creates a more natural connection for your KOL if you look slightly above the screen. Sitting further away from your computer also will create the appearance that your eyes are always focused on them.
5. **Make the Mute Button Your Friend** - The biggest hiccups we see in virtual meetings always involve the mute button. Be sure to know where it is and when to use it. If background noise is an issue, consider muting yourself while your KOL is speaking. Just be sure to unmute when it's your turn to speak. Whenever possible, we recommend being unmuted so you can converse naturally and give the verbal cues that encourage connection.
6. **Have a Plan, and Watch the Time** - Set an agenda for your discussion, and communicate it clearly on the call. Make sure you give enough time to each topic but keep the meeting moving. Virtual meetings can quickly go off-track or run too long, so keep an eye on the clock. Ending your call just a few minutes early can also make a strong impression. Who wouldn't be grateful to have a few minutes back from their busy schedule?
7. **Guard against Zoom Fatigue** - Video meetings can take a lot of us. We have to pay very close attention to retain information, and it's easy to overschedule our days with back-to-back video calls. To avoid this "[Zoom fatigue](#)" experts recommend building screen-free time into your day, choosing phone calls over video when you can, and making sure you have time between calls to regroup. If you're feeling the fatigue, it's safe to say your KOL is as well. A phone call may come as a welcome relief on their schedule.
8. **Gain Trust through Transparency** - When meeting in person, it's easy to build a rapport using physical reactions and body language. Without these natural cues, you can gain trust with your KOL through open, transparent, and honest communication. When in doubt, overcommunicate. In the same MSLS survey mentioned earlier, KOLs saw being "honest and unbiased" as an MSL's most important quality.
9. **Think Like a Tiger...** - Long ago, our company adopted the tiger as our mascot as a tribute to speed, agility, and focus. These same qualities can help guide MSLs looking for greater productivity and efficiency in virtual meetings with KOLs. Stay focused on your goals with each KOL, rely on the strength of your experience, and think fast if anything goes differently than planned.
10. **...And a Boy Scout** - Don't be like the [Texas lawyer](#) who showed up in virtual court with a cat filter he couldn't remove. Before a KOL meeting, be sure to double-check everything: your agenda, appearance, batteries, connections, lighting, video, sound, background, etc. There's no such thing as being too prepared.

As video meetings become an even more important tool for MSLs, these tips will help you maintain and even strengthen your relationships with KOLs. Good luck!

Authors:



Bruno Larvol

As founder and CEO of LARVOL, Bruno leads a global and completely remote team providing intelligence reports and data solutions to the world's leading pharmaceutical and life science teams. Prior to LARVOL, he founded several technology and healthcare ventures. He has worked previously with industry leaders such as IBM Healthcare Consulting and Lehman Brothers, and holds an MBA with distinction from the Kellogg School of Management at Northwestern University.



Abby Fraser

Abby joined the LARVOL team in January of 2021 as Director of Marketing. Before that, she spent ten years in online curriculum development and support in her hometown of Nashville, Tennessee. A graduate of Belmont University, Abby believes marketing is just another outlet for telling a great story and connecting people with solutions to make their lives—and jobs — a little easier and more enjoyable. A newcomer to the world of MSLS, she's enjoying getting to know this passionate community and looking for ways to support them better!

Title: Improving Digital Technology Implementation in Medical Affairs

By Mike Abadessa | March 2021

All business sectors are similarly trying to modernize and upgrade their operational systems through a process of digital transformation. Pharmaceutical companies and their medical affairs practices are no different. Data and analytics, AI, and Machine Learning have the power to truly transform the practice as we know it and lead to the creation of much-needed new drug therapies.

Life sciences companies have some unique challenges with implementing innovative technologies largely because it is a system dominated by scientific data composed mostly of text. Scientific evidence is primarily text-based, peer-reviewed information from journals and clinical trials — which makes these records less easy to translate into organized data than the more transactional ledgers of sales activities, website traffic, or customer interactions.

To date, the industry has been reactive in responding to new technologies. For example, the ongoing pandemic and the need to shift to video calls to maintain and strengthen Health Care Provider (HCP) relationships have forced the examination of the question: Why weren't we doing this more before? Video conferencing technology existed for a long time before the pandemic, and video calls allow you to make more frequent connections with more prioritized HCPs in a portfolio.

It is time for the industry to be more proactive and thoughtful about how to continue implementing advanced technologies through the lens of how innovation intersects with the people involved and the processes they implement to achieve full impact. At the end of the day, it's about the patients, and if we can create a better roadmap to implement advanced tools, the better results patients will experience.

Successful digital technology implementation is a matter of life and death in Healthcare

Most medical affairs personnel come from an HCP background whereas physicians, pharmacists, or nurses — we dedicated ourselves to improving patient-care on the frontlines. We know first-hand how new operations-focused technology can help or hurt the patient in an acute-care environment.

Working in medical affairs, our lens is still the same — we are still focused on improving patient care through better medicines, devices, education, and access. And we can look back on many of the lessons learned about how technology implementation and patient outcomes are tied together.

The consequences of poor system design are most acutely felt in a hospital. Every step from ER admission to drug delivery involves information capture where errors or omissions can be fatal. As such, hospitals have had to rigorously perfect and focus on their systems and ask: Is all the information being collected accurate? Do all of the correct people have access to the information? After 17 years of hospital practice, my experience in the industry cemented the importance of 3 key success factors for digital technology adoption: Process - development, improvement, and communication; People - continuous education and communication; and Leadership - accountability and transparency. We will explore how this applies to adopting technology and adapting these factors for operational excellence.

Technological advancements have impacted nearly every aspect of our daily lives. In the context of a hospital, it meant that advancements like improved diagnostic criteria, research, and imaging would come with an exponential increase in the amount of data and information involved throughout the system. Information that must be recorded accurately, accessed by those who require it, and interpreted correctly for the patient to have the best possible outcome (and to avoid serious, potentially fatal harm.)

We, therefore, knew we not only needed to be proactive and thoughtful about seeking the right technology but also in how new technologies would be implemented. In fact, implementation is the most important part. This lesson was crucial as a director in a hospital setting with a responsibility to provide top-shelf service to patients, physicians, and nurses. Setting policies, providing training, and improving processes were not optional. As data information flows increased, technological solutions were essential. The operational excellence of the department needed to be dynamic and sustainable.

Decades before EMRs were even on the horizon, I was responsible for implementing the first computer system at a particular hospital. One of the challenges we needed to solve was how to create the best system for establishing patient profiles with

accurate and updated lab information to safely administer, monitor, and adjust medications. It was a massive effort and one that was hugely consequential for patient outcomes. In the beginning, we relied on updating the profiles daily with floppy discs containing new lab information. Ultimately, we realized we needed to work with the IT department to develop a real-time data feed to ensure patient information is as accurate as possible — a move that was encouraged by the hospital's CEO.

We had to be intentional about leaning into technology to achieve the patient results and experience we wanted. And it highlighted how more than just technology procurement or development — success with technology depended on bringing people on board, strong leadership from the top, and a process by which you figure out how to continually improve a system.

What Pharma Can Learn From Frontline Healthcare on Digital Technology Implementation

I brought my frontline experience to pharma as I transitioned to MSL roles with a top 20 pharma company where I advanced in leadership positions for over a decade. One thing that is distinctly different from the two environments is that the risk level within the life sciences is lower in comparison to what occurs within the hospital.

In the hospital, poor technology process and implementation cost lives, directly. At the pharma level, it costs money, time, and impacts patients and future patients. I also came to learn that realizing the full value potential of MSLs to a pharma organization and ultimately to patients also came down to the collection of diverse data — and our ability as science professionals to parse, analyze, and act on that data.

