THE MSL

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How to Manage Objections in KOL Interactions to Enhance Insights and Elevate Relationship Development

Rethinking for Success: Embracing the MSL Mindset Through Insights From Adam Grant's 'Think Again'

A Modern Manager's Guide to MSL Onboarding and Development Part Two: Progressive Competency Development

Bridging Science and Humanity: Exploring the Impact of Narrative Medicine on the MSL Role

Utilization of Training, Coaching, Mentoring and Managing to Increase Digital Agility

The Role of Artificial Intelligence (AI) in the Future of Medical Affairs: Insights and Perspectives

Diverse Perspectives, Better Medicine: Advancing Medicine Through Diversity in Research

Navigating the Uncharted: Best Practices for Rare Disease Medical Science Liaisons

MSL Diary: A Tale of Determination and Dedication

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Letter from Editor

By Cherie Hyder, PharmD, MSL-BC | Fall 2023

Welcome to the Fall edition of The MSL Journal! Fall is my favorite time of year as you begin to feel the crisp chill of weather changing, leaves crunching beneath your feet, and smell wood burning in fireplaces and outdoor fire pits! It is finally time for the s'mores!

This edition is incredibly full of amazing insights, tips, and novel ideas covering areas of top interest from how we aim to focus on patients to elevate their voice within our KOL discussions, the ever-expanding use of AI and digital agility that is quickly becoming an essential skill for MSLs, to continued focus on growth and development to hone skills and build new ones that will allow MSLs to deliver the most value to all stakeholders. This is a lot to cover in one edition and I have to say that I am so impressed with the content our authors share in this edition!

As we move toward the close of 2023, we begin to take stock of what we have accomplished, setting our sights on 2024 and how we plan to chart a new course! Field medical affairs continues to evolve with increasing use of our expertise earlier in development; there is a definite focus on research liaisons to support efficiency and focus on clinical trial efforts that will bring novel therapies to waiting patients and clinicians. Demonstrating value through more than metrics is now a focus of our company leaders more than ever. Seek to define value in clear terms and communicate the impact that builds on the existing metrics. Focus on how education and knowledge are delivered; was it effective? Do we prioritize field efforts sufficiently or do we use a broad list of field activities, allowing a more freeform approach to what is actively done in regions? How can the prioritization be more consistent, and agile to shift quickly as needs in the organization change and communicate in both directions internally and externally within our companies? These are areas we will continue to emphasize as we move into 2024 and beyond!

What will our field teams need to succeed in a complex, expanding environment? Skills such as: discipline, determination, strategic focus, networking to foster relationships and collaboration to leverage a wide array of strengths, expertise, and capabilities, and much more. Finding the narrative in a storytelling context is vital to capture attention with data, using more fine-tuned data to drive decision-making, and polishing communication skills, particularly with active listening are areas I encourage teams to invest in for development. And, a growth mindset mandates the ability to deal with uncertainty in a positive light, embracing discomfort and leaning into change as a means of moving toward innovation. We will not grow or innovate if we are not willing to change. All of these focal points are now part of a global mindset where we connect our efforts beyond

countries and see how our partners can help us advance the cause for novel medicine and treatments.

Fall signals a time to move into holiday mode and perhaps slow down the pace; I hope everyone can find time to read through this edition with such impactful content that will help bring focus, new ideas, and extra fervor to dive into 2024 with renewed energy! Thank you for being part of the MSL Society medical affairs community that learns together, supports one another, and makes a difference each day!

Until next year, happy reading and take time for wellness!
Cheers, Cherie

About the author:

Cherie Hyder, PharmD, MSL-BC

Cherie Hyder is a Syndicated National MSL Director at Syneos Health. In her previous job at Biohaven Pharmaceuticals, she supported a virtual launch of Nurtec ODT for acute migraine. She has been involved in drug development for more than 30 years, working at the FDA in CDER and pharmaceutical companies including Pfizer, Lilly, Novartis, Solvay, and Avanir, among others. At the 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.

2023 MSL of the Year Awards: Perspectives From Winners

By Samuel Dyer, PhD and Jeff Kraemer, MS | Fall 2023

The 2023 MSL of the Year Awards took place during the 11th annual MSL Society Conference in Miami (August 29th-31). The purpose of the annual awards is to recognize excellence within the MSL Profession and are open to any MSL and MSL Manager worldwide.

During the Awards Night Celebration, the MSL Society recognized 33 finalists from 11 countries. Among these finalists, a winner was announced in each of the 8 award categories, which included MSL of the Year (both USA and outside the USA), MSL Rookie of the Year (both USA and outside the USA), MSL Manager of the Year (both USA and outside the USA), and MSL Rookie Manager of the Year (both USA and outside the USA).

A distinguished panel of 9 highly experienced global MSL leaders from the pharmaceutical, biotechnology, and medical devices industries evaluated all the submissions. Each award category requires four letters of recommendation from a KOL or Direct Report, a Manager, a Peer, and a Cross-Functional Team member.

During a month-long evaluation and review period, each judge independently evaluated the four letters of recommendation and introspective questions on a scale from 1 to 10. An awards system platform was utilized to determine the winners based on the total scores from each of the judges. The highest-scoring application in each award category was determined to be the winner. Importantly, all individual judging results were blinded, which means none of the judges knew how their fellow judges had scored an application. As a result, none of the judges knew who had won in any category until the winners were announced during the Awards Night Celebration.

We interviewed several of the 2023 award winners immediately after they won and asked them to share their thoughts on winning the award, the significance of receiving the award, and their advice to others in the profession.

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

George Limen: Hearing my name pronounced as the winner of the 2023 MSL Rookie of the Year was one of the greatest surprises of my entire life. When I was walking to the session, someone asked me if I had prepared an acceptance speech and just laughed. So, I am still waiting with a lot of curiosity to watch a video of my acceptance speech – I was so surprised to the point that I have no recollection of what I said. I came to the room ready to celebrate the winner – whoever it turned out to be. Not like I thought I was less deserving, but more because I knew the twelve (12) finalists for the MSL Rookie of the Year award were equally deserving and have individually achieved a lot in their respective roles/companies. So, I still believe that all the finalists won and I was called on stage to receive the award on behalf of the finalists in my category.

Peter Schofield: My initial reaction was one of surprise and disbelief, due to the quality of the other finalists! This gave way to sheer joy (and relief)! I feel very fortunate to have had this opportunity to be nominated and take part in the competition, and receive support from my local KOLs and the Novartis team.

Andrew Boyle: My initial reaction was just shock and surprise. By the time I had completed my submission on 16th July, I really hoped I would win, but when I knew there were 5 finalists, I knew the odds were not in my favor so I tried to persuade myself I wouldn't win. So when the announcement was made, the first thought was "Oh no, now I'm going to have to say a few words… what on earth am I going to say?!"

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

George Limen: Personally, I would say this award made me feel like the work I do actually matters. The MSL job can be a little fluid sometimes and the fact that I was able to win this award tells me that I am able to explain to someone what my job is. Professionally, this award enhanced my visibility within the medical affairs community as well as with the HCP/KOL community. For instance, on LinkedIn, I received a lot of support from clinicians and KOLs within and outside of my territory. Also, I have had a lot of support and words of encouragement from my company and from my direct leadership and I am grateful for their support.

Peter Schofield: I am extremely excited and proud of this achievement – it has made me feel like all of my hard work this last 18 months has been validated. It is challenging to make a major career change (in my recent case from over 12 years of medical research), it is quite natural to feel a touch of imposter syndrome while you find your feet. This award gives me confidence that I am on the right track as I develop my skills in Medical Affairs. It has given me optimism that my next exciting steps in career development and chances to make an impact are closer than I previously thought!

Andrew Boyle: I know I mentioned on stage that my life has been a real rollercoaster over the last 7/8 years. I won't go into all the details (impossible in 3-5 sentences!), but a key factor is that I've had a long Covid for 35 months now and I have to manage the fatigue and brain fog/memory lapses on a day-by-day basis. As I had been on sabbatical for over 4 years when I took this job, I had no idea how rusty I would be, or how manageable full-time work would be, especially as I had been told by an experienced recruiter that I probably couldn't do a full-time or MSL-type job anymore. Every day, I notice how my brain doesn't work the way it used to, but I have had extremely understanding managers who allow me to manage my condition and workload as I see fit, so this award is vindication for them taking a risk on hiring me, for the experience I brought to the table, despite the challenges I face. It's also a huge confidence boost for me, to know that I can still do the job and have a really important impact, and it vindicates my approach to the role when a couple of really poor managers have attempted to undermine that in the past.

Do you have any advice for your colleagues/peers?

George Limen: The MSL role is a team sport – the easiest way to succeed is through collaboration. The most impactful outcome you will accomplish as an MSL is most likely going to be through cross-functional collaboration. Collaboration is key. Secondly, I describe the MSL role as relationship-building/management through science communication. As an MSL, you need to balance these three arms – relationship building/management skills, scientific acumen, and communication skills. Thirdly, as an MSL you need to stay hungry for knowledge. If you are not ready to be a lifelong learner, then the MSL role may not be the best career for you. Importantly, you need to be a good listener, you need to be coachable/teachable and you also need to be a coach/teacher. Stay motivated, stay happy, and celebrate the micro-victories.

Peter Schofield: Attitude is everything, it trumps all existing skills. In medical affairs, always meditate on putting yourself in the shoes of both your customers and also their patients, and keep this perspective to satisfy your curiosity. Tackle each challenge in an earnest and humble way, never being afraid to ask for help, and always being appreciative when it is given to you. Be excited about the potential input you could have in a team problem or challenge – be vocal and constructive, but always open to

learning something. Every person you interact with in your professional and personal life is an opportunity to learn something new. More often than not, the effort you put into helping other people will be worth 10-fold to them the effort you have expended, so get involved!

Andrew Boyle: If you have high standards, enjoy building relationships and sharing knowledge, and are motivated by making a difference for patients, you won't go far wrong. Knowledge is power, but that takes many forms – yes, you need to know the product(s), the studies, and the disease itself, but you also need to know who your customers are, what makes them tick generally and on any given day, who/what can prevent or facilitate them using the product, and sometimes, the little things, like whether their sports team just won/lost... And know yourself – be self-aware, don't take too much of their time, but also don't undervalue your time. The phrase 'it's who you know, not what you know' has been more relevant than expected, and will certainly help in your career, but there's always some luck involved, too. Having the right knowledge, experience, skill set, and attitude, is important, but to truly flourish, you need the right boss and the right job at the right time, so patience and rolling with the punches are essential traits, too!

About the author:

Dr. Samuel Dyer
CEO and Chairman of the Board

Dr. Samuel Dyer is the CEO of the Medical Science Liaison Society and has over 23 years of international MSL experience. During his career, he has managed MSL teams and operations in over sixty countries across the United States, Canada, Europe, Africa, the Middle East, Australia, and New Zealand. He has facilitated the successful launch of pharmaceutical and medical device products for both Fortune 500 pharmaceutical companies and small biotechnology companies.

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

While leading the MSL Society, he has conducted MSL training programs for over 50 pharmaceutical, biotechnology, and medical device companies in more than 15 countries. Dr. Dyer has also written extensively on the Medical Science Liaison profession, including numerous published articles, benchmark studies, and reports. He has been the keynote speaker and moderated numerous international conferences on various MSL–related topics, including creating teams, management, MSL training, proper utilization of MSLs, global trends, and the KPIs and metrics used to measure MSL performance. Dr. Dyer has also served as a resource and consultant on a number of MSL–related projects for several organizations, including McKinsey & Company and Bain & Company.

Dr. Dyer has a PhD in Health Sciences from Touro University and attended medical school at Washington University (Health & Science) School of Medicine. He has a master's degree in Tropical Biology (where he studied in the Amazon) from Southern Illinois University Edwardsville and a bachelor's degree in Biology from the University of the State of New York. Dr. Dyer also completed a certificate program for Executive Leadership and Strategy in Pharmaceuticals and Biotechnology at the Harvard Business School.

Jeff Kraemer
Director of Online Resources

Jeff has multiple years of experience in the Pharmaceutical and Biotechnology Industries and has worked for Eli Lilly and Co., Roche Diagnostics Corp., among others. He began his career as a Molecular Biologist at Washington University School of Medicine where he was one of the
contributing scientists on the Human Genome Project. He then served as a Molecular Biologist in the Pharmaceutical Industry researching genetic variations in a number of diseases and has worked with numerous researchers investigating the latest in DNA science.

For the last several years, Jeff has been very involved within the MSL community. He is a founding board member and was an advisor for the creation and launch of the MSL Society. In
addition to this role as a board member, as the Director of Online Resources for the MSL Society, he manages the live webinar training programs and he has been involved in the creation of numerous educational materials for the Medical Science Liaison role. Jeff has also been heavily involved in the creation of the new MSL Society Presentation & Communications Skills Program offered by the MSL Society and has helped facilitate live MSL Presentation and Communication Training programs offered by the MSL Society in multiple countries. He has recently attended several MSL conferences as an advisor and facilitator. He also recently co-authored an article on MSL training that was published in PM360.

He has given presentations at scientific meetings and in addition to his role with the MSL Society; Jeff has also served as a college adjunct professor and has extensive experience in
teaching and developing training materials/programs.

Jeff has a M.S. (Master of Science) in Molecular Biology from Southern Illinois University. He also has a B.S. (Bachelor of Science) in Biology from Eastern Illinois University.

How Long Do MSL Hiring Managers Spend Reviewing a Resume?

By Samuel Dyer, PhD | Fall 2023

Breaking into the Medical Science Liaison (MSL) profession is very competitive! Your curriculum vitae (CV)/resume is often your first and only opportunity to make a positive first impression and grab the attention of hiring managers. ("Resume" and "CV" are often used interchangeably within MSL job descriptions, but by definition, there are differences between them that determine their usage for most other professions.)

In a profession where specialization and precision are paramount, understanding the dynamics of this critical process is essential for MSL applicants to stand out from the competition in order to secure their next role (aka THE greatest job in the world!).