The MSL discipline is one that marries scientific expertise with the development of collaborative partnerships with Thought Leaders (TLs) in a given therapeutic area. Through exchanges with TLs, scientific insights emerge — and for those insights to be communicated and used to their greatest advantage they must be turned into data assets that can be recorded, accessed, and mined. While many medical affairs teams have grown accustomed to dashboards, KPIs, and metrics — many are still not capturing the full scope of the activities or have implementation strategies in place to ensure that the technology and data are being used to their fullest potential.

The opportunity that exists for advanced technologies with a focus on data in medical affairs specifically, and healthcare more broadly, cannot be overstated. And as I moved through hospital and pharma roles, this became my passion. For the last decade, I have worked at creating systems that connect the data “dots” and breakdown silos to enable transparency and accountability for MA teams and better outcomes for patients in need of better medicines.

Within medical affairs, there are a multitude of potential data streams that can provide a critical ongoing view into a drug's development. New research, HCP contacts, TLs, clinical trial data, public comments, and a variety of other inputs can be crucial to know. The need for this information to be real-time in accuracy, accessible for those who need it, and used to strategic effect is great.

Currently, the majority of MA teams are not yet realizing the full value of advanced technologies like Big Data, AI, and Machine Learning. For too many teams, important data like the examples above are still not properly monitored and mined for crucial insights. This data gap is inhibiting successful and speedy drug development, and ultimately the patients.

Time and again as I observed the inner workings of MA teams I witnessed the differences emerge from the truly excellent teams to the mediocre ones — and they are the same qualities that led to successful technology adoption in high-pressured hospital environments. Successful digital technology implementation relies on a focus of people, process, and leadership in order to save lives today in the ER, or tomorrow with a new drug.

Building on front-line and Medical Affairs experience to drive innovation back into Pharma.

Today I'm the Executive Director of rMark Bio, a life sciences AI startup, where we are developing the next generation of data and AI tools specifically tailored for medical affairs. As data streams continue to grow, teams will need to adapt current processes, employees will need new skills, and leaders will need to act with intention and foresight to make sure medical advancements can keep up with the pace of technology.

The technology we have developed has already delivered some game-changing results for some of our top pharma clients. But in addition to the technology, it's a company that has been built around the lessons I've learned driving innovation in healthcare over the last several decades.

Technology that improves the operations of an organization must go hand-in-hand with a change management strategy that addresses how the organization will implement the technology. You need to bring people together to understand the purpose of the new system and work together to fine-tune the productivity engine to realize the gains. And perhaps most importantly, you need leadership from the top to create an environment that encourages strategic risks and communicates rationale.

rMarkBio is a company built with these innovation lessons in mind and a mission to bring advanced technologies and implementation wisdom to medical affairs.

Authors:



Mike Abbadessa, PharmD

Mike Abbadessa is the Executive Director of Medical Affairs for rMarkBio Inc, with responsibilities for business and product development in creating AI solutions for business challenges in medical affairs. His passion for using data to solve real problems coupled with Mike’s scientific experience has enabled his latest career journey.

Mike has been a leader in health care and the pharma industry over the past 20 years. He began his career in acute care hospitals, as a pharmacist, director, and chief operating officer. He transitioned to pharma as an MSL, Director of field teams, and then Sr Director of Innovation/ Analytics for medical affairs at Takeda. After his career in pharma and before joining rMark, Mike expanded his knowledge of field medical’s success factors as a consultant for Tardis (Amplity) and various pharma companies.

He has earned a reputation as a developer of ideas, people, and organizations. Mike’s value proposition is leading and developing teams and organizations to optimize performance to the highest level through quality improvement, continuous learning, and constant innovation.



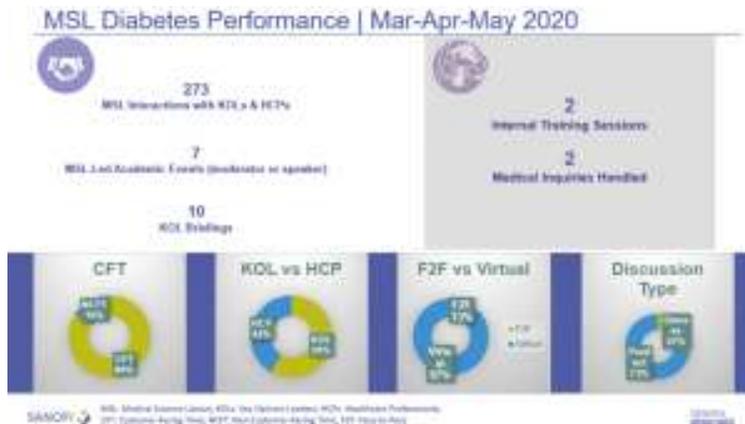
Jason Smith

Jason Smith is the co-founder and CEO of rMark Bio, Inc. a leading AI solution provider for global medical affairs teams. With over 20 years of industry experience, Jason has held positions in early-stage companies, large multinational corporations, and venture capital studios yielding a rich professional background. In his roles such as CEO, Chief Product Officer, VP of Corporate Development, and Chief Architect he has been responsible for the management of various functional areas including strategy, product development, technology, and operations. Jason has successfully built and sold multiple early-stage companies and services firms to large global organizations.

Best Practice: Going from the Field to Working-from-Home The Digital Transformation of Field-Based Medical

By Diane Mourad, PharmD, MSc | March 2021

Lebanon is a developing country that was not digital at all prior to the COVID-19 pandemic. When the first confinement hit and the country went into complete lockdown, Medical Science Liaisons (MSLs) faced many challenges as their main role is field-based and they had to keep the engagement with their targeted Health Care Professionals (HCPs) high. Hence, they had to improve their digital capabilities, but also that of their targeted HCPs. They amazingly succeeded, within just three months of the first lockdown, to quickly adapt their contacts with HCPs and shift them from only 3% virtual to 87%!



Indeed, when the work-from-home model was initiated, there was a concern among local MSL team members that HCPs would not be comfortable swapping to virtual interactions in place of traditional face-to-face meetings. Additionally, at the start of the pandemic, many HCPs were overwhelmed, with little time to spare, quickly rejecting MSLs’ requests for interactions. The team

had to find alternative ways, including digital engagements. Taking advantage of this HCP-initiated pause in contact, the MSLS in Lebanon upskilled themselves to learn about digital communication formats and tools, and colleagues who started being successful in virtual interactions had their work profiled as best practice examples and shared them with the whole team on a regular basis. Once team members understood virtual communication options and had seen examples that had achieved good engagement with HCPs, everyone was really motivated and started being creative. That is when the COVID-19 operation was launched.

One of the most successful tools driving engagement was a weekly e-newsletter, which successfully mixed up-to-date information about COVID-19 and priority medical messages. The e-newsletters were a conversation starter, giving the MSLS a reason to call the HCPs and engage with them in other scientific discussions. This was a collaborative effort with medical leadership, aligned with local strategy, and approved by compliance. Key performance indicators of the first 2 months of activity (during confinement) highlighted an open rate nearing 20%, with around 14% unique clicks on hyperlinks added to the e-newsletter.



The Lebanese team was also agile in reorganizing planned medical education meetings and events into effective digital formats within tight timelines. Another example was a collaboration between Sanofi and the local Order of Pharmacists to initiate a diabetes medical education program aimed at hospital and clinical pharmacists across Lebanon and covering key diabetes topics related to their profession. Several webinars were conducted, with the MSL being an active speaker and moderator to the sessions and reaching more than 700 HCPs with an average rating of overall satisfaction of 8.5 over 10 and an average Net Promoter Score of 52. These activities allowed also to engage with more than twenty top endocrinologists Key Opinion Leaders (KOLs) as speakers in the highly scientific program.

Leveraging even more on this platform and on the strong internal collaboration between medical and marketing colleagues, three unbranded educational mini-videos of KOLs were posted on social media sites for pharmacists (reaching 3.7 K Views) and a video recording of the webinars' key sessions was made accessible to all pharmacists who couldn't attend the live webinars or who wanted to re-watch them.



With these two examples of great initiatives and many others, HCPs started accepting and even asking for more digital interactions and their feedback was more and more positive; they felt that Sanofi was partnering with them to help them through the pandemic by finding new means to communicate valuable medical information. HCPs started being more open to,

more relaxed, and more focused during digital discussions with MSLs, enabling deeper scientific engagement and insight collection.

Leveraging on all the new digital channels created during the first months of lockdown, MSLs are now able to work in a hybrid of face-to-face and digital interactions model, without fearing additional lockdowns imposed by the government. For example, I was able, as MSL for Diabetes in Lebanon, to achieve 88 virtual interactions (Webinars, Zoom calls, phone calls, emails, etc.) during the month of January 2021, which was incomplete confinement and working-from-home model. Moving forward this year, the team will keep on being creative, challenging HCPs' digital resistance or fatigue, and engaging more and more in a true multi-channel engagement model.

Author:



Diane Mourad, PharmD, MSc

Diane Mourad is currently a Medical Science Liaison for Diabetes in Sanofi Lebanon. She has around 4 years of experience in the pharmaceutical industry, in Clinical Operations, Regulatory, Marketing, Sales, and Medical Affairs departments.

Diane has a PharmD and a Master's in Research with a focus on Pharmacology. She has published several papers on matters of migraine, irritable bowel syndrome, and diabetes.

On a more personal note, Diane recently self-published her first book on Amazon France: "Une Vie après la Mort", Diane MN. With this, she hopes she can take her hobby and passion to the next level.

Survey on Enhancing KOL Engagement: How can we empower MSLs by leveraging data for personalized engagements?

By Lana Feng, PhD | March 2021

Introduction:

The MSL Society conducted an online survey on "Enhancing KOL Engagement by Leveraging Data" between January 8 -28, 2021. The survey was conducted in conjunction with the January 28th webinar that Huma.ai sponsored and co-presented with Sanofi on "Personalizing KOL engagements by leveraging data". This article summarizes the key findings and discusses the next steps

for leveraging data to help MSLs be successful in their KOL engagements in this new era of digital.

Demographics:

Over 80% of respondents were from Pharma, with representation from medical devices and diagnostic companies. Over 50% of the MSLs were field-based with < 2 years of experience. The survey looked at the MSL field team, a combination of MSL field team plus managers as well as both US and Global. There were some interesting differences in the responses that will be discussed in this article.

Results:

Barriers to adopting new solutions that enable MSLs to personalize their engagements with KOLs

The results were quite interesting. > 30% MSL field team members did not know of any barriers to adopting new solutions whereas the MSL Managers and Directors cited budget constraints as the main reason preventing them from adopting new solutions. The data was similar between the US and Global. The results clearly highlight the need for management buy-in to bring in new solutions within MSL teams that will help them with personalizing their KOL engagements. We definitely see an opportunity for Huma.AI to be part of the solution for Medical Affairs teams to embrace digital transformation. We need to provide accurate metrics on how these new solutions will increase efficiencies, uncover new insights that can be leveraged for strategic planning across the organization and not just limited to MSL teams. Some of the features we see that will help reduce barriers are the need for an ease-of-use platform solution, explainable AI (so subject matter experts know how the answers are derived), and most importantly leveraging human intelligence through a feedback loop so the platform can continually learn from the users. Clearly, with Medical Affairs teams being subject matter experts, there is a need for deploying a human-centric AI approach to better understand patient experiences and gain insights into the behaviors of thought leaders and healthcare practitioners. Medical affairs teams generate a vast amount of data but are not able to effectively use these data to generate insights on who their stakeholders are and what do they need. Human-centric AI allows for the ability to obtain all the relevant data, analyze it quickly, surface actionable insights and drive them back into operational systems to affect events as they are still unfolding. The advantage is to make fast and better decisions and quickly act on insights gained from large amounts of medical data.

Another key feedback from the survey was the need for training on best practices on leveraging new AI-enabled technologies within Medical Affairs. Because this is relatively new, the community as a whole would benefit from training with Medical Affairs teams that have successfully deployed machine-learning-enabled tools within their organization. Some of the challenges we see are that adoption and deployment of these tools are still in progress, but we believe it is never too early to share best practices and successful use cases with the community so that everyone can benefit from lessons learned.

One of the key feedback from the Jan 28th webinar was that many MSLs are not leveraging their CRM for KOL engagement but instead view CRMs as a necessary tool to input their engagements for performance metrics. We see CRM as a vital tool to be leveraged for KOL engagement, particularly when it is connected with additional data sources (field notes either in CRM or other platforms + public data sources + KOL mapping tools). Huma.AI is planning to organize a workshop on best practices to leverage CRM data based on the feedback. We are committed to working collaboratively to empower MSL teams to leverage data for their KOL engagements.

Primary barriers to incorporating social media as part of your Key Opinion Leader or Digital Opinion Leader engagement

MSLs are intrigued about using social media as part of their KOL or DOL engagement but are clear they need additional guidance on acceptable use of social media. Again, this is a relatively new data source, and we believe there is a huge opportunity for MSL organizations to provide guidance on best practices in terms of white papers to help companies navigate the use of social media. It is clear that KOLs are adopting social media to share their opinions on results presented at scientific congresses as well as feedback on the use of drugs etc. especially in this age when engagements are virtually all-remote. Being able to uncover these opinions would be important as part of the MSL KOL engagement strategy. Part of the current challenge with leveraging social media data is uncovering the few critical and useful information against the background of noisy data – this is why machine-learning enabled solutions would be ideal for this purpose. Having training sessions for best practices as well as successful use cases would be important to allay some of the hesitance to leverage social media.

Primary Methods for expanding KOL network in the absence of in-person scientific meetings such as Medical Conferences and Symposia

The results were slightly different between the USA and Global data. Global MSL teams had a slight preference for educational

webinars and virtual scientific meetings versus using PubMed and reaching out directly via direct email communications. US MSL teams leveraged both resources equally. Part of the reason could be related to preference for Global teams for initial introductions via scientific meetings before following-up email versus sending out cold -mails.

Effective methods that company utilize to support MSL/KOL engagement

The survey results suggest that companies are using several methods to support MSLs in their KOL engagement which includes education and training on digital tools, digital content generation, company-sponsored webinars, and company-sponsored Ad Boards. Clearly, companies need to expand training programs to help MSL teams adopt digital tools for KOL engagements though it is great to see that multiple resources are being leveraged to support MSL teams.

During virtual KOL engagements, what are the MOST important resources in generating targeted discussions?

The survey results highlighted the top 3 resources that MSLs consider as most important: 1. Leveraging internal MSL teams and resources 2. On-demand and customizable content generation 3. Clinical trial data from multiple data sources. CRMs would be an ideal tool for MSLs to leverage internal data resources for engaging KOLs. The feedback we received from our recent webinar is that MSL teams can definitely improve on using their CRMs effectively to connect with internal MSL team resources with additional training.