The statement, "Your CV needs to grab the reader's attention quickly," couldn't be more applicable to MSL hiring managers. To get noticed, your CV must be focused on meeting the employer's specific needs. This involves customizing your CV to align your relevant skills, experience, and accomplishments as closely as possible to the requirements outlined in the job description. As a result, you will need to create a customized CV for each MSL role you apply for.

Length of time MSL hiring managers spend reviewing a resume

Typically, when MSL hiring managers receive a CV, they will initially review it quickly to determine if it's a match to their needs for the role. When I received a CV as an MSL hiring manager, I typically spent less than three minutes conducting an initial review. While preparing the 2nd edition of my book "*The Medical Science Liaison Career Guide: How to Break Into Your First Role*", I conducted (as part of the MSL Society) a global survey that included 185 MSL hiring managers to understand the hiring practices for the MSL profession. This survey is the first time the hiring practices of MSL managers have ever been revealed, and the data is published exclusively in the 2nd edition of my book. The survey consisted of 39 questions, including a specific question regarding the length of time MSL hiring managers spend initially reviewing a CV/resume. The survey revealed that most hiring managers also conduct a quick initial review as well. In fact, a majority (59%) of MSL managers, both globally and in the U.S., spend less than three minutes on an initial CV/resume review (Tables 1 and 2).

Table 1. Survey question: "On average, how much time do you spend reviewing a CV/resume the very first time you review it (aka 'first pass')?"

Average CV Review Time	
5 seconds or less	1%
15 seconds or less	1%
30 seconds or less	10%
1 minute or less	13%
1 - 3 minutes	34%
3 - 5 minutes	23%
5 - 10 minutes	15%
10+ minutes	4%

2018 "MSL Hiring Practices Survey," MSL Society
185 MSL Managers
Global Results

Table 2. Survey question: "On average, how much time do you spend reviewing a CV/resume the very first time you review it (aka 'first pass')?"

Average CV Review Time	
5 seconds or less	0%
15 seconds or less	1%
30 seconds or less	13%
1 minute or less	15%
1 - 3 minutes	30%
3 - 5 minutes	24%
5 - 10 minutes	13%
10+ minutes	3%

2018 "MSL Hiring Practices Survey," MSL Society
97 MSL Managers
U.S. Results

The quick initial CV review conducted by MSL managers necessitates that your resume instantly conveys your relevant skills, experience, and accomplishments in a way that captures the hiring manager's attention and interest.

Why MSL resumes are given a cursory glance

The first reason is the sheer volume of applications that MSL job postings tend to attract. MSL managers are inundated with CVs for every MSL vacancy. Due to the unique nature of the MSL position and the lucrative compensation and opportunities it provides, the competition for these roles can be fierce. Hundreds of applicants may submit their resumes for a single MSL job opening.

The second reason is MSL hiring managers are typically experienced Medical Affairs professionals who are seeking specific

qualifications, skills, and experiences that directly align with the needs of the MSL role they are hiring for, so they are able to assess a CV quickly.

In addition to the rapid initial three-minute scan, MSL hiring managers will also dedicate additional time to a second review if your CV passes the initial screening. During this second pass, the manager will typically delve deeper into the details of your qualifications, experience, and overall fit with the role. As a result, again, it's critical to ensure that your CV is not only attention-grabbing but also aligns with the needs of the role outlined in the job description.

An effective MSL must be an excellent communicator. I have always said the MSL role is NOT a scientific role but a communication role through science! Your first opportunity to demonstrate your communication skills and relevant expertise—and your only form of initial communication with potential employers—will likely be through your CV/resume. This single document serves as the determining factor in piquing the interest of a hiring manager, recruiter, or HR representative. A well-crafted CV leaves an immediate positive impression, while a poorly constructed CV will likely prevent you from being considered or ever being granted an interview.

Reference:
Dyer, S. J. (2023). *The Medical Science Liaison Career Guide: How to Break Into Your First Role* (2nd ed., p. 236).

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How to Manage Objections in KOL Interactions to Enhance Insights and Elevate Relationship Development

By Cherie Hyder, PharmD, MSL-BC | Fall 2023

Introduction

When facing objections in thought leader engagement, it is time to ask strategic questions to go beyond the surface-level opinions and guide the conversation to new understanding. Objection handling represents an opportunity to strengthen relationships, establish credibility, and be a resource to help solve problems, provide additional information to further educate on key topics, and deepen understanding.

When the conversation takes a negative tone with dissenting views, it may seem best to avoid an argument and shy away from debate, however, this is the time when medical affairs is called upon to rise to the challenge and lean into the opposing opinions with intellectual curiosity, emotional intelligence, and poise. Conflict in discussion presents the need to understand the "why" behind each position which is integral to gathering useful insights. Letting objections and differing views or opinions go unaddressed is a lost opportunity; exploring divergent views allows us to gather vital information and insights that can make a significant impact when shared with internal stakeholders. Do not walk away from the debate; take the agenda detour together and find the deeper knowledge that can be quite insightful and illuminating.

Benefits of Managing Objections

The benefits of effectively managing objections will pay dividends for the MSL long-term. The ability to listen first, understand the HCP, and try and walk in their shoes will help the MSL to respond without reacting and prevent creating an antagonistic relationship with the HCP. Many times, an HCP will just want an opportunity to vent and be understood. Your ability as an MSL to be an empathic listener, a creative problem-solver when appropriate, and respond with accurate scientific information will help to manage objections and grow the HCP/KOL relationship over time.

Building Strong KOL Relationships: An Engagement Framework

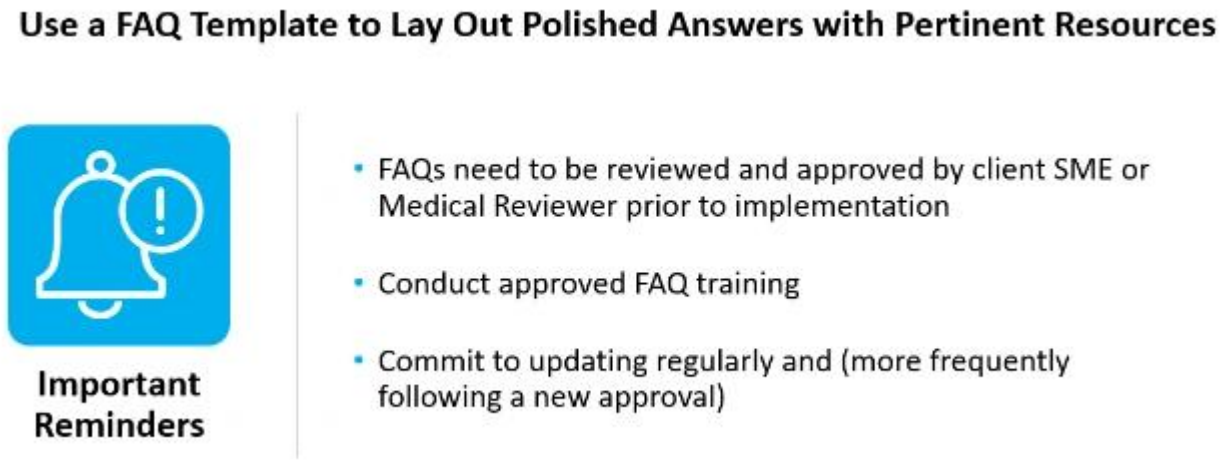
While MSLs are often considered peers of the HCPs/KOLs they interact with, it can sometimes take a while for the KOL to recognize MSLs as such. The framework shown below illustrates relationships with KOLs and the idea that they must be built over time. Your goal as an MSL is to work from the outside in to eventually be seen as a partner with the HCP/KOL.

The rationale for using this model is to help you with planning for, conducting, and following up on scientific exchange discussions with external stakeholders – HCPs/KOLs. MSLs should apply scientific knowledge and business acumen to the various stages, as appropriate. Using the "Engage" component of the model, shown in the figure below, helps to represent an effective approach to an HCP/KOL interaction.

At the recent MSL Society 2023 Annual Meeting, an Objections Handling pre-conference workshop was conducted with over 60 participants, primarily made up of MSLs and Senior MSLs. The facilitators opened the session with a brief survey among participants inquiring if they had received any training or guidance on managing HCP/KOL objections and disagreements. To our surprise, 57% of the participants responded "No". The 43% that responded yes indicated that they use a variety of tools for objection training at their companies. These included: standard response letters (SRLs), their colleagues and co-workers, frequently asked question documents, their manager, and internal medical experts. The bulk of responses around the current training for objection handling are related to getting scientific information to help answer the question. Very little, if any training and focus, is being given toward the important process of how to listen and respond to these objections in a way that can truly be constructive in the moment over the long term. This audience's response was a great reminder of the importance of objection-handling training for field medical teams.

Planning for Objections

When you know challenges will arise in discussions, layout polished answers; use a FAQ approach and practice verbalizing answers on the MSL team. Practicing with triads works well in role play where one person is an observer, one is the MSL, and another is the KOL. Rotating roles allow each MSL to view the objection handling from various points of view, allowing each to learn from the other with crisp and accurate verbalized answers.



Consider all Resources:

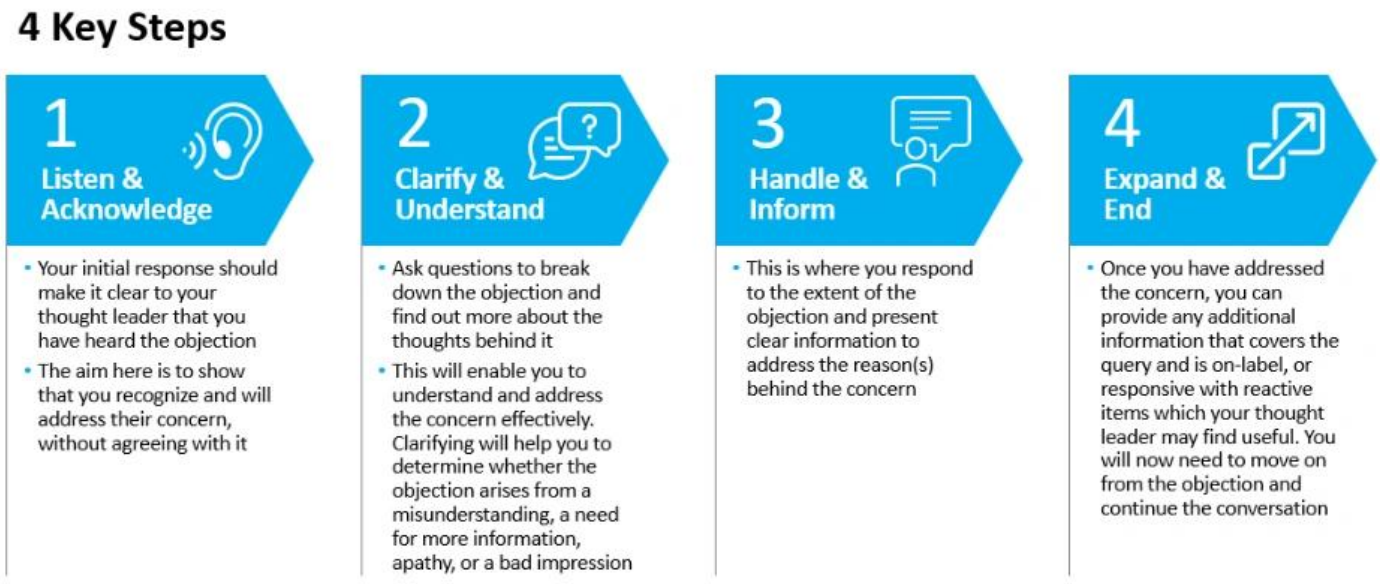
Go beyond the PI; when questions arise, it may seem easy to reflexively provide a quick answer, yet there is an even greater opportunity to ask why the question is important or further clarify what is being asked such that additional resources come to mind providing a well-rounded, polished and thoughtful answer that goes beyond a quick comment. Some resources to consider when planning for challenging questions or objections include:

- Product PI: know all aspects of the PI thoroughly
- Sales aids: maintain current knowledge of what commercial is using to present data, their messages, and resources
- Speaker deck: know-how speakers position the data and patient needs
- MSL core medical decks: ensure consistent presentation of medical data; listen to other medical colleagues present the same data
- Payer / HEOR decks: stay current with data used to present to payers
- Standard Response Letters (SRLs): know which formal letters may supplement information; ensure up-to-date knowledge of all SRLs
- Company publications: what additional or new data has been published?
- Company posters: with each conference, there are often new pieces of data shared that enhance conversations when needed
- Clinical Study Reports (CSRs): read the pivotal and important trial reports; be prepared to search for data when needed to help address questions
- Marketing data: ensure awareness of data captured such as sentiment analyses, disease state and competitor landscape information, surveys, etc.
- Additional resources: look beyond company data; publications, posters, presentations, intelligence, thought leader commentary, CME programs, and more

While all these sources will require significant time and effort to read and digest, it may be possible to divide this effort among the MSL team to keep abreast of any new information and resources to share with them. Taking time to become a true scientific expert for a given product and condition will allow for enriched thought leader discussions and deeper, more strategic intersections that help shape medical strategy and enable impactful dialogue with internal stakeholders.

The 4-Step Method to Manage Objections

Many times, objections and conflict arise in engagements with HCPs/KOLs when the HCP feels that their interests are being opposed or negatively impacted by circumstances out of their control. The MSL Society workshop and this paper introduces a simple but effective method to manage objections with an HCP and work towards a mutually beneficial outcome for both the HCP and you, the MSL.



Step 1:

Take the detour and then continue the discussion

- Validate their concerns

- Show interest in what they are sharing
- Gather insights about WHY they are concerned and what impact it has on their treatment decisions.

Being an active listener, validating their concerns, and showing empathy will help to de-escalate the situation and help the HCP/KOL understand that you as the MSL are there to help them.

Step 2:

Time to ask clarifying and probing questions:

- Would you like me to discuss some of the factors that may have contributed to this data?
- What specific concerns do you have?
- Would you be interested in reviewing additional data related to this?
- When you decide on a treatment plan for your patients, which clinical trial data are most important to you? What are you looking for in a treatment?

Share appropriate data and supporting information:

- Provide clinical data, supporting information as appropriate after clarifying questions and probing for a deeper understanding of interests.