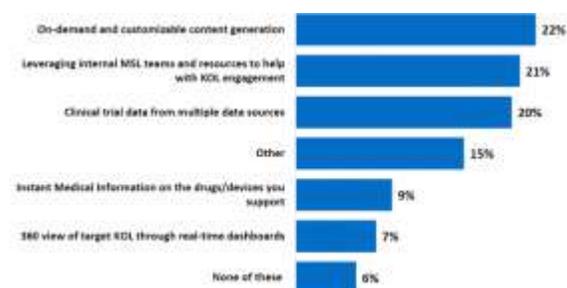


Figure 1: During virtual KOL engagements, what are the MOST important resources in generating targeted discussions? US data from MSL + Managers

One of the interesting resources that MSLs viewed as important was being able to generate on-demand and customizable content. We view this as in line with targeted messaging. Many MSL teams are used to power-point presentations that are not easily customizable. What if machine-learning enabled tools enabled MSL teams to generate custom power-points prior to KOL engagements? There are new solutions available that generate a customizable power-point that captures a story around the topic that an MSL would like to engage a KOL with. Targeted messaging is so critical in the virtual engagement era where KOLs value MSLs that know exactly the information they need at the right time. Being able to customize MSL messaging is critical for successfully targeted discussions.

From our previous survey results, we were aware of MSL teams' preference for using clinical trial information to help with their KOL engagement. The current publicly available tools such as PubMed and Clinical trials.gov are rich with data but they require complex filtering and are not built to gain business intelligence on KOLs easily. What if we could combine several data sources so that we can generate personalized KOL dashboards that include their publications, participation in clinical trials, social media posts plus internal CRM data?

Conclusion:

Survey results suggest that MSLs are open to embracing digital transformation and companies are starting to provide training for them. However, in order to scale deployment and adoption, we need to have wider management buy-in, and budget invested to deploy new solutions such as machine-learning enabled technologies to empower MSLs with data they can leverage when engaging with KOLs. We need to have a much better forum for discussing challenges and sharing success stories. Investing in human-centric AI approaches that can close the last mile and connect CRM data with insights from free-text notes as well as connect disparate data silos such as private CRM plus public data sources such as PubMed combined with an easy-to-use interface will help reduce the barrier to adoption of these new technologies and enable organizations to target KOL engagement driven by data.

Authors:



Dr. Sabita Sankar

Dr. Sankar obtained her PhD from the Institute of Molecular and Cell Biology in Singapore. She completed her postdoctoral fellowships at Yale and Duke Universities. She then spent the next several years at Celgene as Group Leader in the Oncology Research Department and co-led the project team that developed CC-223 and CC-115, mTOR, and mTOR/DNA-PK inhibitors. Prior to joining Huma AI, she spent several years in both scientific affairs and business development roles at several diagnostic companies including MolecularMD, Biodesix, and Ambry Genetics, providing genomic and proteomic solutions to Pharma clients. Dr. Sankar’s expertise includes a unique mix of both drug discovery and diagnostic perspectives.



Dr. Lana Feng

Dr. Lana Feng is the co-founder and CEO of Huma.AI. She came from Novartis Oncology Business Unit where she established international partnerships for their late-stage targeted therapy programs. Dr. Feng joined Novartis through its acquisition of Genoptix. She built the BioPharma division at Genoptix, where she grew the business by forging alliances with pharmaceutical companies and providing biomarker and companion diagnostics development for targeted therapies. Prior to Genoptix, Dr. Feng held key positions at GeneOhm Sciences and Nanogen. Dr. Feng obtained her Ph.D. in Developmental Biology from Indiana University and did her post-doctoral training at UC, San Diego.

Considerations in Diversity as a Medical Science Liaison

By Alyson Evans, DNP, MBA, MSL-BC | March 2021

In the US, it is illegal to discriminate against someone based on the following: Age, Disability, Genetic Information, National Origin, Pregnancy, Race/Color, Religion, Sex, or sexual orientation. (eoc.gov) These protections have been a great advancement in protecting each and everyone one of us in the workplace. But what else does diversity look like? It could be your body type. As a female, culture indoctrinates that we have too much of something or not enough of the other and we go to great lengths at times to “correct our flaws.” Being neurotypical or neurodivergent can also prove challenging. Having two children with ADHD, they can be treated differently than their peers and for no particular reason. What about chronic illnesses? We have a strong history of migraines and auto-immune diseases in my family: does that make us less? I think not. What about “D,” or doctoral-type discrimination? Have you experienced this?

Building equity and equality in our day-to-day lives, personally and professionally, is imperative for MSLs. As a nurse, I see creating an environment of anti-discrimination as part of Maslow’s hierarchy of needs.



<https://www.simplypsychology.org/maslow.html>

If one feels discriminated against, this prohibits them from having their basic needs met (green bar.) If this isn't met, how can we expect them to grow and thrive professionally, not just survive? I would offer that this basic level of safety and security, which leads to equity and equality, is necessary for all of us. It would positively impact the company relationships within itself, but also with external customers. An MSL is not going to feel safe in the field when they're discriminated against and their potential won't be met

The same applies to study designs. How do we build equity and equality into our study designs so that we are representing the population well? The study population should be as diverse as possible on all fronts, as able. Engaging minority populations within the study is also imperative to build trust. We don't have to look too far in the distance US past, unfortunately, to show how this trust has been breached on too numerous occasions. We need to recognize, own and move forward with humility, that we can and should do better, that it is our most noble task as humans to stand and advocate for those who have been too long silenced.

When choosing a company to work for, I would also consider the following: do they support diversity? Do their policies, procedures, and guidelines support that both in hiring and promotion? Do their actions match their words? This isn't only important for you, but for the team, you're joining; inequity for one is inequity for all. This doesn't apply to internal business, but to how their customers are treated. Equality starts with YOU!

I recognize my privilege in this: a white, married, college-educated woman from a white, middle-class, two-parent household. Just because I may not have personally been discriminated against in the way others have doesn't make it any less my call to stand with all who are seen as less, whatever the reason. Discrimination will always be here, taking insidious forms not seen until it has already negatively impacted a person, community, or company. The call to action for all of us is to build cultures and companies of anti-oppression, such that when discrimination raises its ugly head to strike, it has nothing to sink its teeth into because we have created systems against it. Please join me in taking up this yolk. The work of many makes the burden light.

Author:



Alyson Evans

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7 Things My Kids' PBS Show Taught Me About Being a Better MSL

By Mitch D'Rozario, Ph.D | March 2021

Like many of my MSL colleagues who are parents, the COVID-19 pandemic has challenged us to balance work, child care, and self-care while staying calm and be resilient. One aspect of building resilience is to find things to be grateful for in life. Personally, I am grateful to spend more time with my two young children as they hit their developmental milestones. One of these activities has been singing along to Daniel Tiger, a PBS show created by Mister Rogers.

Interestingly, the lessons from Daniel Tiger are not just applicable to my infant and my toddler; at times I have found that they resonate with my professional life. In this article, I will share the 7 MSL life hacks that I learned from Daniel Tiger in the midst of a pandemic.

1. **"Everyone's job is important; we all help in different ways."** This is a great reminder that when my colleagues, whether medical or commercial, have an approach that is different from how I would do it, they are still helping, just in a different way, which doesn't make their approach wrong. This song also reminds me to stay humble and become customer-centric, treating the office receptionist, nurses, pharmacists, and the doctors with the same respect - they might play different roles but have the same objective to deliver life-saving treatments.
2. **"It's okay to feel sad sometimes; little by little, you'll feel better again."** This is one of my favorite resiliency quotes from the show, especially on the days when my plans go awry. This is a good reminder to myself that tough times don't last; tough people do.
3. **"When you feel jealous, talk about it, and we'll figure something out."** Are you an aspiring MSL that

hasn't transitioned to your first MSL role but your friend has? Did your colleague get a promotion? This is a great reminder to build and widen one's support network and find advocates and mentors instead of "doomscrolling" LinkedIn.

4. **"When you're sick, rest is best."** A gentle reminder to put your own oxygen mask on before helping others. We cannot be of service to others when we are suffering and have our own needs to attend to. Self-care is even more vital in our current world.
5. **"If something seems hard to do, try it a little bit at a time."** This applies when I feel overwhelmed by a project and need to just take one step at a time. Breaking a large project or task into pieces makes it much easier to lean into and move ahead to see results. One cannot eat a whole apple in one bite!
6. **"Think about how someone else is feeling, maybe you can help them feel better."** The MSL role requires one to know the business of science and the science of business. A large aspect of the science of business is having empathy. Seek to understand, before being understood. Active listening is essential in our MSL role; we learn far more by listening than speaking and we have a prime opportunity to uplift others in their time of need.
7. **"Saying I'm sorry is the first step; then, how can I help?"** As MSLs we have customer-facing roles, for both internal and external stakeholders. Misunderstanding can often arise during interactions. Even if we feel that we were offended, it's best to set the ego aside, apologize, and figure out how to move past the issue, which can always begin with asking how we can help (within the guardrails of compliance, of course). The MSL role is servant leadership in action!

Does watching Daniel Tiger improve kids' social skills? Well...not quite. A recent study from a media researcher, Eric Rasmussen¹, enrolled 127 preschoolers and one of their parents and demonstrated improvements in the kids' social skills only if the parents regularly talked with them about what they were watching and modeled the behavior. In conclusion, my MSL parents, watching Daniel Tiger might help with your toddler's next temper tantrum - it may also come in handy for your next customer call.

Rasmussen E. <https://www.pbs.org/parents/thrive/how-daniel-tiger-helps-teach-social-skills-to-preschoolers>

Daniel Tiger

Author:



Mitch D’Rozario, Ph.D.

Mitch is a Malignant Hematology MSL at Genentech/Roche. In his MSL career spanning hematology and ophthalmology, Mitch has supported ocular surgical devices, microdosing implants, biologics, antibody-drug conjugates, oral inhibitors, and bispecific antibodies from Phase I-IV. Mitch enjoys advocating for customers and patients, collaborating with internal colleagues, and building strategic tools to make informed business decisions and deliver urgent medical solutions. Mitch earned his Ph.D. from Drexel University and trained as a postdoc at Washington University School of Medicine. In a pre-COVID world, Mitch can be seen keeping pace with his two boys, Francis (2.5 years) and Miles (1 year). In a post-COVID world, he has been busy being a Montessori dad, learning how to bake, and going to OrangeTheory (while maintaining a safe distance) to burn off the said baked goods.

Avoid Audience “ZOOM OUT” - 10 Tips to Master Your Virtual Scientific Meetings Today!

By Lisa Amin | March 2021

Many of us spend hours in back-to-back virtual meetings these days. While these video engagements are convenient and relatively simple to set up, they also bring a number of challenges for presenters - including for those delivering scientific content and engaging with healthcare professionals (HCPs).

In fact, in various industry surveys, medical science liaisons (MSLs) and other field medical professionals consistently mention virtual skills development and best practices, along with supporting technology, as areas where they would like additional assistance as a result of the current COVID restrictions.

In order to become an on-line stand-out and master that virtual scientific meeting, here are ten expert tips that will help keep your audience engaged and make your next scientific exchange as effective as possible.

- **Light It Up!**

Get out of the shadows and invest in an LED desktop lamp and/or a Ring lamp. Movies and TV shows have extensive lighting setups to make the actors look their best and you can do the same on a smaller scale. Even these small desktop lamps can fill-in light, increase brightness, and prevent shadows.

Pro Tip: Never have a bright window directly behind you.

- **What’s Your Background?**

Have a dedicated, de-cluttered workspace. Avoid rooms that are dark, have high ceilings (this leads to echoes), or are in high traffic parts of your house. Or, create a virtual background. Many video conferencing programs allow you to create custom backgrounds with company logos, for example. Another background idea is to have one that has a story behind it. This will create a talking point with meeting attendees and provide a personal touch. When all else fails, something serene always works well.

- **Get Camera Ready**

A good camera can make all the difference. They are much better than the built-in computer cameras in terms of light sensitivity, color, and resolution.

Making sure the camera is positioned properly is also key. The camera should always be pointed to your hairline and tilted down to your eyes. Always look into the camera when speaking. This shows confidence and authority. And turn your camera on when given the option in order to encourage face-to-face interaction.

Pro Tip: Frame your camera so the shot is of your face and your shoulders.

- **Can You Hear Me Now?**

Now that you have your lighting and camera set up, it's time to talk sound. Pump up the volume with a microphone. Investing in a microphone can make a big difference. Sound quality is greatly enhanced by a good microphone. A simple USB cord plug-in microphone system can raise your audio game to the next level.

- **Content is King**

For your next virtual scientific meetings, it's important to remember that content is paramount. You want the audience's attention to remain on the information you are presenting. You also want to be confident that you are only sharing the material you want attendees to see. New scientific exchange technologies, like Alucio's *Beacon* platform, provide clear guardrails to ensure that any content displayed is shown in a controlled, compliant way. Presenters can then quickly and easily access supplemental documents to respond to attendee questions in real-time.

- **Speak Up!**

In the virtual world, it's important to speak slightly louder than your normal level. This prevents you from mumbling or losing energy. Also - try to change up your tone, inflection, and pace. Sometimes it's hard to follow a speaker for long periods of time. The audience will have an easier time differentiating between subjects and ideas if there is a shift in speech pattern.

- **Take a Time Out**

When you've made a point - pause. Give the audience a chance to absorb what you've said. Listeners often need extra time they wouldn't otherwise need in a face-to-face encounter. A pause can also emphasize a point in a conversation. People can't always make out facial or body expressions as well virtually, so a pause will help to clarify the message. And finally, pausing for a question and answer period is also a good idea.

- **Are You Listening?**

It's harder to show you are actively listening when virtual vs. in person so here are some ways to show you are engaged. Nod while others are presenting their ideas. Rest your chin lightly on your fingers while listening. And tilting your head slightly while listening expresses non-verbal interest.

- **Be Ready for the Long or Short of It**

It's good practice to have both a short and full-length presentation ready for a virtual engagement. You never know how much time your KOL might have - sometimes it's 60 minutes, sometimes it may just be 10. So, have abridged and unabridged versions of your presentation ready so you can adapt smoothly on the fly.

- **Note What's Noteworthy**

Here's a tip for those of us who are note-takers during presentations. Many virtual meeting programs like Zoom let you make annotations and take notes right on your phone or your desktop with a whiteboarding feature. It's like having a whiteboard in your office where participants can brainstorm together and share ideas.

These ten tips should help you tackle the ins and outs of your next virtual scientific meeting like a pro. These video engagements are here to stay so why not embrace them?

Authors:



Lisa Amin

Lisa Amin is an award-winning journalist, communications expert, and business leader with decades of experience delivering memorable stories, shaping public opinion, and building strong brands.

Currently, Lisa is Communications Manager at Alucio where she leads the company's public relations activities, various internal and external communication efforts, and social media campaigns.

Prior to joining Alucio, Lisa was a TV News reporter for more than twenty years at various stations across the US. This includes being a field reporter on the highly-rated 11 pm show for ABC News in San Francisco for 12 years.

Lisa has won many journalism awards including an Emmy, an Edward R. Murrow Award, and two South Asian Journalism Awards. She is trilingual in Spanish and Gujarati (an East Indian dialect).

The Winning Mindset for an Effective Medical and Commercial Collaboration in the Pharmaceutical Industry

By Shereef Ibrahim, MBA | March 2021

With new challenges always come new opportunities. This has lately been the case within the rapidly changing world of medical affairs globally. This rapid change is multifactorial, yet it has been driven by the move to more specialized medicines and the rise of digital channels increasing the availability of data. This in return has created a growing need to overcome increasingly complex scientific and technological challenges, to gain operational efficiencies within pharmaceutical companies. Increasingly, key healthcare stakeholders are interacting with both medical and commercial teams across multiple platforms. Now more than ever, we need to take a more coordinated approach.