It is not until Step 3, and well into the discussion, that you should bring data and supporting information to the discussion. Not jumping so quickly to the "fix it" mode will help you to listen first and then respond with an informative answer after fully hearing out the HCP/KOL concerns.

Step 4:

Expand on the resources that apply to this concern

- Ensure a thorough review of related materials and items that can be helpful in providing context and useful responses to this inquiry.
- Close the objection by re-affirming key data/points
- Check to establish thought leader acceptance of this response and identify any outstanding aspects of the objection to address
- Depending on the thought leader's response to the information provided, you may need to proceed to discuss related topics or end the detour and move back to the planned agenda

Once you have confirmed that the objection/concern has been fully addressed, the MSL may then return to the original agenda for your meeting. Even though detours and HCP objections will often come your way as an MSL, using this 4-Step method will help you be more professional and under control to adequately listen, validate, respond, and then return to your agenda.

Workshop Small Group Exercises

After a review of the FAQ template for aligning consistent answers to questions and the 4-Step method to manage objections, workshop attendees worked in table groups of 3 to practice the 4–Step Method in a scenario-based exercise. The groups of 3 were designated as the HCP, MSL, and Observer. The HCP scenarios focused on one of four categories: 1) a safety concern, 2) HCP does not have enough time, 3) HCP says I cannot find a patient, and 4) HCP has a negative perspective.

Table Group Discussion and Comments

The feedback from the attendees regarding the scenario sessions was very positive. The attendees enjoyed the simplicity of the 4-step process and voiced that it was helpful to have an observer provide additional feedback about the use of the 4-Step method to work through the objections.

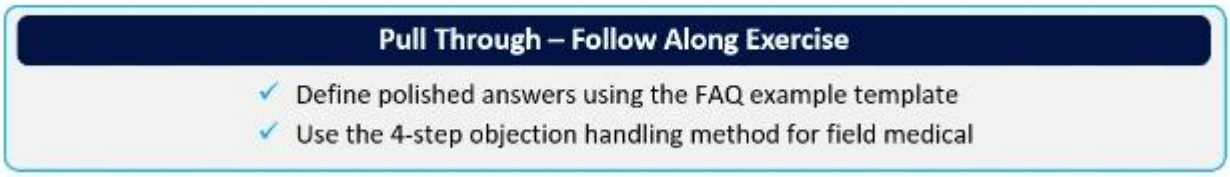
Workshop Survey Data

During the recap and closing of the workshop, attendees were asked to share a best practice they learned today. 82% of attendees responded with a plan to implement a better way to engage HCPs when faced with objections. Most respondents said they would ask more questions, be empathetic, listen, and clarify to understand the concerns being shared by an HCP/KOL. All these methods are reflected in the 4-Step Method.

Discussion

This workshop emphasized the importance of continued training in objection handling with HCPs. Most attendees had not had any formal training in this area. Using the FAQ tool to standardize medical responses and the 4-Step method to process through objections are two important and effective mechanisms to help MSLs not get derailed when HCP dissent occurs.

Asking more questions, being empathetic to the HCP/KOL concerns, and not trying to fix it first are key components to overcoming these detours.



Conclusions

Learning to lean into HCP/KOL objections and not feeling like you must avoid, react, or escape from the topic are key elements to successfully overcoming objections. Additionally, using the simple scenario-based practice sessions to role play the 4-Step Method is another way to provide a continuous improvement opportunity for your team.

About the author:

Larry Dollar, PharmD, MS, MSL-BC

Larry Dollar has been a Senior Director and Field Medical Head at Takeda Oncology since 2014. Larry has also served in various MSL and MSL Director roles with Sanofi/Aventis, TAP, and Millennium Pharmaceuticals since 2000. He received his BS in Pharmacy from the University of Kansas, his MS in Pharmaceutical Sciences from the University of Missouri-Kanas City, and his PharmD from Idaho State University. His pharmaceutical career also includes experience in clinical research, medical research, and regulatory affairs. Larry currently lives in Prairie Village, Kansas, and enjoys spending time with his wife and four children.

Cherie Hyder, PharmD, MSL-BC

Cherie Hyder is a Syndicated National MSL Director at Syneos Health. In her previous job at Biohaven Pharmaceuticals, she supported a virtual launch of Nurtec ODT for acute migraine. She has been involved in drug development for more than 30 years, working at the FDA in CDER and pharmaceutical companies including Pfizer, Lilly, Novartis, Solvay, and Avanir, among others. At the 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.

The Value of MSLs in Clinical Trials

By Reinhard Berkels, PhD | Fall 2023

Traditionally, MSLs are deployed 24 to 12 months prior to a new product launch. Several smaller as well as larger pharmaceutical companies have come to the conclusion that it would be very valuable to deploy MSLs in their late-stage clinical trials even earlier. Some large companies even have pipeline MSLs that are solely responsible for working in clinical development to support and identify trial sites. Reports of the MSL society also show a general industry trend to an earlier deployment of MSLs (36 % in phase II, 46 % in phase III) in clinical trials.1

To my knowledge, there are no peer-reviewed papers or concrete data on how much value an MSL can bring in clinical trials (e.g., how many or how much faster patients were enrolled) also because this is a concerted effort of the clinical operations

team. But there are anecdotal reports about that and often Medical Affairs (MSLs) are called into clinical trials when patient recruitment is lagging behind expectations. This indicates that Medical Affairs can help with patient enrolment. There is also some data available that Investigators with a positive sponsor “Experience” enroll twice as many patients in clinical trials.2 Having a trusted partnership between an MSL and an investigator clearly fosters that. In addition in some therapeutic areas like oncology, there is competition for patients to be enrolled in clinical trials where this partnership could also bring value.

I believe that MSLs are in a unique position to interact with investigators with their deep knowledge of science, the disease, the mode of action, and the available clinical data as well as pipeline knowledge. Upon unsolicited requests or if a confidentiality agreement is in place (which is mostly the case with investigators) they can also discuss available clinical data on the molecule as well as on the pipeline which is of interest for investigators. The main activities of MSLs in clinical trials besides building a trusted partnership would be site/investigator recommendation (84 %), site education (47 %), and investigator meetings (52 %).3

MSLs can build partnerships and advocacy and bring back insights on clinical trial designs, patient experiences, and unmet medical needs to R&D and Medical Affairs. In addition, they can relate site questions and concerns to the respective CRA to enhance patient enrolment. Another activity could be the training of the study team on the new molecule. Armed with this knowledge and the partnership built with investigators they are in an optimal position to move on to reach out to other external experts beyond clinical trial sites and start into the pre-launch phase. The building of trust and partnership with investigators could also create value in the pre and post-launch phase if the investigators share their hands-on knowledge and experience with the new molecule and potentially advocate for it.

The profile of an MSL is complementary to those of CRAs (site primary contact, site training, initiation, monitoring and closeout, trial master file maintenance) or clinical trial educators (Supporting the recruitment plan and the CRA, tracking and reporting site recruitment, optimizing referral and trial awareness) with little overlap. Good communication and understanding of the different profiles and tasks and close collaboration and alignment are still mandatory.

These findings and arguments make a compelling case for an early deployment of MSLs in clinical trials before engaging in a pre-launch setting.

There are still some open questions such as how to concretely measure the value of the MSL deployment versus other clinical functions such as CRAs and clinical trial educators. Another thought is that clinical trial educators might be a great source of talent for future MSLs given the right academic credentials.

Another obstacle is obviously the budget needed for a very early deployment of MSLs. Depending on the owner of the payroll there might be little appetite for an affiliate to deploy FTEs several years before a launch. Understanding and communication of the value of MSLs in clinical trials are critical and conversations with R&D or regional or global Medical Affairs organizations may also be a solution if there is willingness to split or take over costs.

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About the author:

Reinhard Berkels, PhD

Reinhard has more than 17 years of Medical Affairs experience in the pharmaceutical industry, holding country-level, regional, and global roles. He has successfully covered all facets of Medical Affairs, including launch readiness, digital transformation, RWE generation, medical education, MSL excellence, and medical strategy, and was responsible for leading Medical Affairs teams with direct accountability to senior management.

Reinhard has a broad knowledge of healthcare ecosystems and deep therapy area expertise spanning cardiology, neurology, and immunology. Prior to his current role as Head of Medical Affairs Strategy at IQVIA and before moving into Medical Affairs, Reinhard gained experience in drug discovery and pre-clinical development in the pharmaceutical industry.

He holds a PhD degree in Biology from the University of Cologne and is a lecturer (Privat-Dozent) for Pharmacology at the University Clinic of Cologne.

Empowering MSLs to Be the Kings of Pharma’s New Frontier

By Marcus West | Fall 2023

Medical Science Liaisons face a range of new challenges and organizations are increasingly leaning on them to engage with HCPs to build both market performance and brand reputation

Introduction

The MSL role is fast emerging as a principal player across a post-COVID landscape where HCPs are demanding high-caliber information that addresses their specific needs. Delivering the science and data in a compelling fashion has always been a critical MSL function, but it has gained added significance as HCPs move away from traditional patterns of engagement with pharmaceutical companies. It is an arena of great promise, yet it is littered with barriers if field medical teams are not given the skills to match their new responsibilities to tailor high-value scientific information to individual needs.

Providing MSLs with coaching above and beyond process-focused training has been identified as an integral part of a business strategy that generates field force excellence. But this involves more than bolting on coaching sessions. It is a culture change. This whitepaper highlights the need to resource coaching initiatives and empower medical managers – who may have no coaching experience at all – to drive programs that deliver long-term performance results.

The structures of coaching MSLs as they range across pharma's new frontier are still being defined, which is why it is important to share learnings and experience and address issues and technical chokepoints to enable medical field teams to prosper. Coaching initiatives should become a part of an organization's DNA and play a significant role in creating an environment where MSLs can flourish and return increased value.

Reframing attitudes to coaching

The dictionary definition of coaching is clear: it is an act of preparing someone for a task or event or to improve their skills. However, the meaning has somehow become clouded and corroded to the point of negativity. Despite best endeavors and intentions, coaching gets confused with training and mentoring and often struggles to secure a permanent or targeted presence

in an organization's approach to building market share and enhancing medical field team performance. "Sometimes when people address coaching, especially in the corporate world, they think of it as a sort of punitive exercise. In other words, somebody's not quite performing up to speed so let's give them some coaching and help," says Leon Rozen, who has more than 20 years of management and leadership experience in the health, pharmaceutical, and biotech industries. "But it is not about that. Coaching is helping someone perform at their best."

For MSLs, in particular, it is an important distinction. "As with a sports team, you may work on correcting or refining some approaches but – Number One – it is about making sure people have the right skills, and to coach them in those skills regularly," adds Rozen, who has worked at senior executive level in the US, Europe, and Australia and is now country medical director at Ipsen. "It is also about coaching a mindset so that they're delivering on those skills to the best of their individual ability and as part of the whole team." Rozen, who has a passion for people development, with particular interests in coaching, mentoring, and the developing field of neuro-leadership, believes the road to more effective performance from MSLs starts with an acceptance that coaching should be welcomed for its ability to generate benefits for the individual and the organisation.

Coaching is vital, according to Helen Kane, CEO of specialist training consultancy One MSL, who highlights: "The MSL role of today is complex, and they are really under the spotlight. It is not enough for them to be a scientific expert, they also need competencies in business acumen, engagement excellence, teamwork, and leadership. "As a developmental tool, coaching is critical. It is about continuous professional development. It is about learning something every day and having a culture where that is possible." Anchoring performance to pre-pandemic expectations fails to understand just how much the MSL role has developed, believes Alyson Evans, who leads a medical device company's high-performing MSL team. "MSLs have always been critical to pharma, but times have changed, and we have to be more digitally interactive and [have] a native use across platforms," she says. "Tech savviness is a new core competency. Our existence revolves around science, and we are hubs of information, but we have to present our information successfully and quickly." "We can't often sit down with HCPs for two to three hours," she explains, "so, our information exchange has to be more rapid. You need to know your data even more than before and be able to get it across on screen to have an impact. The presentation, both personally and technically, has to be assured." **"MSLs didn't go to broadcasting school. We didn't learn these skills at college or university – but we have to learn them now," she states**.

The Coaching Culture

"Coaching has to be part of the culture," asserts Leon Rozen. "Most organizations will have performance management systems setting objectives once a year, with possible half-yearly reviews to see how people are doing, and people think that is coaching: if you are doing it that way, you've missed the boat."

"It has to be an exercise of continuous improvement, a journey to understand all the micro-skills that are required to perform the role and become good at each of them," he says. "This needs someone there on an ongoing basis to say things like: 'Hey, that was great, keep doing that' or 'That was good, but you could improve if you do this and try this'. This is not something that can be bolted on." But a huge gulf exists between both the perception and provision of coaching. A global survey by One MSL of almost 600 MSL leaders and MSLs revealed that only 40% had a dedicated first-line manager responsible for their coaching and professional development.

A disturbing 19% of MSLs said they had had no coaching conversations with their managers over the last 12 months and a further 39% had one to three conversations. "This demonstrates the level of disconnect because if you asked a commercial first-line manager what is their number one priority, they would say developing their people to enable them to be their best," adds Helen Kane, who has 25 years of medical affairs experience as an MSL and MSL leader, and who established One MSL to support global pharma enterprises and biotech start-ups. "But, too many are reporting to individuals weighed down with other priorities without the time, or even the confidence and competence, to coach," she says. Findings from the same survey showed 'Presenting scientific data with impact' and 'Building trusted scientific partnerships with external stakeholders' were the most prized skills for MSLs. These are skills, experts confirm, that can be developed, refined, and enhanced with coaching.

An essential element to coaching and learning new skills is having it embedded in corporate culture, adds Alyson Evans, a clinical nurse specialist who has an MBA in healthcare management and has spent the last six years working at the medical affairs front line. "It is important that coaching is resourced properly, and leaders of the organization are involved. I think leaders have to be at the heart of it," she says. "Growth, for all staff, is critical for a company." **"The success of any coaching program is highly dependent on the values of a company and its leadership team. Good coaching that is championed by a company's leaders is really indicative of those organizations who, in the long term, will be winners – and those that will not," she says.**

Coaching for growth

Coaching has differing aspects, depending on where the MSL is in their career journey and their distinctive roles, but the central aim is to empower them to reflect on performance and problem-solve to improve.