Best practices for medical and commercial collaboration are under the spotlight since several factors are driving companies to reassess their medical-commercial interaction, including changes in the overall healthcare landscape, increasing ecosystem complexity, and declining commercial sales rep access to physicians. The questions now rise above the level of what's allowed and what's not into creating coordinated organizational customer engagement strategies.

Strengthening the medical-commercial partnership means avoiding working in isolated islands by jumping over anciently built walls through fire loops - but you must do that in a compliant way. The dilemma to unify back the divide has been a lingering question for years, with views to keep the separate entity intact and opposing views - louder indeed - calling for the future fusion of some functions like medical and market access creating medical value and access functions in some corporates around the world.

From my past experiences, Let's take a look at three steps to strengthening medical-commercial collaboration and bridge the gap between them to ensure delivering an optimum customer experience.

First of all, dive into a 360-customer view which will comprehend which information should be shared with which stakeholders based on input from medical, commercial, and compliance teams. This augments your visibility on which function should engage

a stakeholder at a particular time.

This view not only scans scientific interest, health-system positions, or community influence but it should reach the level of detail of including engagement status, communication channel preferences, and stakeholder requests or questions.

Moving on to secondly create HCP networks and widen this network creating a web of alliances to include a wider scope than the traditional global/national academic experts circle. Regional and local stakeholders play a key role in product success, along with payers, regulators, and patient advocates if available in your country. Medical affairs should partner with commercial, market access, and communications to identify key stakeholders at every level.

The customer engagement model is changing, dynamics are seen in every healthcare system model ranging from HCPs not being the sole decision-makers they used to be before to consumers becoming stronger advocates for their own healthcare and actively participating in their treatment decision. To advance this discussion, global estimates have shown that stakeholders have more than doubled over the past three years, which all need to be addressed and hence must be navigated with tools that are beyond the traditional channel of a face-to-face commercial visit.

Lastly, you should break the dilemma of quantifying medical affairs metrics and shift to embracing the qualitative nature of a medical affairs impact. The metrics used to evaluate and reward medical affairs' performance have long been inconsistent or unclear which in turn pushes MSLs to direct some good effort into closing quantifiable metrics which would have been much more impactful if directed towards more patient-centric educational activities in-line with high-level medical affairs strategies.

While these steps are solid pillars to use, there are important ways to consider in your approach to internal transformation which should include: real collaboration throughout the product lifecycle, tailored planning from a strategic to an account level, improved in-field coordination, and insights-sharing in an outer shell of more empathy and understanding between both parties because collaborations are most effective when all partners have the same definition of success and clear goals to track progress.

While bridging the divide between medical and commercial can be a hectic task, it's definitely worth it. Organizations are encouraged to have a full step-by-step guide on driving more harmonized organizational strategies that nurture optimized medical and commercial collaboration that will reflect on improving customer engagement.

Author:



Shereef Ibrahim

Currently a Therapy Area Medical Manager at Amgen, I previously spent 10 years at Novartis in different roles of varying responsibilities since 2009.

I worked as an MSL for Bone & Pain, Respiratory & Transplantation during the period of 2014 till 2016 which added a lot to my perspectives of being patient-centric in business.

My career to date has provided me with invaluable knowledge in some key areas, namely Bone & Pain, Respiratory, Cardio-Metabolic, Nephrology, Transplantation & Biosimilars in Egypt, Iran & Sudan.

I am also an accomplished individual with a strong desire to succeed and lead others to success. Indeed through my past

experiences, I have had the distinction of being an individual who is energetic, hardworking, and efficient.

On a more personal level, I am open to any situation that is challenging and which tests my abilities, as well as among my work colleagues I have a reputation as being a fast learner, who is dependable and organized.

The Healthcare Ecosystem and the Coronavirus

By Maria Amorosso | March 2021

It's no secret that the United States still has much work to do regarding racial inequity and inequality. One can see this reflected in our social systems, as well as the healthcare landscape. These issues of inequality and inequity were exacerbated by the onset of the pandemic. The coronavirus spread all over the world and the country, but the areas that were hit hardest by the pandemic were often Black and Brown communities. According to the CDC, the rate ratios for hospitalization (compared to White, Non-Hispanic people) for Black people were 2.9x. Hispanic and Latino people were 3.2x as likely as White people. At the bottom of the chart, the CDC notes that "Race and ethnicity are risk markers for other underlying conditions that affect health including socioeconomic status, access to health care, and exposure to the virus related to occupation, e.g., frontline, essential, and critical infrastructure workers." Why is it that our more vulnerable communities have the least access to care and are at higher risk?

One may wonder about the correlation between race and the coronavirus. Why are people of certain ethnicities more at risk for serious bouts of coronavirus than others? The answer to this question lies in socioeconomic factors. Race and socioeconomic status are very intertwined in America. According to the American Psychological Association, "communities are often segregated by SES, race, and ethnicity. These communities commonly share characteristics: low economic development; poor health conditions; and low levels of educational attainment; Low SES has consistently been implicated as a risk factor for many of these problems that plague communities." With the aforementioned poorer health conditions and lower levels of educational attainment, socioeconomic status can exacerbate a pandemic's effects. One example of this lies with remote working. Some people, often in "white collar" jobs, have the opportunity to work from home, while others have to commute every day, potentially exposing themselves to the coronavirus twice a day. What's worse, some companies offer very limited sick time, meaning that some people may have gotten sick but had no choice but to continue working, at risk of losing their jobs.

Communities of color, in particular, the Black community, have long expressed skepticism after being cruelly and unjustly experimented upon in the past. A well-documented example of this was the Tuskegee experiment, where, according to History.com, men with syphilis, as well as a blind control group, were treated with placebos well after effective treatments were made available. This cruel experiment started less than a century ago, so, in conjunction with implicit bias that some doctors and healthcare providers exhibit, it makes sense why there is still skepticism and wariness. The pandemic has been brutal for people of color, shining a light on already existing inequality in the US healthcare system. An example of the dissonance is shown

in this poll that US News cites: "14% of Black Americans believed it would be safe, and fewer than 2 in 10 believed it would be effective. Yet about half said they knew someone who had been diagnosed with COVID-19, and around the same number said they knew someone who had been hospitalized with or died from it."

This pandemic has crippled our nation, and one of its worst effects is that it has hit communities of color with low socioeconomic status the hardest. In addition to higher infection rates and hospitalizations, there is higher skepticism and resistance to treatments that could help us stem the pandemic. The current administration has taken steps to address this, with prominent figures like minister and civil rights leader Reverend Al Sharpton receiving a vaccine on television, as well as political leaders, as a measure to improve public confidence in the vaccine. With this weekend's approval of the Johnson and Johnson single-shot vaccine, we can hope that this increased supply leads to a fair distribution throughout the country. Although the disparities in healthcare have been difficult to see and harder for those to endure, the exposure of these issues and the intended remedies have great potential to help heal the United States in more ways than one.

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Author:



Maria Amorosso

Maria is a member of the Business Development team at H1 in New York City. Maria studied Psychology and Spanish at Colgate University, where she also developed a significant interest in the way the healthcare ecosystem communicates across disparate channels. During her career so far, Maria has demonstrated a detailed and attentive eye for new and emerging data trends, particularly as it is related to the healthcare market. When she's not helping out at H1, she enjoys running, reading and staying up to date on current events and politics.

Two Experienced Women in Science Transform Obstacles into Job Opportunities During the Pandemic

By Takara Scott | March 2021

The COVID-19 pandemic wreaked havoc across the world and caused uncertainty in our day-to-day lives. During these challenging times, a few themes emerged: layoffs, furloughs, delays, and even pauses in Medical Science Liaison (MSL) hiring. Sometimes the decision to leave the comfort of your current coveted company may be due to career or financial advancement, or to pursue a therapeutic area that you are most passionate about. Despite these obstacles, two experienced and ambitious MSLs discuss how they successfully transitioned to different jobs to pursue their passion. These women first met each other at the 6th Annual MSL Society Meeting in Las Vegas, NV in 2018. Both are dedicated women in biotech advancing patient care in oncology through therapies and unique approaches to innovation to improve treatments. They are enthusiastic about the opportunity to share their unique perspective on their daily role, responsibilities, and challenges as MSLs. Read about the women's journey as they share their experiences of job hunting, the application process, and "virtual" interviews during the "new normal."

Questions:

1. How would you describe the job market for MSL positions during this time?

Maria: The job market for MSL positions during the pandemic is very dynamic, volatile, and in constant flux. It causes a lot of uncertainties due to a lack of job security with furloughs, layoffs, and hiring freezes that are heightened especially during this time.

Takara: I was actually very surprised that lots of companies were still constantly posting openings for MSL positions. In fact, I had an influx of recruiters reaching out to me with various opportunities.

2. What were some of the challenges that you experienced when applying for a new job during the pandemic?

Maria: Examples - Initially, I had 12 good leads from top Pharma companies, which eventually came to a halt as a result of the companies' hiring freeze. I had to quickly adapt to new norms and be patient but adopt a new style of interviewing, like virtual interviewing. Learning smart ways to connect with people online through social media and video calls was critical. I practiced how to deliver impactful Powerpoint presentations virtually, which I never did before, while still impressing my audience. Technology issues, such as poor internet connection and the inability to upload my presentation properly, were unavoidable. Remaining calm when faced with such problems and conducting myself professionally while presenting seamlessly were very important lessons.

Takara: Due to COVID-19, video conferencing and the adjustment of interviewing virtually for 4-8hrs instead of going in-house at the company's home office. The interview was sometimes broken up over several days and there were lots of bandwidth issues on both ends so sometimes the camera had to be shut off in exchange for successful audio. This added another layer of difficulty of having a personal touch that is otherwise easily achieved in-person.

3. What were some of the resources that you used to land your new position?

Maria: Some resources that I used were mentors and internal referrals from my network, such as the MSL Society. Recruiters, MSL colleagues, and friends were very supportive when I let them know I was job hunting. I also utilized social media platforms such as LinkedIn and job search engines like Glassdoor.

Takara: I heavily utilized my mentors, recruiters, LinkedIn, Pay Scale, Glass Door, and my Medical Science Liaison Society network.

4. How did you decide whether to apply to pharma, medical devices or biotech MSL roles?

Maria: I applied to all kinds of industry companies so as not to limit my job search. I wanted to work for a Biotech company in Oncology focusing on cancer prevention and screening products because it aligned with my clinical and cancer research background.

Takara: Some companies are a hybrid of either of the three. I have had the opportunity to work for both pharma as well as for a biotech company. There are definitely some similarities, slight differences and pros, and cons to all three. I have interviewed for all three before and would have worked at either as long as there was a personalized/precision medicine component. That was important because I don't believe in a one size fits all approach to patient care.

5. What were key decision factors in selecting the best fit company to work for?

Maria: Location was by far the most important factor in my decision followed by the therapeutic area. Ultimately, I decided on a position in my home state because of the pandemic. I prefer working in a territory that includes where I live so I do not have to travel far or relocate. Deciding on the best fit for me also means being passionate about the Oncology therapeutic area and product pipeline, being inclusive in a positive working environment with healthy company culture and being a part of an amazing team with kind people who are led by a phenomenal manager.

Takara: Life is short. I want to enjoy getting out of bed every day to a career that I love. I want to work for an innovative company that is passionate like myself about saving and improving the lives of sick people. Therefore, the key decision factors for me were: 1) the company culture and collaborative team atmosphere 2) the management style of my future manager, 3) an exciting therapeutic area that challenged me and aligned with personalized oncologic treatment.

6. What do you feel was the hardest part of the interview process?

Maria: The hardest part of the process was interviewing for a therapeutic area I was not passionate about or presenting on a product that was not exciting to me. I always listen to my gut feelings when researching the company, learning the products, and meeting its people. Whenever my gut tells me something does not feel right, I trust it. Virtual interviewing also posed challenges because it was my first time at this, so I had to practice for hours and hours talking to a tiny camera on my computer screen to finally feel comfortable during an interview.

Takara: As I mentioned earlier, the 4-8 hour “new normal virtual interview process.” However, I think navigating your way through salary negotiations always seems to be the most awkward and daunting. Finally, having several offers from multiple phenomenal companies is an awesome achievement. However, it can also be extremely stressful in both selecting the “best fit of your best offers” and then gracefully declining the others.

7. What are some tips or advice on career progression or transition in this field?

Maria: The number one tip or advice I have on MSL career progression or transition in this field is to build a solid network in the industry. As updating your CV is very important because it gets your foot in the door, remember that it is your network that will open that door for you. Proper preparation is key even before landing interviews. Being adequately prepared by practicing multiple times for virtual interviews and Powerpoint presentations is critical. Knowing your worth and doing your research on salary compensation, especially salary negotiations, is very important. Practice aloud what you want to say and how you want to say it. Finally, be patient and stay positive. I cannot stress this enough. In order to transform obstacles into opportunities, you must stay the course and never give up! Remember, never forget those who helped you throughout your MSL career, and do pay it forward, always.

Takara: You have to seize opportunities, charter your own path, and be your own boss in driving your career. Identifying a mentor(s) will be a key driving factor to your success. Know that you are never too far along in your career to seek mentorship. Did I mention, NETWORK, NETWORK, NETWORK! Equally important, it's great to have a 5-10 year plan, but you should always be thinking about where you want to see yourself in the next 2-3 years. Small steady steps geared to first laying a strong foundation through the use of a realistic personal development plan, is a must! Identify the gaps in skills needed to get you where you want to go, and ascertain ways to develop those skill sets. Once that is in place it is much easier to work your way up the career ladder. Honestly, only you can decide on what is truly important to you in a career. Lots of people don't know the answer, so don't beat yourself up if you also don't know! However, it's never a better time to start proactively seeking those answers. Therefore, I challenge you to ask yourself these following questions, and I recommend that you start a pros and cons list for each: Are you happy getting out of bed every day in your current role? If not, what would make you satisfied? Do you enjoy your current therapeutic area? Do you want to continue as an MSL, or do you want to move into a management role? Do you want to stay in the field or relocate and work in the home office? Is the job title important to you? How important is financial compensation to you, and do you know your worth? How important is moving up the career ladder for you? Do you know what that path entails? Is vertical or lateral promotion important? What is your 2-3 year plan?

Authors:

Dr. Maria Abunto



Dr. Maria Abunto was born in the Philippines and raised in the United States. She received her MD from the University of the East and her MPH from the University of Pittsburgh. Her vast experience spans from being a Medical Director, an Epidemiologist conducting colorectal cancer research at the National Institutes of Health, and an MSL at a large medical device company focusing on stroke care. Currently, she is an MSL for a biotech company that tests to detect cancer early and transforms personalized treatment options for patients by providing smart answers at every step of the cancer journey.

Dr. Abunto holds leadership positions as a committee leader for Women's Rights with the American Public Health Association, a health mentor for the American Heart Association, and a peer mentor for the University of Pittsburgh Alumni Association. Maria enjoys giving back to her community as an MSL career coach with the Physicians Helping Physicians organization and is an active member of the MSL Society where she has been nominated for the "MSL Rookie of the Year" Award this year.