“Coaching should be non-judgmental, and it should encourage individuals to reflect and consider how they are approaching a particular task. It is not an exercise in telling them what to do,” says Helen Kane. “Coaching provides them with feedback that enables them to identify how best to improve. **The message from the organization, from top down, has to support that. The company has to make it clear that it will support you to grow and be the best that you can be, and the way to do that is through constructive, positive feedback.” “If the organization promotes positivity, growth and development, then MSLs are going to be much more receptive,” she states.** Coaching is nothing if it doesn’t encourage an environment for growth, but that should not lead to a hothouse approach where development is forced; MSLs need to be nurtured along the growth path and be allowed to develop agile mindsets.

In a world where performance metrics and balance sheet statistics dominate, it is difficult to both define and enact a culture. For each organization, it will involve tailoring delivery to meet facilities, resources, and experience of coaching. But the investment of time and resources pays dividends for both the MSL and the company, adds Alyson Evans, who is director of Sirtex’s MSLs, but is speaking in a personal capacity. **“My hope is that an MSL who receives coaching will have a positive attitude to growth; they will see it is an opportunity earned, not a handout, and this plays to the point of the critical role of an MSL. Their performance is business critical,” she says. “We are not here to sell or to promote, but the information we are able to give, if we are doing our job correctly, should be highly influential. It could make or break relationships, so it has to be valued,” she explains.** Coaching MSLs requires an understanding of the fundamentals of personal development and growth. It is something that requires a distinctive skill set and the tools to enable it.

“Of course, coaching is a skill in itself,” adds Leon Rozen. “It incorporates being able to observe, being able to understand, and being able to communicate, to improve what people are doing, and how they’re doing it.” **“It is a culture that is only created if it has the right support. If you don’t resource and support it, the true quality that can be derived from coaching will not be realized.** If improvements in you and your team are not expected, you are not going to do it,” he explains. “You are going to focus on deliverables, which for an MSL might be how many interactions with HCPs or meetings with KOLs are achieved. These are legitimate targets but having them doesn’t mean they will happen with the quality needed.” “The companies where I have worked with successful coaching programs make sure they provide huge support for the coach, such as forums to challenge best practice and actively seek to drive a coaching culture,” he says.

Quality Evaluation

Coaching will always have to meet evaluation criteria and uncertainty can erupt when qualitative and quantitative metrics collide.

“MSLs are highly intelligent, highly motivated people who will be, to some extent, goal-oriented. They will want to know how well they are doing and to be able to measure themselves against targets,” says Leon Rozen. “For MSLs, it has always been difficult to show value to the rest of the organization because we can’t be measured on sales and market share; it’s more about quality than quantity and that’s a lot harder to measure.”

“There need to be surrogate measures of quality that are agreed, such as how much time an interaction takes – if you have HCPs willing to spend 45 to 60 minutes with you, then that is a pretty clear indicator that you must be providing them with value,” he says. **“We have done surveys, focus groups, and net promoter scores and I think value is an area of coaching where we do struggle. It really needs to be something that is agreed at the top of the organization and the internal value across an organization should not be overlooked.”** Alyson Evans believes that coaching should be an MSL fundamental: a baseline requirement such as competence with functions, like documentation and compliance.

Coaching is a springboard to success

Coaching has to be deployed as a force to build improved confidence and performance, but it also has to be tailored to the new, more agile, and encompassing nature of MSL teams. Good coaching also has a direct bounce in performance for MSLs who are taking on broader roles, with more personal contact that is critical to a business. Learning how to present key data and messaging and being comfortable and assured in delivery across digital platforms, is a ‘gateway’ to corporate success, says Alyson Evans.

“Paying attention to how we look, our body language, clothing, mannerisms, and voice modulation are more important than ever. We only have a limited time and getting it wrong could ruin an opportunity and a relationship,” she adds. **“If you are engaging, people will tune into you. An MSL really has to show up as the best version of themselves and practicing these skills is vital to reaching that.”**

“We need coaching to help deliver our messages and understand how that is landing, which is why being able to do it live and get feedback is an essential part of coaching. We need to practice delivering a message in a way that mimics the physical proximity and cues we get from face-to-face meetings. “HCPs want to engage with someone who can rapidly provide information in context. They are smart and can read all the relevant papers, so the person who understands their needs and has the best storytelling – that is who they will keep going back to.”

Helen Kane sees coaching as adding even more: “MSLs might not have the confidence to engage and challenge a KOL with strong views, and through the coaching conversation you can identify where they feel in need of support and so help them get to a position where they are confident to both challenge and know when it is appropriate to challenge in a respectful way,” she says. **“Coaching has moved them from ‘I don’t feel I can do it’ to ‘I can and need to do this because if I don’t, the patient won’t benefit’,” she states. “That is a significant shift for the MSL, the company, and the patient.”** She advocates time and resources for coaches within organizations to upskill and get the best from their staff, while adding: “We start by defining what a company wants and then structure support and resources so they can develop both their coaches and the coaching they deliver. It doesn’t have to be in-house because there are self-coaching, peer-to-peer coaching, apps, external experts, and virtual coaching that can be used to great effect.” “The clear feedback we have is that the companies that coach well derive great results from it. Importantly, the number one reason for staff leaving organizations is lack of career development. It is a false economy not to invest in coaching,” she says. Alyson Evans feels many companies are still on the journey to appreciating the advantages of coaching the modern MSL and adds: “If companies value people development, then they will do it. These skills are absolutely fundamental.”

Leon Rozen believes that coaching is the only route to help MSLs develop the micro-skills needed to serve a new era of pharma-HCP relationships. He sums it up: “Without coaching, you will never get the best out of your team.”

Conclusion

The first year of post-pandemic activity has been confounded by the difficulties of adapting to forced, and rapid, change. A clearer horizon is settling now, and the real advantages are in recognizing a changed world and what it offers. MSLs are the blood flow of the industry, the constituent that keeps everything moving and operating at optimum levels. The rise of the MSL has already started. They have to be equipped to make the best of their expanded roles and be coached into an agile and adaptable force that connects medicine to the masses through high-quality HCP engagements. It is a vital role and will draw on all their core scientific skills, and a few more, if they are to usher in a new era that delivers the best for pharma companies and patients.

About the interviewees:

Leon Rozen:
A senior-level pharma and biotechnology executive with over 20 years of management and leadership experience in the health sector, pharmaceutical, and biotech industries – Leon has worked in senior management positions in Australia, Europe, and the US, during which time he has led strategy development, set up teams and functions, and led major international projects. He has a passion for people development, with particular interests in coaching, mentoring, and the developing field of neuro-leadership. He has trained in elements of psychotherapy, has accreditation as a practitioner of Extended DISC personality profiling and NLP, and is a certified Performance Coach.

Helen Kane:
Helen is the CEO of One MSL which was born out of Helen’s passion to bring the global MSL function into one community. She has 25-plus years of medical affairs experience and in this time has lived in the shoes of the MSL and a MSL Leader. One MSL is recognized as a specialist training consultancy, with a core focus on driving standards of MSL excellence. It has a deep connection with the MSL community and is on a journey of continuous learning to meet the changing needs of the industry and the individual.

Alyson Evans:
Alyson is a DNP and clinical nurse specialist with an MBA in healthcare management and a master’s in legal studies. She has a history of working in the pharmaceutical and device industries, with a concentration in oncology, neurology, and ophthalmology including roles with Sun, Aerie, and Biohaven Pharma. Alyson, who is an MSL Leadership Award winner, is director of medical device company Sirtex’s MSL teams in the US and Canada. She was speaking in a personal capacity.

About the author:

Marcus West

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

In the past five years, I have created a new performance coaching app called 60 Seconds which is a crystallization of my experience.

Rethinking for Success: Embracing the MSL Mindset Through Insights From Adam Grant's 'Think Again'

By Jeff Vaughan, PharmD | Fall 2023

In the ever-evolving landscape of medical science and healthcare, the role of medical science liaisons (MSLs) stands as a crucial bridge between cutting-edge research and real-world clinical applications. In this context, the ability to cultivate an open-minded, adaptable, and growth-oriented mindset is not just valuable—it's imperative. Enter Adam Grant's enlightening work, "Think Again," which delves into the transformative power of reconsidering our beliefs, a concept that holds resonance for MSLs. As these professionals navigate the dynamic intersection of science, medicine, and communication, embracing the principles of intellectual humility and continuous learning can pave the way for heightened effectiveness, innovation, and collaboration. Delving into the core concepts of "Think Again" and their relevance in the domain of medical science liaisons, illuminates how adopting a rethinking mindset can be a catalyst for success in this pivotal field.

Excitement surrounds the opportunity to illuminate key concepts from the book that have a direct correlation with the role of MSL teams. These concepts offer valuable insights into the improvement of internal communication strategies and the cultivation of effective collaboration with colleagues and network experts.

1. Intellectual Humility in Knowledge Sharing: At the heart of Grant's message lies the principle of intellectual humility—an acknowledgment that one's understanding is limited and can be enriched through collaboration. For MSLs, fostering relationships with a wide range of medical experts and professionals is fundamental. This humility allows them to recognize that they are not the sole proprietors of medical knowledge, encouraging active engagement and a receptive attitude when sharing insights.

2. Rethinking for Accurate Information Dissemination: Embracing the rethinking mindset advocated by Grant aligns seamlessly with the role of MSLs in conveying accurate and up-to-date medical information. Just as Grant emphasizes the importance of adapting beliefs based on new evidence, MSLs must continuously reassess their understanding of medical data. This agility ensures that their communication remains relevant and reliable, allowing healthcare providers to make informed decisions.

3. Unlearning to Foster Growth: Grant's exploration of the unlearning process—shedding outdated beliefs—mirrors the MSL's journey of sifting through vast volumes of research to discern the most pertinent information. In an ever-progressing field like

medicine, the ability to unlearn falsehoods and adapt one's knowledge is paramount. MSLs play a vital role in this cycle by discarding obsolete data and promoting the latest findings, facilitating the medical community's continuous growth.

4. Navigating Discomfort for Effective Communication: Grant's concept of embracing discomfort in the pursuit of growth strongly resonates with MSLs' communication strategies. Presenting complex medical topics to diverse audiences can be challenging. A willingness to grapple with discomfort—whether it be explaining intricate medical concepts or addressing skepticism—enables MSLs to foster effective interactions and bridge the gap between intricate research and practical applications.

5. Constructive Criticism for Enhanced Engagement: Within the MSL's realm, engaging with healthcare professionals often requires the art of persuasion. Grant's emphasis on understanding others' perspectives and actively seeking feedback aligns harmoniously. Constructive criticism is a valuable tool for MSLs, enabling them to refine their communication style, tailor their messages to different audiences, and create meaningful dialogues that drive positive medical outcomes.

6. Balancing Confidence and Open-Mindedness: The delicate balance between confidence in one's medical knowledge and a readiness to reevaluate is a hallmark of MSL effectiveness. As Grant suggests, MSLs should embody the balance between confidently presenting accurate medical information while remaining open to adjusting their approach based on new data, ensuring that healthcare providers receive both assurance and accuracy.

"In the world of medical science liaisons, 'Think Again' becomes a guiding light, fostering a mindset that thrives on change. By melding Grant's principles with MSLs' versatile duties, a connection forms between the rethinking approach and the relentless pursuit of sharing medical knowledge. Just as medicine evolves, armed with 'Think Again,' MSLs reshape healthcare's future through steadfast learning, growth, and impactful Communication.

Moreover, Grant's adaptable thinking mirrors MSLs' dynamic roles. The journey from unlearning falsehoods to embracing fresh insights reflects an MSL's dedication to distilling accurate data from the sea of medical research. This progression ensures that healthcare providers gain not just data, but an interactive exchange that empowers informed choices.

The principles of 'Think Again,' like embracing discomfort, seeking feedback, and balancing confidence with open-mindedness, equip MSLs to bridge intricate medical knowledge with real-world application. These tools ignite conversations that drive medical strides, champion collaboration, and fuel innovative solutions.

Ultimately, 'Think Again' instills a rethinking mindset for personal and professional growth, making MSLs torchbearers of this philosophy in medical science. The synergy between Grant's wisdom and MSLs' mission heralds a future where adaptability, humility, and open-mindedness elevate discourse, amplify patient care, and shape healthcare's landscape for generations."

About the author:

Jeff Vaughan, PharmD

Jeff Vaughan is Director, Field Medical Science at Ashfield Engage. Jeff has worked on both the pharmacy and field science sides of the industry and has served as a Clinical Pharmacy Director as an Air Force Officer, and as regional and national director for several pharmaceutical companies.

Three Ways to Improve Your KOL Engagement Strategy

By Christoph Bug, MD, PhD, MBA | Fall 2023

Pre-Launch Field Medical Education Leads to 1.5x Increase in Treatment Adoption

The Veeva Pulse Field Trends Report includes an analysis of over 600 million HCP interactions and activities from more than 80% of commercial biopharma field teams worldwide, the largest industry benchmark of its kind on HCP engagement. The recent report shares for the first time for the biopharma industry clear data demonstrating the impact of field medical on clinical practice in a launch setting:

Field Medical Has a **Significant Impact** on Launch Success

- MSL engagement with KOLs before launch drives 1.5 times greater treatment adoption
- New treatment starts sustained at 1.3 times greater 18-24 months after launch

Source: U.S.-based analysis of field medical engagement with KOLs either in-person or by video prior to launch of migraine products March 2019-June 2023.
(veeva.com/medicalfieldtrends2023)

Despite Demand, **70% of KOLs** Engage with Only **One Biopharma's** Field Medical Team

- Investment in field medical field force size over the last 12 months has remained flat
- 91% of HCPs say visits by MSLs are very effective but underused by biopharma[1]
- While the depth of individual connections may be substantial, the breath of KOL engagement is not

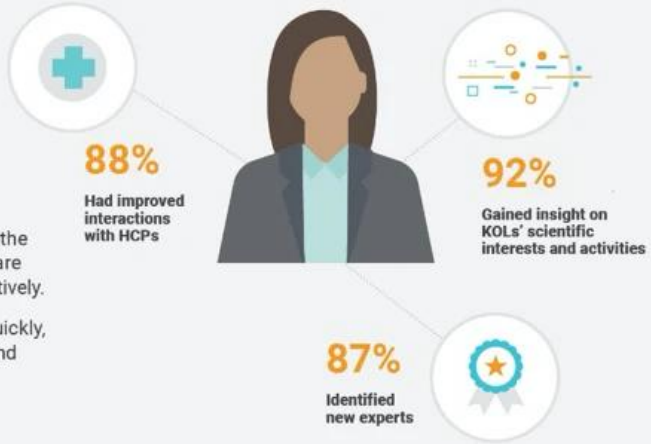
70% Percent of KOLs that only interact with one biopharma

Source: U.S.-based analysis of field medical engagement.
(veeva.com/medicalfieldtrends2023)

[1] Wolf, Friedemann et al. "Doctors' Changing Expectations of Pharma Are Here to Stay.", BCG.com, September, 9, 2021, https://www.bcg.com/publications/2021/pharma-industry-changing-doctor-expectations

Identify and Prioritize **High-Impact KOLs** with Industry Data

- Real-time, connected data can broaden access to the right scientific experts as well as generate and share insights across the organization quickly and effectively.
- The best strategy ingests new data about KOLs quickly, prioritizes engagement based on KOL influence, and drives medical insights back into the business.