Dr. Takara A. Scott



Dr. Takara A. Scott was born and raised in St. Thomas, United States Virgin Islands. She graduated with a doctoral (PhD) degree in Biomedical Sciences from Morehouse School of Medicine and is a published author and experienced senior medical science liaison with combined 10+ years clinical and scientific expertise in oncology, urology, cardiovascular diseases, microbiome, genomics, and gastroenterology. For the past 4+ years, Dr. Scott in her capacity as MSL/Senior MSL served at a genomic uro-oncology biotechnology company and a pharmaceutical company, where she perfected the skills to quickly absorb, interpret, and relay essential information to key opinion leaders and a variety of audiences in the form of actionable items

Currently, she works as a Senior MSL at a personalized medicine oncology biotechnology company fulfilling her personal mission of saving lives by revolutionizing cancer care on a broad spectrum of cancer patients. Takara strongly believes in making a mark in people's lives by paying it forward and helping others climb the ladder to success. Therefore, she serves as a mentor to many aspiring and current MSLS. She is an active member of the MSL Society and was selected as a top finalist for the distinguished National 2019 MSL-of-the-Year award. In her spare time, Takara enjoys Zumba, interior decorating, and learning about various cultures through her international travels.

A Primer on Medical Ethics and the Power of Good Habits in Medical Affairs

By karolina | March 2021

MSLs are the stewards of medical and scientific information; we develop and maintain peer-level relationships with HCPs and researchers. These relationships, grounded in trust, respect, and integrity, allow MSLs to have thoughtful discussions. These scientific exchanges ought to be truthful, not misleading, and unbiased facilitating in peer relationship development with clinicians and researchers.

Recent events such as the opioid epidemic further disparage the industry as a whole, necessitating extra care in how we navigate ethical relationships. In addition, the COVID 19 pandemic also underscores disparities in the healthcare system and misuse or precious, life-saving resources. These and other examples illustrate the need for clear policies, documentation of MSL communications, and ethical awareness; all of which are essential to managing KOL relationships. The purpose of this article is to start a dialogue on ethics in Medical Affairs, increase our communal awareness, and be able to hit the “pause” button for thoughtful discernment.

1. Why is fostering ethical interactions important in the MSL profession?

The regulatory landscape and scrutiny underscore the importance of understanding the MSL role in the context of regulatory mandates and the need for routine compliance updates and training. In addition, well-drafted SOPs, thorough documentation of communication, and experience (i.e. best practice sharing) are critical for Medical Affairs professionals to be successful. However, compliance training is often seen as a prescriptive activity – telling you what you cannot do and how to stay out of trouble.

Understanding the context and principles behind medical ethics can be freeing. For example, scenario-based training on ethical interactions and common compliance scenarios is vital to encourage open dialogue within MSL teams and their organizational leadership. In addition, building a habit of looking through a medical ethics lens, along with SOPs and experience, is essential for navigating the issues Medical Affairs professionals deal with. In this article, we will highlight the four Medical Ethics principles and seven NIH guiding principles for clinical research.

1. What are the four principles of Medical Ethics?

Medical Ethics rests on four central pillars: autonomy, beneficence, non-maleficence, and justice. An MSL who is knowledgeable about these principles, compared to someone who lacks this substantive knowledge, is better equipped to ask questions, apply good judgment based on knowledge and expertise, and recognize how and when to escalate a situation. We briefly describe these four pillars below.

1. Autonomy: in a clinical trial setting, the study subject has the autonomy of thought, intention, and action when making decisions regarding healthcare procedures. Decisions need to be made free of coercion or coaxing.
2. Beneficence: the intent of doing good for the patient i.e. being patient-centric. MSLs play a crucial role in being a fair and balanced conduit of information for the physicians.
3. Non-maleficence: simply put, do no harm.
4. Justice: ensure that the burdens and benefits of a new experimental treatment must be distributed equally among all groups in society. Encourage fair distribution of scarce resources, competing needs, rights, and obligations – inclusion of minority groups with proper informed consent.

It is inevitable that the principles will conflict in certain cases (i.e. respect for autonomy will lead to one action and non-maleficence will lead to the opposite). Ethicists work on how to balance principles when they may compete against each other. Thankfully, in Medical Affairs we do not have to debate the details of the principles, however, a broad understanding of the principles and working with our Compliance colleagues will help navigate difficult situations. A useful resource to keep handy is the 2018 Global MSL Activity Guidelines which have been reviewed by PhRMA and other regulatory entities to crystalize key concepts related to the MSL role and functions (Hyder et al, 2018, MSL Society).

1. What are the seven guiding principles for clinical trials from the NIH?

In addition, the [National Institute of Health \(NIH\)](#) has published their 7 guiding principles: **social and clinical value, scientific validity, fair subject selection, favorable risk-benefit rationale, independent review, informed consent, respect for potential and enrolled subjects.** While the seven principles are the NIH’s north star for clinical research, unsurprisingly, there is significant overlap between these 7 principles and the 4 basic principles of medical ethics.

1. Importance of experience and building good habits

80% of New Year’s resolutions fail. Every year we set these lofty goals for ourselves and we wonder why they didn’t work out. In his best-selling book, *Atomic Habits*, the author James Clear writes, “What you repeatedly do (i.e. what you spend time thinking about and doing each day) ultimately forms the person you are, the things you believe, and the personality that you portray.”

In addition to healthcare ethics, it is also crucial to call attention to the importance of learning from peers and building good habits. New MSLs learn from their senior MSLs and managers. By shadowing and observing tenured colleagues, and asking questions, new MSLs make informed choices about their careers. Simultaneously, habits mold our attitudes, dispositions, and

character traits. James Clear writes, “Habits are the compound interest of self-improvement. The same way that money multiplies through compound interest, the effects of your habits multiply as you repeat them.” As MSLs, we can make an intentional effort to maintain trustworthiness, veracity, compassion, and integrity, one customer at a time.

In conclusion, this article is an introduction to healthcare ethics – it would be impossible to cover the minutia of the principles. The purpose of this article is to find like-minded individuals and encourage a principles-based approach to compliance, learn from each other’s experiences, and building good habits in our interactions.

Additional Resources:

Bander Center Consulting Group: <https://www.slu.edu/medicine/bander-center/index.php>

Belmont Report: <https://www.hhs.gov/ohrp/regulations-and-policy/belmont-report/index.html>

Common Rule: <https://www.hhs.gov/ohrp/regulations-and-policy/regulations/common-rule/index.html>

Declaration of Helsinki: [https://www.who.int/bulletin/archives/79\(4\)373.pdf](https://www.who.int/bulletin/archives/79(4)373.pdf)

Nuremberg Code: <https://www.nejm.org/doi/full/10.1056/NEJM199711133372006>

Veracity in Medicine: <https://www.thelancet.com/pdfs/journals/lancet/PIIS0140673603149914.pdf>

Guidelines for MSL Activities, 2018, MSL Society: <https://www.themsls.org/msl-guidelines/>

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Cherie Hyder is Senior Director, US Head of Medical Affairs, with more than 15 years of MSL experience in the field. She has been involved in research for more than 30 years, starting as a bench researcher in Genetics. She completed a Bachelor of Science

degree in Molecular Biology and Chemistry at Iowa State University where she led Genetics research projects for over 5 years. Her education continued at the University of Missouri where she received a Doctor of Pharmacy degree with the intention to devote her career fully to clinical research. She has multiple adjunct faculty appointments and enjoys teaching opportunities. She worked for the FDA for 5 years, focusing on the review of the safety and effectiveness of novel medications.

Her experience in regulatory compliance brought her to Eli Lilly as a Regulatory Scientist and led her to attend law school; she has a business development and in-licensing background as well as experience balancing portfolios for major PhRMA companies; she has been employed by Eli Lilly, Pfizer, Novartis, Regeneron, Solvay, and Avanir in Regulatory and Medical roles supporting new product development. In August 2016, she joined Alimera Sciences, leading the US MSL team, building compliant internal processes, and developing a Medical Affairs infrastructure.

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