Source: October 2020 global survey results conducted by Veeva Link at top 10 global biopharma.
(veeva.com/medicalfieldtrends2023)

As new therapies gain complexity healthcare professionals (HCPs) need more time with field medical teams. New research in Veeva's Medical Pulse Field Trends Report shows that is time well spent as disease state education before a launch correlates to a measurable increase in treatment adoption.

Although KOLs say they want more time with field medical teams, 70% engage with just one. MSLs have, trusted relationships with their KOLs, but there seems to be an opportunity for more targeted scientific exchange. Fragmented KOL data, an overreliance on established experts, and poor insights into omnichannel engagement and content effectiveness can all contribute to these blind spots.

Whether your company is launching a new treatment or optimizing your post-launch engagement strategy, your medical affairs teams can improve the way they target, engage, and measure interactions with HCPs. The right tools, processes, and data can help leverage field engagement:

- Expand the KOL universe
- Better plan and track KOL engagement
- Understand impact by capturing the right data

Here's how to make that happen.

Expand your KOL universe

Limiting your KOL interaction to established relationships hampers field medical's ability to deliver diverse medical insights back to the organization. A narrow scope of scientific exchange can have significant implications across numerous areas, including clinical development programs, product launch strategy, scientific alignment, and ultimately, getting the right treatments to the right patients.

"The traditional approach to expert engagement was very fragmented," says Rishi Ohri, senior director of digital excellence, and medical affairs, at Astellas. "We used a wide range of different solutions across different teams and different therapeutic areas to plan and engage with experts. Getting all of the pieces of the puzzle into one place is very important to us."

Field medical's priority is now to revisit the way it identifies KOLs. The often manual process – usually in spreadsheets – is cumbersome. This can prevent cross-team collaboration, insight sharing, and identification of new KOLs like digital opinion leaders, community leaders, and emerging experts. It is also difficult for MSLs to get a true understanding of a KOL's influence, interests, and affiliations because this information is more dynamic than traditional sources, such as clinical trials or scientific publications.

Ensure your field medical team is set up for success by:

- Leveraging industry data to identify important KOLs with the highest potential impact in the target treatment area (TA).
- Creating a data-driven picture of each KOL, including their latest research, ongoing trials, professional networks, scientific communication, and social media activity.
- Accessing unique data sets, e.g., local congresses, patient associations, and community leaders, to expand beyond traditional KOLs.

Once you have identified the right experts, it's time to define your engagement strategy.

Plan and track KOL engagement

It's critical to prioritize KOLs, focusing on experts with the most influence while nurturing existing relationships and reaching out to new experts. This starts by defining clear and measurable goals, and ensuring teams are equipped with the appropriate tools to achieve them. It's about giving field medicals the data they need to validate their KOL selection without overlooking or deprioritizing key stakeholders.

Combining real-time intelligence with objective, enterprise-wide CRM data helps field medical teams to optimize their approach to profiling and segmenting scientific and medical experts. MSLs can then target relevant HCPs, track scientific and digital activities in real time, and personalize engagements by understanding their relevant interests. This allows MSLs to establish new relationships and improve engagements across the entire HCP journey from awareness to advocacy.

Once data-driven segmentation and prioritization are complete, collaborative stakeholder planning should focus on:

- Coordinating interactions across teams
- Understanding how KOLs align with strategic imperatives
- Identifying education gaps and how to address them
- Bringing medical insights and activity data back to the organization
- Enabling AI-generated “next best actions” that help field medical react to new insights

As you execute your omnichannel engagement plans – including the creation and delivery of impactful medical content – you can now gauge what KOLs want and need and adjust plans accordingly.

Capture the right data to understand the impact

According to Veeva data, 30% of global experts, as identified in Veeva Link Key People, have no recorded interactions with MSLs at all. Whether teams are missing these KOLs in mapping exercises or fail to record interactions, the result is the same – measuring the impact and connecting it to broader insights across the organization is impossible.

Combining HCP intelligence data with CRM activity data can help you measure the impact of your expert engagement strategy, improve scientific engagement, and ensure key medical insights reach the broader organization for a clearer understanding of how HCPs want to be supported.

Making this work may require a mindset shift within your organization. Leona Blustein, senior director, U.S. medical affairs operations and medical information at Idorsia Pharmaceuticals says, “we want to create CRM that’s an added advantage for what the MSLs are doing out in the field, and not just think of CRM as a place where they log interactions and that’s it. We want it to be a tool for them to build out their plans, and help them understand the next action they need to take, what resources are available to them, and how to best utilize it.”

A unified CRM suite makes it easier for teams to work from the same information, ensuring an accurate and holistic view of HCP interactions. This approach creates the backbone of engagement, bringing together all intelligence to create visibility across functions, and establishing a more coordinated experience for stakeholders.

Drive modern KOL engagement for impact

A connected, data-driven approach to KOL engagement helps field medical teams access new data about experts quickly, prioritizes engagement based on true influence, and drives medical insights back into the business.

This approach ensures that field medical teams are creating the impact that matters most, delivering valuable scientific insights back to the enterprise and improving the customer experience at the same time.

Read more in Veeva’s Medical Pulse Field Trends Report for an in-depth analysis of the impact of field medical on clinical practice in a launch setting.

About the author:

Christoph Bug, MD, PhD, MBA

Accomplished pharma expert with a passion for Medical Affairs, believing that strong Medical functions make companies more successful AND improve patient outcomes.

Utilization of Training, Coaching, Mentoring and Managing to Increase Digital Agility

By Jill Fenwick, PhD | Fall 2023

Hybrid communication is here to stay. In person meetings as well as virtual meetings are now part of MSL interactions. This is for good reason, as it allows for the use of the best channel fit depending upon

- time available,
- physician preference
- content of what is to be discussed.

We need the agility and flexibility to adjust to physician preferences while taking into consideration available communication channels provided by our companies (think multi-/omnichannel).

Insert some type of multichannel picture/cartoon or the scales showing a balance

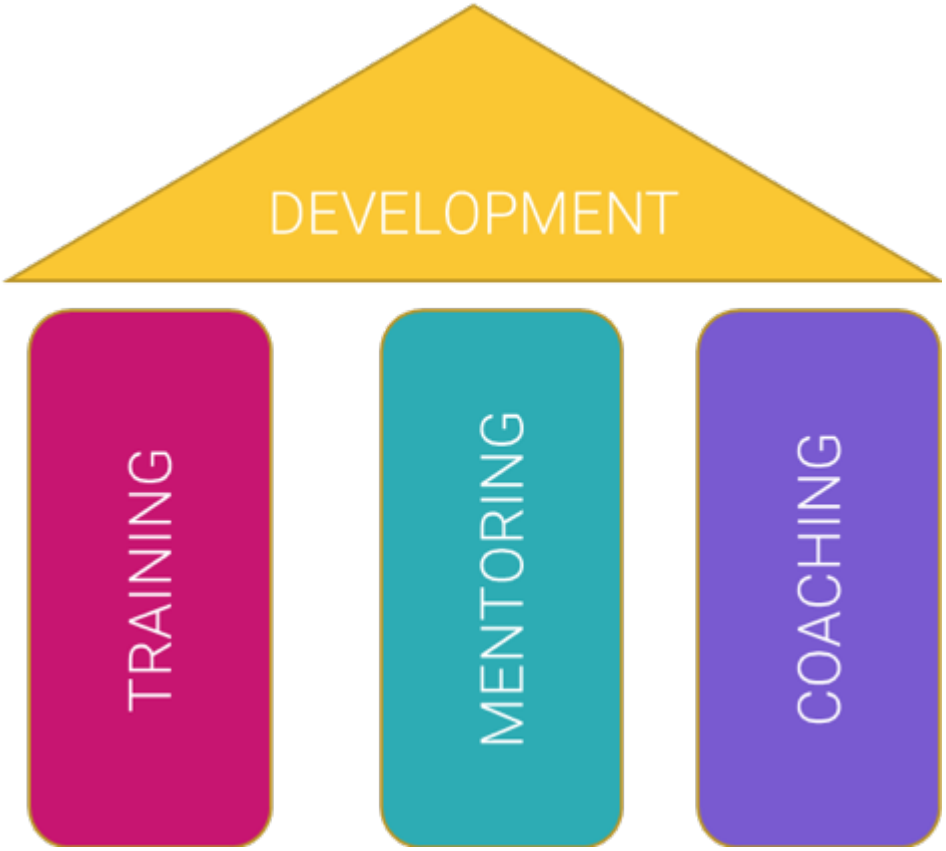
Why is that important?
As of 2020, 70% of HCPs (data from EU) are already digital natives (mainly Gen Y). There is no hiding from digital channels – no matter what generation we were born in! Despite the fact that MSLs mainly deal with very experienced physicians, not all of them are digital natives or digital savvy just yet. The same applies to MSLs themselves and to the people who mentor, coach, manage, and train them. The need to increase comfort levels and skills with digital is not going to go away and will only increase.

We know the most successful MSLs of the future will be those who can perform in any environment (digital or in person) to the same high level. So how can we set ourselves and others up for success?

We are all coming from different places in relation to digital savviness, but also in relation to in-person communication skills. Those of us who were born before mobile phones were even developed need to be open and flexible enough to apply what we have learned in the real world to the digital world – and no, this is not a 1:1 translation. We need to better embrace and adapt to newer ways of communicating. Taking on the opportunities that digital communication provides, such as the ability to be able to respond more quickly to HCP requests or questions, but via video so the discussion continues to grow the relationship.

For those who were practically born with a mobile device in hand, please be open enough to
a) learn from experienced colleagues how to (physically) gain access to a clinic physician if they are well-guarded by assistants and/or when HCPs don't reply to your email
b) share and exchange with your colleagues on how new digital devices, platforms, and online opportunities can best be utilized for HCP communication.

The three main pillars of personal development are training, mentoring, and coaching. If done in a skillful way, we can use all three to make development easy and fun.
Picture of 3 pillars saying each and a roof saying development



But what are the differences of those three development methods?
In short:

- A trainer provides you with methodology and structured exercises
- A mentor shares their personal experience for the mentee to apply to their specific situation
- A coach, on the other hand, guides with questions so the coachee develops the answers themselves

While both mentoring and training depend on the (industry) expertise and knowledge of the topic in question, the coach, in contrast, needs to be an expert for the coaching process as such but no specific content-related experience is required*.

Let's say you have to develop a process. As an example, we can look at defining a way to set up a virtual meeting and share company content. You have options that match each pillar:

1) Someone shares an example of something they have done that is similar to that process and the way they approached it, giving advice on how another could best tackle this. This is **Mentoring.**

2) Take the approach of **Coaching** and ask guiding questions. In our example, it could be along the lines of

- How does the HCP prefer to communicate with you?
- What do you think is important for the HCP when communicating with you/?
- How can you provide the best experience for the HCP?
- What technical setup is required?
- What will you need to acquire in order to show up as a professional in this setting?

Here, the MSL will develop a thorough understanding of the HCPs needs and wants and this helps to understand why and how they need to develop (e.g., learn to set up virtual meetings and share content). They find the answer themselves.

3) Set up a **Training** session. Have an external trainer/internal expert come in and give detailed instructions on how to set up and execute a virtual meeting, followed by practice sessions to have a pull-through on implementation.

In case of time pressure, you might need to adjust your style. In this case, managing is productive. In our example that would mean you tell or show the MSL exactly how to set up and run the virtual meeting without a full explanation or understanding.

Maybe the MSL will remember for next time, maybe not.

Each of these methods of development has strengths and weaknesses and using the right method for the right topic at the right time is just as important as we discussed about channel selection for HCPs at the start of this article. Make sure you choose the best one for your circumstances to get the results that you want!

About the author:

Maja Beilmann-Schramm, PhD

Maja holds a PhD in Biology. She has been working successfully in the pharmaceutical industry for 20 years now, in a variety of positions with extensive experience in Marketing and Sales, Medical and Medical Science Liaison. For more than 10 years she has dedicated her work exclusively to the role of Medical Science Liaison with personal experience as MSL, MSL team lead at country and international level as well as driving MSL excellence on a global corporate level. She is currently holding the position of Global Director of Field Medical & HCP Exchange at Merck/EMD. Maja is the founder and owner of MSL-Excellence.de, where she provides mentoring and consultancy to aspiring MSL, MSLs, and MSL Leaders. As a result, she follows the development of the MSL role from a wide variety of perspectives.

Jill Fenwick, PhD

Currently Head of Medical Learning Oncology at EMD Serono (part of Merck KGAa). Prior to that was in Global Field Medical Excellence, having moved to the USA in 2019 to Lead North America Medical Training for Oncology. Joined Merck UK&I in Jan 2015 as an MSL and then Oncology MSL manager.

Having a PhD in oncology and over 25 years of experience in pharma, starting in sales and moving into Field Medical and management, means being able to take into account the Country end-user perspective in 2 key countries (USA and UK). This allows for the creation of engaging and interactive trainings that are strategic and actually relevant and useful for the intended

audience. The ethos is training is fun!

A Recruiter’s Perspective: The Highlights of the 2023 MSL Society Conference

By Lawrence Beck, MS, CPC | Fall 2023

This past August, the MSL Society Conference took place in Miami. The event not only introduced us to a new location after years in Las Vegas, but also introduced us to many new faces to meet and hot topics to discuss. As recruiters in the field medical space, we have the privilege of attending the conference every year. As always, especially this year with higher attendance than ever, we had an up-close-and-personal view of just how important this conference is to MSLs, MSL managers, and prospective MSLs.

Going to this conference is great for us as recruiters, since it’s an opportunity each year to finally meet the faces behind the voices that we hear so much over the phone. But we also love attending the educational sessions offered at the conference! As anticipated, the speakers were engaging and presented a variety of relevant topics to us as we all try to master the art of storytelling, relationship building, and venturing into the newer world of AI and DOLs (digital opinion leaders). Here are some of the highlights we took from the conference this year.

Artificial Intelligence

Artificial Intelligence was a hot topic this year. In fact, there were multiple speakers at the conference with experience in AI, allowing us to hear some good first-hand intel on what to expect from this technology. For starters, it was emphasized over and over that it's not going to replace anyone. AI will always need human oversight and won't ever be fully trustworthy on its own. One speaker told us to "think of it as a literary device" and reminded us it will need humans as its "editors," so to speak.
In healthcare, data accuracy is too vital to leave strictly to AI and will always need checks and balances; ultimately making it a tool, not anyone's replacement. Something we learned about was the "hallucination effect" that can occur with AI, creating output that is inaccurate or nonsensical. There are also some interesting questions to keep tabs on: Will AI ever be used as a diagnostic? Will it ever be regulated by the FDA? These are things that we'll be keeping our eyes on as this field develops further!

The Increasing Use of Omnichannel Communication

We learned a lot about MSLs and their use of omnichannel communication this year. "Omnichannel" is a term we've heard a lot in 2023, but MSL teams seem to be all over the spectrum when it comes to how much they use it or how organized they are with it. For example, one of the aspects of omnichannel communication is Social Media Listening (SML), and according to a poll of the audience, 55% of MSLs are using SML to some extent, but 0% reported having any formal training in it. A couple of additional data points we found interesting were that a) 64% of HCPs report wanting an omnichannel experience, but only 7% are getting it and b) 55% of MSLs surveyed have no conversations in place at their company regarding getting an omnichannel process in place.

How MSL Teams Have Fun

One of the most fun sessions to attend was the session on Teambuilding to Improve Culture, by Mark Freebery. It's one thing to hear about how different MSL teams structure their roles day-to-day, but it's another thing to hear about how they have fun! From unique Zoom games, to Kahoot! games, to the ways different teams use the Metaverse, it was fun to hear the way everyone keeps it light. My favorite new idea is the virtual sightseeing tours that one MSL said her team does with each other.

A KOL's Perspective

One of the primary new features of this year's MSL Society Conference was the addition of the "A Global KOL Reveals What They Really Want From MSLs" session. Sam invited a KOL to give us his personal insight on what is most valuable from MSLs and his thoughts on

Closing it Out on the Right Foot

The MSL Society Conference always wraps up with a charity event, which is a big team project the society puts on. This year, we built teddy bears with the Rescue Bear Charity for children at Joe DiMaggio Children's Hospital. If you have been to the conference before but left before the charity event, we suggest sticking around for it next time!

About the authors:

Lawrence Beck, MS, CPC

Lawrence joined SEMbio in 2011. He attended Texas Tech University on a path that led him to obtain his Master's degree in Sports Management. However, within a couple of years of working in the sports world, the opportunity to be a recruiter arose and has led to an exciting career with SEMbio. He is also a Certified Personnel Consultant (CPC), which provides continued education on best business practices and standards of ethics in recruiting. He enjoys recruiting Medical Science Liaisons because they are a cerebral, sociable, and professional group of people who are fun to interact with every day.
When he's not recruiting, Lawrence spends his time engaging in activities such as hockey, softball, and cherishing the moments spent with his family and two dogs.

Tracy Johnson, RPh

Tracy graduated from the University of Texas with a degree in Pharmacy. She comes from a long line of pharmacists, and the world of medicine and patient advocacy has been a part of family discussions for as long as she can remember. Tracy has served in a variety of roles in her pharmacy career and finally made her way to join the SEMbio team at the end of 2021. She has a passion for excellence, and she very much understands that the right fit in the right role can unquestionably set a candidate on the pathway to success. She firmly believes that success involves more than just numbers, and it requires matching personalities, positions, and all those subtle characteristics that make each one of us unique.

Tracy loves to travel. She is an avid storyteller and truly enjoys making personal connections with people next door and in faraway places. She loves boating in the summer and watching people ski from a warm lodge in the winter. She is an experienced martial artist and aspires to one-day own land and a few mini donkeys. In the meantime, she will continue to strive for excellence in helping both clients and candidates reach their full potential.

Key Opinion Leaders Engagement

By Hedayat El Sheikh | Fall 2023

Introduction

The pharmaceutical industry plays a pivotal role in healthcare and is responsible for researching, developing, and producing medications that improve and save lives. In this highly regulated and competitive sector, building trust, credibility, and effective communication are all essential. Key Opinion Leader (KOL) engagement has emerged as a crucial strategy for pharmaceutical companies to navigate this landscape successfully. This article explores the significance of KOL engagement in the pharmaceutical business and how it can drive innovation, research, and improved patient outcomes.

The Role of Key Opinion Leaders in Pharmaceuticals

Key Opinion Leaders in the pharmaceutical industry are experts who possess substantial knowledge, experience, and influence in their respective therapeutic areas. They often include renowned physicians, researchers, clinicians, pharmacists, and scientists. These KOLs are at the forefront of medical advancements, and their opinions and recommendations are highly respected within the medical community.

1. **Expertise and Credibility**: KOLs bring unparalleled expertise to the table. Their credibility and knowledge can significantly impact the perception of pharmaceutical products, especially among healthcare professionals. When KOLs endorse a medication or treatment, it carries substantial weight.
2. **Clinical Trials and Research**: KOLs are often actively involved in clinical trials and research initiatives. Their collaboration with pharmaceutical companies can expedite the development and testing of new drugs, ensuring they are safe and effective for patients.
3. **Market Access**: KOLs can facilitate market access by advocating for the inclusion of specific medications on formularies or treatment guidelines. Their influence can accelerate the adoption of new therapies, benefiting both patients and pharmaceutical companies.
4. **Thought Leadership**: KOLs are thought leaders who drive discussions around emerging trends, innovations, and treatment options. Their insights can shape industry conversations and encourage the development of novel solutions.
5. **Patient Education**: KOLs play a critical role in educating patients about their conditions and available treatment options. They bridge the gap between healthcare providers and the public, ensuring that patients make informed decisions about their health.

Effective KOL Engagement Strategies in Pharmaceuticals

1. **Identify the Right KOLs**: It’s crucial for pharmaceutical companies to identify KOLs whose expertise aligns with their therapeutic areas and product portfolios. Targeting the right KOLs ensures that their endorsement is relevant and credible.
2. **Build Collaborative Relationships**: Establishing long-term, collaborative relationships with KOLs is key. These

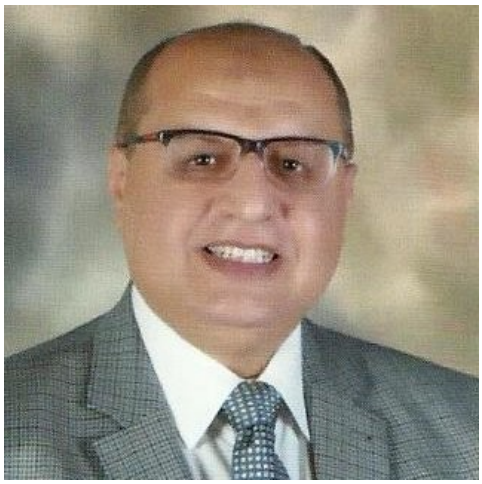
relationships should be built on mutual respect, trust, and shared goals of advancing patient care.

3. **Provide Resources and Support**: Pharmaceutical companies should offer KOLs the necessary resources and support to conduct research, attend conferences, and stay up-to-date with the latest developments in their fields.
4. **Ethical Considerations**: Transparency and ethical conduct are paramount in KOL engagement. Comply with industry regulations and guidelines to ensure that collaborations are above board and maintain trust.
5. **Engage in Two-Way Communication**: Foster open and constructive communication with KOLs. Actively seek their input and feedback on research, product development, and marketing strategies.

Conclusion

In the pharmaceutical industry, where science, innovation, and patient well-being intersect, Key Opinion Leader engagement is a powerful tool that can drive advancements, influence decision-makers, and ultimately improve patient outcomes. By collaborating with KOLs, trusted experts in their fields, pharmaceutical companies can build credibility, expedite research and development, and navigate the complex regulatory landscape more effectively. In an era of rapid medical advancements, harnessing the insights and influence of KOLs is not just a strategy but a moral imperative to deliver safe and effective healthcare solutions to those who need them most.

About the author:



Hedayat El Sheikh, MD, MBA

Dr. Hedayat El-Sheikh is a medical doctor who graduated from Ain Shams University’s Faculty of Medicine in Cairo, Egypt. Additionally, he holds an MBA degree from the American University of London. With over three decades of experience in the pharmaceutical and healthcare sectors in the Middle East with many multinational & regional companies.

Dr. Hedayat boasts a wealth of experience in medical education and training across various therapeutic domains. Moreover, he has a profound understanding of the effective execution of tasks and responsibilities within the medical department.

Diverse Perspectives, Better Medicine: Advancing Medicine Through Diversity in Research

By Shereef Ibrahim, MBA | Fall 2023

We are all different, aren't we? Indeed, and in this lies the beauty!

No doubt that the way we grow up influences who we are in the sense that how and where we live, learn, work, and play as well as if we have access to high-quality healthcare, food, and education can also influence our health outcomes in general.

Similarly, negative experiences and exposures, such as pollution, disease, and discrimination, can negatively affect our health. Therefore, our health status reflects the outcome of the effects of numerous factors.

So people may experience the same disease differently. This is because it is determined by the many factors previously mentioned that can influence the risk and likelihood of developing a disease, experiencing a long-term health outcome, and responding to treatment including (but not limited to): age, gender, presence of comorbidities, genetic variation and geographic ancestry as well as life experiences (negatives, such as psychosocial stress and lack of basic resources, or positives, such as educational and employment opportunities), unhealthy behaviors (e.g., substance use, sedentary lifestyle, overeating, risky sexual activity) and to the opposing side: health-promoting behaviors (e.g., adequate sleep, obtaining recommended preventive services, physical activity, healthy eating) can also contribute.

Furthermore in the same sense, different people may have different reactions to the same medicine based on their age, gender, weight, race, ethnicity and other factors.

An individual's Socioeconomic Status could be a major predictor of health outcomes, because it can impact many aspects of life like access to healthcare and prescription medications or nutritious foods and other resources for healthy living.

But the question lies here: do these Socioeconomic Status measures (i.e., education and income level) get collected routinely and reported in clinical trials?

Utopia for healthcare would be developing novel cutting-edge therapies within a diverse patient population. Those in Pharma know why I called this a utopia and know that it has always been a challenge for the biotech/pharma industry. Commercial colleagues of the industry are pulled back by the increased cost of bringing new therapeutics to market while medical affairs see an additional pressure to conduct clinical trials that mirror the diverse population which just multiplies the challenges that the industry hasn't quite found the answers to.

In simple terms, to be able to do this, we need to know if the developed medication works for everyone.

Historically, clinical trials relied almost exclusively on white male participants and did not recruit actual participants who were most affected by a particular disease, or condition.
This act has had its toll on our understanding of diseases and conditions, preventive factors, and treatment effectiveness across different populations – slowing it a lot.
Unfortunately, disparities do exist when testing new drugs, therapies, and devices. Among the many reasons for this, lack of diversity in clinical trials ranks near the top. This applies to race, age, gender, socioeconomic status, and even disease state. An evident example of this is the elderly population who are constantly excluded from clinical trials, for somewhat scientifically valid reasons, yet you can argue against that because not only are they a very large and the fastest growing portion of our ageing planet's population but they also make up the biggest share of patients for particular health conditions. The list goes on where historically enrolment preferred men over women, white over individuals of colour as well as patients with one disease rather than "realistic" patients with comorbidities – say, someone who is HIV positive and also diagnosed with cancer – typically is not eligible to participate.

The dark side of this disparity off course also lies in the hands of biotech and pharmaceutical companies who design their clinical trials based on what will get their drugs approved and on the market as quickly, safely, and cost effectively as possible. It makes sense if you put yourself in their shoes because if more participants are eligible – you have a higher probability of potential risk, adverse events, and ambiguous data — drug developers sacrifice not only time and money, but the potential success of their drug.

In clinical research, when scientists combine information from individual research participants, this is called data aggregation. This step is particularly an important part of the research process that protects the anonymity of research volunteers and strengthens the statistical analysis of the study. As much as this is an integral part of data collection and reporting of the all the trial inputs, it could be a double-weapon serving to unmask hidden truths like for example, aggregation of demographic data, including race and ethnicity, covering up important differences in health risks or outcomes for specific subpopulations.

For example, many prior studies on the health of Asian Americans have not always examined differences by nationality. A recent study found that among Filipino, Vietnamese, Chinese, Japanese, and Korean American adults living in California, categorizing all participants as "Asian American" masked at least one health disparity for each subpopulation.

Was this only historically, so what about now?

The numbers still tell the story: According to Food and Drug Administration data, in 2020 75% of trial participants were white, 11% were Hispanic, 8% were Black, and 6% were Asian.
A majority of global clinical trials fail to enroll enough patients over 65, patients with disabilities, and patients of color for a variety of reasons the main ones being that clinical trials aren't easily accessible to many patients as well as not trusting that these trials serve their best interests.

In return, these gaps in knowledge have created pitfalls in the quality of health care decision-making mainly as well as the ability of healthcare systems to counsel people on ways to reduce their risk, optimal treatment responses, and even the development of more effective medications or interventions. Therefore, it's essential that clinical trials include people with a variety of lived experiences and living conditions as mentioned above, as well as basic characteristics like race and ethnicity, age, and sex, so that all communities can benefit from scientific advances.

If a clinical trial doesn't include appropriate representation of diverse patients, the results and findings cannot be translated broadly across all patient demographics. You've probably heard during your practice: "this doesn't apply to our patients" – well, as sarcastic as that was a couple of years ago, regulators have started to set clear expectations for clinical trial diversity to reflect their distinctive populations.

Clinicians and researchers should carefully consider the inclusion or exclusion criteria for their clinical trials. Since many of the baseline characteristics are intertwined like trials which exclude specific participants with high blood pressure or other comorbidities for example may end up excluding many patients over 65 years old, who are more likely to have the condition in scope of the trial. Also, when individuals choose to participate in a clinical trial, they will represent people like themselves and

from their local communities — in age, race, ethnicity, and gender.

To simplify the magnitude of this problem, this makes these specific populations underrepresented in the trial population and hence make the results less applicable to this group who may have otherwise benefited the most from its findings if included. The list goes on with disparities like postmenopausal osteoporotic women living in big cities and asthma participants living in at high elevations.

Therefore, it is integral to advance our understanding of new treatments, that the trial participants done on it reflect the disease epidemiology and represent clinically relevant populations. This is because the safety and efficacy of these treatments can differ based on age, ethnicity, gender, race and sex.

All the clinical research efforts would go astray if we do not do a good job in evaluating and ensuring a study population that would, upon extrapolation to the population as a whole, be representative. This is an integral part in bringing a new therapy to market because not only are we all biologically and genetically different from one another but also because certain minority patients may very well benefit from early access to therapies, potentially prolonging or saving their lives. In light of this, it is crucial to test new therapies in diverse populations to firmly conclude whether a drug is safe and works.

It was good to see that the FDA recognizes this issue as it released a draft guidance in June 2019, Enhancing the Diversity of Clinical Trial Populations – Eligibility Criteria, Enrollment Practices, and Trial Designs. This draft guidance is a step in the right direction and has some interesting thoughts and potential solutions for the industry to implement.

Additionally, in 2017, NIH updated its policy on the inclusion of women and people from racial and ethnic minority populations with a requirement that “recipients conducting applicable NIH-defined Phase III clinical trials ensure results of valid analyses by sex/gender, race, and/or ethnicity are submitted to Clinicaltrials.gov.”

Further recommended reading on this topic can be found in The National Institutes of Health Minority Health and Health Disparities Strategic Plan 2021-2025 was developed by NIMHD, in collaboration with all the NIH Institutes, to outline NIH’s commitment to improving minority health and reducing health disparities. It outlines an ultimate goal to increase the overall proportion of participants from diverse populations included in NIH-funded clinical research to 40% by 2030 and within specific major disease categories.

Below are my personal views on some tangible actions we, as an industry, can take to increase diversity in clinical trials:

1. **Widen eligibility criteria**
   Easier said than done. Companies must incorporate wider eligibility criteria earlier in the drug development process. Drug developers must be thinking about this in Phase 1, not Phase 3. I understand this is not an easy ask for smaller companies, which have less resources and capital on hand. A majority of companies need to achieve proof of concept and securing investor interest as a top priority in early stages of development, making it difficult for them to allocate time, resources, and funds toward inclusive clinical trial design.
2. **Tap into “Non-Academia” medical centers**
   A majority of clinical trials often take place in large research and academic facilities located in Europe and North America, due mainly to their academic credentials and experience, yet many “realistic” patients needing care actually live in rural areas.
   Therefore, tapping into the “non-academia” based medical centers and community clinics can surely help. They may not have “the” big name affiliation or “the” most published studies, but what they do have is accessibility to a generous pool of patients and a keen understanding of their local community. Regions I usually highlight and see potential: Africa, The Middle East as well as Central Asia; centers in these areas if managed correctly can often be your trial’s biggest recruiter.
3. **Make use of the digital age**
   A big barrier for many patients is the financial burden and time commitment necessary to travel regularly to doctors’ visits. Clinical trials require participants to visit the doctor’s office weekly or mandate a number of assessments in order for the patient to be considered compliant with the protocol – this is particularly burdensome for elderly and low-income individuals. In the gulf, for example, as well as parts of North America, there is an insurance copay that is not covered by the clinical trial sponsor company; this cost to participate is a hurdle to optimum patient participation. Because most pharma companies are racing to be “patient-centric”, this is a golden chance to implement aspects of virtual clinical trials, using technology and other home-based and telemedicine technologies to enable the expansion of clinical trials into underrepresented areas and also reduce the obstacles of distance, costs, and availability. The future could also see us using AI in creating modeled “pseudo” clinical trials.

4. **Listen to your patients**
   Before the development phase trials, not after commercialization of the product, listening to patients and their unmet needs, perhaps through patient advocacy groups and incorporating their aspects in the design and conduction of the trials as well as getting their insights on the development phase steps all the way to commercialization is essential. From my experience as a Patient Advocacy Manager during the period of 2016 till 2018, these meaningful relationships with advocacy groups take a long time to foster, yet once they are in place, the scientific reward is priceless.Researchers should also design their studies and provide resources to make it easier for people with lower socioeconomic standards to participate in clinical trials, such as offering convenient locations and hours of operation, childcare services, and transportation vouchers.
5. **Support diversity-focused public policy**
   In certain countries, maintaining diversity in clinical trials is written into the law. And while this isn't mandated in the United States, it is certainly a measure for consideration. Pharma is already over-regulated in many aspects and more rules would not benefit anyone. A potential solution to enable this would be for the FDA and other regulatory authorities to institute a diversity program similar to the pediatric and/or orphan programs that already exist to assist these niche populations. This would provide monetary benefits that incentivize trial sponsors to include diverse populations in their clinical trials.
6. **Make diversity and inclusion a mindset**
   At the end of the day, true change in clinical practices won't happen unless diversity is prioritized within an organization — and from the top down. A company's executives and clinical leads must be vocal and action-oriented about their commitment to ensure diverse representation at every phase of development.

In closing, the provocative questions remain: What's the point of developing therapies for patients if we exclude groups of individuals who may benefit from them and provide more robust data for all patient populations? Why do we worry more about the statistical difference between two arms in a clinical trial than whether the trial as a whole represents the community we serve? We must be better about servicing all populations, not just those that are easiest to access; this will bring us a step closer to biopharmaceutical companies' ultimate goal: improving the health of all people.

In simple terms, the aim is to have clinical trials that are as representative and accessible as possible, as well as reflect patient populations experiencing the disease and intervention we are studying across age, ethnicity, gender, race and sex.
There have been efforts in countering mistrust in clinical research, which have given rise to us seeing people from racial and ethnic minority communities being more willing to be represented in clinical research. This trust is better fostered when members of these communities have their inputs considered by researchers when carrying out research.

It is evident that enhancing the diversity of clinical trial participants is a critical step towards combatting healthcare disparities and enabling health equity in general. Participation in clinical trials by people of all backgrounds can make a difference by reducing health disparities among underrepresented populations and improving the development of medicines for everyone. This diversity should be ensured by recruitment processes that continue to evolve so that clinical trials achieve that objective and therefore help safely bring new medicines to all people.

In the end, as an industry that includes groups of researchers dedicating their lives to improving the health of others, regardless of their race, age, gender, or disease, we know that empowered patients and their families are better prepared to make informed choices about their health care and about participating in clinical trials. The question now is how can we do better?

About the author:

Shereef Ibrahim, MBA

Currently an MEA Medical Manager, Shereef previously spent his 15 years of experience at Novartis and Amgen in different medical roles of varying responsibilities covering 10 therapy areas across the Middle East & Africa region constituting nearly 24% of the world population.
Shereef worked as an MSL for Bone & Pain, Respiratory and Transplantation in Egypt during the period of 2014-2016 which added a lot to his prospective of being patient-centric in business.

Highly energetic, award-winning, purpose-driven pharmacist with a passion for patients: who prides himself on empowering medical affairs teams of leading global pharmaceutical companies to effectively use data in communicating scientific and clinical information to the medical community through various channels by enabling them to develop and execute effective medical affairs strategies.

His career in Medical Affairs to date has provided him with invaluable knowledge, driving country's medical affairs strategy in line with the global strategy and quoting him: "I was lucky enough to have assisted thousands of HCPs find the right management solutions for their patients".

Navigating the Uncharted: Best Practices for Rare Disease Medical Science Liaisons

By Jill Boyett, PharmD, C.Ph. | Fall 2023

In the rare disease space, Medical Science Liaisons play a vital role in ensuring that healthcare providers have access to accurate, up-to-date information, and patients receive the best possible care. By embodying these best practices, MSLs can contribute to advancements in rare disease research, facilitate better patient outcomes, and foster collaboration among stakeholders in the healthcare ecosystem. Their commitment to scientific rigor, ethical conduct, and ongoing learning makes them indispensable in the pursuit of improved treatments and ultimately, the well-being of rare disease patients.

Limited Patient Population – Rare diseases, by definition, affect a small percentage of the population. This limited patient pool can make it more challenging to conduct clinical trials, gather data, and develop treatment options. MSLs in the rare disease space need to be intimately familiar with the specific disease's prevalence, diagnosis, and treatment landscape, as well as be prepared to work with fewer healthcare professionals who specialize in that area.

Complex Diagnosis and Management – Rare diseases often have complex diagnostic criteria and management guidelines. MSLs must stay updated on these intricacies to provide accurate information to healthcare providers. They may also need to assist in the differential diagnosis process, as many rare diseases share symptoms with more common conditions.

Emerging Therapies and Limited Treatment Options – In many rare diseases, treatment options are limited or, in some cases, nonexistent. MSLs must be well-versed in the latest research and emerging therapies, as they often work with healthcare providers who are on the cutting edge of treatment exploration. This requires a deep understanding of investigational therapies, clinical trials, and compassionate use programs.

Advocacy for Orphan Drug Development – Rare disease MSLs often play a role in advocating for the development of orphan drugs, which are pharmaceuticals designed specifically to treat rare conditions. They may collaborate with regulatory agencies, patient advocacy groups, and healthcare providers to raise awareness about the need for rare disease research and drug development.

Patient-Centric Approach – Given the unique challenges faced by rare disease patients and their families, MSLs in this space often take a more patient-centric approach. They may actively engage with patient advocacy organizations, participate in support groups, and offer educational resources to empower patients and their caregivers.

Ethical Considerations – Because of the rarity of these diseases, MSLs may have even closer relationships with healthcare providers and patients. This necessitates a heightened awareness of ethical considerations, including potential conflicts of interest, privacy concerns, and the importance of transparency in interactions.

Real-World Evidence Gathering – MSLs in rare diseases frequently engage in gathering real-world evidence (RWE) to better understand disease progression, treatment outcomes, and patient experiences. This can be particularly important in the absence of extensive clinical trial data.

Cross-Functional Collaboration – Collaborative efforts with other stakeholders, such as academic researchers, patient advocacy groups, and healthcare institutions, are often more critical in the rare disease space. MSLs may need to facilitate and coordinate these partnerships to advance research and improve patient care.

Market Access Challenges – Rare disease treatments can be expensive, and gaining market access and reimbursement can be particularly challenging. MSLs may need to provide healthcare providers with information on navigating insurance and reimbursement issues to ensure patients can access needed therapies.

In summary, MSLs in the rare disease space face unique challenges related to limited patient populations, complex diagnoses, emerging therapies, advocacy efforts, and the need for heightened ethical considerations. They play a critical role in bridging the gap between cutting-edge research and the practical needs of healthcare providers and patients, ultimately contributing to advancements in the understanding and treatment of rare diseases.

About the Author:

Jill Boyett, PharmD, CPh

Dr. Jill Boyett is a Medical Science Liaison for Chiesi Rare Diseases, covering the hematology and immunology portfolios. Dr. Boyett is new to the role, with only a year in the biopharmaceutical Medical Affairs arena. However, she is passionate about her role in the Rare Diseases space because she feels she is making an impact in the lives of the patients and the families, similar to her role as a pharmacist, but on a much larger and more impactful scale.

She was previously a Hematology/Oncology Clinical Pharmacist for the University of Florida in Jacksonville, working closely with adults who were undergoing outpatient chemotherapy. Prior to that, she held positions in Regulatory Affairs, Clinical Research, and other supportive roles in the pharmacy department at UF Jacksonville. She graduated with her Doctorate of Pharmacy from the University of South Carolina in 2003. Her career as a pharmacist spans over 20 years and includes roles in retail pharmacy, hospital pharmacy, specialty compounding, consulting, and various leadership positions.

Dr. Boyett takes her responsibility of engaging with key opinion leaders, community-based organizations, and patients very seriously. Every insight collected could be a valuable tool in advancing care, identifying undiagnosed patients, and discovering new modalities to treat and possibly cure a rare disease.

Bridging Science and Humanity: Exploring the Impact of Narrative Medicine on the MSL Role

By Marco Tramarin, PhD | Fall 2023

The role of MSL is crucial for fostering effective communication between pharma companies and HCPs, providing valuable scientific and medical information and contributing to evidence-based decision-making.

In the data-driven world of medical affairs, the role of MSL professionals is expanding beyond traditional scientific knowledge transfer. While MSLs possess a wealth of knowledge, the true impact of their work lies in their ability to communicate complex scientific information, drive meaningful conversations and build trust with healthcare professionals. Making every engagement relevant for healthcare providers and opinion leaders remains one of the basic challenges of this function and effective storytelling allows MSL to successfully carry out it and thus is a highly valued skill for Medical Affairs professionals in the pharmaceutical industry and is an aspect that can always be improved.

In recent years, the concept of narrative medicine has gained recognition as an invaluable tool for improving medical care. Narrative medicine is an approach that recognizes the power of storytelling in healthcare. It emphasizes the importance of listening to and understanding the stories of patients, healthcare providers, and communities, as these narratives provide valuable insights into their experiences, emotions, and perspectives.

Narrative based medicine integrates with Evidence based medicine, shedding light on social and interpersonal aspects of patient life and clinician-patient relationship to offer a 360^0 vision of the patient pathways and the healthcare system surrounding him.

By incorporating these stories into medical practice, narrative medicine aims to enhance patient care, improve communication between healthcare professionals and patients, and foster empathy and understanding in healthcare settings. This approach recognizes that medicine is not just about treating diseases, but also about understanding and addressing the unique needs and circumstances of individuals, ultimately leading to more comprehensive and patient-centered care. Indeed, recent studies have shown that the use of Narrative Medicine approach may be associated with greater trust of patients in the health system, increased therapeutic adherence and finally more positive clinical outcomes.

This article explores the significance of narrative medicine as a tool for MSLs and how it can enhance their ability to communicate more empathically maintaining scientific integrity, build relationships, and contribute to the advancement of medical knowledge.

Understanding the power of stories

At the core of narrative medicine lies the understanding that stories have a profound impact on both patients and healthcare providers.

By understanding attentively to narratives, MSLs gain insights into the lived experiences of individuals affected by or treating a disease. These stories offer valuable perspectives beyond clinical data, enabling MSLs to better comprehend the emotional, social, and psychological aspects of a clinical condition. In fact, narrative medicine, pooling information from different actors of the care system, enables to build not only the disease awareness, the recognition of the disease from a biological and pathological point of view, but also the illness awareness, the consciousness of living with the disease, and the sickness awareness, the knowledge of the social perception of the disease.

Enhanced Communication and Relationship Building

Effective communication is fundamental to the MSL role. Narrative medicine equips MSLs with the ability to articulate complex medical information in a relatable manner. By incorporating patients' stories into their discussions, MSLs can convey scientific information in a more meaningful and personalized way to engage healthcare professionals on a deeper level. In other words, the use of narrative medicine can help MSL to transform scientific data and objective findings, which can sometimes be sterile and distant from the real clinical world, into more effective storytelling close to clinician life.

The power of narrative helps humanize the data and statistics that MSLs present, enabling them to establish stronger connections with their audience, and providing them with the contextual framework to engage in, inspire, teach and appreciate the relevance.

Moreover, by actively listening to HCPs and acknowledging their stories, MSLs demonstrate empathy and foster collaborative partnerships. This collaborative approach not only helps MSLs gain valuable insights from physicians but also facilitates the exchange of scientific knowledge. Indeed, increasing evidence highlights that using a narrative medicine approach to allow understanding scientific concepts can create emotional connections by triggering the release of many hormones in the brain such as cortisol, dopamine, and oxytocin, which are important in forming memories, regulating emotional responses, and empathy.

Contributing to Medical Advancement

Narrative medicine offers a unique perspective that complements the scientific rigor of the MSL profession. By recognizing patients' stories as a valuable source of knowledge, MSLs can contribute to medical advancement in multiple ways:

1. Inspiring MSLs to explore new research areas or therapeutic approaches: By uncovering the unmet needs and challenges faced by patients, MSLs can identify opportunities for innovation and advocate for research and development efforts that address these gaps.
2. As the MSL profession evolves, narrative medicine could play a crucial role in shaping a future where empathy and human connection inspire scientific progress and ultimately improve patient outcomes.
3. Promoting patient-centeredness within the MSL profession: By valuing patients' stories and experiences, MSLs prioritize the holistic well-being of individuals over mere clinical data. This patient-centric approach enhances the quality of care delivered by healthcare professionals.

Conclusion

In a historical period where the industry is strategizing and thinking beyond regulations and compliance to create and sustain meaningful connections with patients at every stage of their journey, narrative medicine is emerging as a powerful tool for medical science and pharmaceutical innovation. By embracing patients' stories and integrating them into their interactions, MSLs can foster effective communication, deepen a connection with HCPs, and promote patient-centeredness.

As the MSL profession evolves, narrative medicine could play a crucial role in shaping a future where empathy and human connection inspire scientific progress and ultimately improve patient outcomes.

About the authors:

Marco Tramarin, PhD

Born and raised near Milan, Italy, he has always been fascinated by the wonders of nature. He pursued his passion for biology and obtained an MSc in the field, laying the foundation for his career in the scientific realm.

Driven by a profound curiosity about the complexities of the human brain, he pursued a Ph.D. in neurobiology, delving into the complexities of the human brain. Following the completion of his doctorate, he engaged in a two-year postdoctoral position, further honing his research expertise.

As his curiosity expanded, he decided to move from academia to the dynamic world of industry.

In this new chapter, he joined Biogen's medical affairs team, focusing on therapeutic areas related to multiple sclerosis and Alzheimer's disease.

He later joined Angelini Pharma, where he spent the last two years making a difference as a dedicated Medical Science Liaison in the area of CNS and brain health therapeutics. In this role, he strives to bridge the gap between medical knowledge and the practical applications in the field, making a meaningful impact on patient outcomes.

Beyond his professional pursuits, he loves traveling and immersing in the serenity of nature.

Serena Pantalone, PhD

Serena is a Medical Science Liaison in Angelini Pharma and since 2022 she has worked in the anti-infective therapeutic area for the central-north of Italy. Previously, she worked in Novartis in the cardiovascular area, being involved in cross-functional and pre-launch projects.

Serena also has 5 years of academic experience (biochemistry, biophysics, and structural biology) including a PhD in biomolecular sciences by which she explored the pathological function of macromolecular protein complexes involved in rare retinal diseases.

The transition between Academia and Industry was made possible thanks to a post-graduate master's in pre-clinical and clinical drug development.

In her work, her passion is discovering medical gaps, generating clinical and scientific evidence, and contributing to medical excellence innovative projects.

Born and raised in Pescara (near Rome), she currently resides in Milan with her boyfriend Edoardo; actually, this is the sixth city she has settled down, after several relocations she made around Italy and Europe for work and study. Her hobbies are running, skiing, traveling, and shopping.

MSL Diary: A Tale of Determination and Dedication

By Syeda Umme Sadia, MBBS, MPH, MBA | Fall 2023

Basically, my desire to become an MSL was sparked by an encounter with another MSL during my time as an intern at a hospital. This individual had come to deliver a speech but ended up inspiring a profound aspiration within me. Pursuing this dream turned out to be far more challenging than I initially anticipated. I vividly recall my very first interview, where an interviewer from the pharmaceutical industry shattered my confidence by remarking, *"You're a doctor, what do you know about the pharmaceutical field?"* They went on to say that my knowledge was limited to understanding how the human body functions, without grasping how drugs affect it.

However, my determination knew no bounds. In the initial three years following my MBBS, I embarked on an unstoppable quest to acquire every skill necessary for a successful MSL career. Through various workshops, I honed essential abilities, including public speaking, storytelling prowess, and computer proficiency. Upon completing my MPH, I eagerly sought opportunities with different pharmaceutical companies, undergoing interviews at eight of them, both local and multinational. Unfortunately, each attempt ended in disappointment, as none of them were willing to take a chance on me. The recurring feedback from interviewers centred on two common misconceptions: first, the notion that my medical background rendered me ill-suited for the corporate world, and second, the misconception that being a woman would hinder my ability to undertake frequent out-of-town visits.

As Walt Disney wisely said, "If you can dream it, you can do it." These words held true for me, even after enduring numerous setbacks. Finally, I achieved my goal of becoming an MSL with a multinational pharmaceutical company, embarking on the journey of my dreams. What I truly appreciated about my first pharmaceutical employer was their commitment to equipping me with the essential skills required for excelling in my MSL role. I underwent extensive refresher training programs that fortified my foundation. I am profoundly grateful to all my mentors who believed in me and played an integral part in turning my dream into a reality.

Working as an MSL in a developing country like Bangladesh presented a multitude of challenges, despite my abilities. One significant hurdle was the reluctance of many to accept a female colleague in the field. Being an MSL entails more than just delivering speeches at events; it requires extensive relationship-building, both with Key Opinion Leaders (KOLs) and sales colleagues. Regrettably, many were uncomfortable dealing with me, no matter how hard I tried to bridge the gap. They hesitated to share internal matters with me, matters they readily discussed with male MSLs.

Even the KOLs, while not directly expressing their reservations, maintained a palpable distance. One of my managers never permitted me to undertake out-of-town field visits, citing safety concerns. Despite my earnest assurances of my willingness and comfort with such visits, my pleas went unanswered. In closed-room conversations, my manager's discomfort was apparent, fuelled by baseless rumours.

My colleagues often embarked on various excursions without even extending an invitation. Loneliness and a sense of deprivation crept in, leaving me yearning for another female colleague who could empathize with my experiences. I distinctly recall an incident during our annual conference, where I overheard a colleague remarking, "Don't inform her; we're going outside. Girls

are an extra burden." Even when I attempted to excel and contribute above and beyond, they questioned my dedication, asking, "We don't think you have a family. Why do you stay at the office so late?" At times, I found myself contemplating how different things might have been if I were male.

However, it's essential to note that not every moment was marred by difficulties. There were instances where my dedication and hard work rewarded me with cherished memories and moments of fulfilment. One of the most rewarding aspects of my job was being there for doctors when they faced challenging study articles. We worked together, and I connected them with experts in the field. It was incredibly fulfilling to know that I played a role in improving the patient's outcome.

Education is a passion of mine, and I organized regular training sessions for both healthcare professionals (HCPs) and sales colleagues. These sessions were not just informative but also enjoyable. I used real-life case studies and encouraged interactive discussions, making it a great learning experience.

My career as an MSL has been full of diverse projects. One memorable project involved collaborating with a renowned cardiologist on a clinical trial. I contributed by analysing data and liaising with investigators. Our teamwork yielded valuable insights for the cardiology community, and it was incredibly satisfying to be a part of such impactful work.

Being an MSL allowed me to interact with healthcare professionals from all over the world. Attending international conferences was a highlight of my career. I cherished the opportunity to exchange ideas and insights with leading experts in the field. These experiences not only expanded my knowledge but also gave me a global perspective on the exciting developments in cardiology and diabetes.

So, here are some recommendations based on my real-life experiences, tailored for someone new to the MSL field:

Embrace Computer Literacy: Invest time in becoming computer-savvy. Proficiency with various Microsoft software applications is crucial for effective communication. Navigating these tools will significantly streamline your work.

Hone Communication Skills: Communication is key, not only for simplifying complex medical concepts for fellow doctors but also for conveying information to the general public. Overcome any fear of public speaking, as it's an essential skill in this role.

Master Networking: Cultivate your networking skills. Building and maintaining relationships with peers, colleagues, and Key Opinion Leaders (KOLs) is pivotal to success in this field.
Scientific Expertise: Possessing in-depth scientific knowledge in your area of specialization is immensely valuable. Aim to have a level of expertise that surpasses that of your KOLs, as this will make you an invaluable resource to them.

Enhance Social Intuition and Emotional Intelligence: MSLs often encounter individuals with contrasting personalities. It's essential to navigate these diverse interactions with grace and professionalism. Stay composed and adaptable, even when faced with unexpected challenges. Remember, not everything will unfold as planned, but maintaining your composure and motivation is vital for your career's success.

Best of luck on your MSL adventure – may it be a rewarding one!

About the author:

Dr Syeda Umme Sadia, MBBS, MPH, MBA

Syeda Umme Sadia is a dynamic healthcare professional with a passion for making a meaningful impact in the pharmaceutical sector. Hailing from the vibrant country of Bangladesh, she has embarked on a remarkable journey that has taken her to new horizons, currently calling Malaysia her home while pursuing her post-graduation.

Throughout her career, she has consistently demonstrated her commitment to healthcare and medical science. Before embarking on her pharmaceutical career, she gained valuable experience in various hospital settings, honing her medical skills and deepening her understanding of patient care. Her passion for healthcare led her to venture into the pharmaceutical industry as an MSL, where she forged invaluable relationships with medical specialists and healthcare professionals. Her expertise in therapeutic areas made her an asset to pharmaceutical industries, where she provided critical medical education and scientific support to healthcare professionals and researchers.

She is committed to continuous learning and growth. She is currently pursuing an MBA in Healthcare Management, leveraging her vast experience to become a future leader in healthcare administration.

The Impact of AI on Medical Affairs

By Lana Feng, PhD | Fall 2023

Artificial Intelligence (AI), particularly generative AI, has been the buzzword promising massive transformation in the way Medical Affairs professionals do their jobs over the past year. Medical Affairs organizations, specifically the MSLs, Medical Writers, and Medical Researchers are experiencing a significant shift in their roles and responsibilities, but how exactly is the integration of AI technologies impacting their work? This article will explore the multiple ways that AI is impacting Medical Affairs and how organizations and individuals are leveraging this new technology to redesign their workflows and become more effective than ever before.

There is no limit to the potential use cases of AI in Medical Affairs. From the scientific literature review and summarization to Standard Response Letter automation to the creation of abstracts and manuscripts, generative AI has myriad applications in Medical Affairs teams. As the technology is still very new and constantly evolving, we've identified the 3 areas where AI has already been widely implemented to increase efficiencies around previously manual processes and free up MSLs and other team members to focus on more strategic activities as well as emerging use cases for generative AI in Medical Affairs.

Actionable Insight Generation

One of the most important ways AI is impacting Medical Affairs professionals is through enhanced data analysis and surfacing of actionable insights. AI algorithms can analyze vast amounts of patient data, clinical trials, publications, scientific literature, congress materials, internal private data sources, and CRM data to uncover invaluable insights that previously required hours of human curation to acquire. Insights have long been a vital output in the job of an MSL, but not always simple to truly quantify. With generative AI, the arduous task of mining through notes and documents can now be handled by technology to generate accurate, actionable insights that MSLs can utilize to better understand disease patterns, treatment outcomes, the latest research, and industry trends in their therapeutic area. This enables them to engage healthcare providers with data-driven, up-to-date information, adding more value to their interactions with KOLs and ultimately improving patient care.

Literature Review

The medical field is constantly evolving, and staying informed of the latest research and industry trends is crucial for medical affairs professionals. AI-driven platforms can curate and deliver relevant content to MSLs, making it easier for them to stay informed about new treatments, clinical trials, and research findings. This ensures that medical affairs professionals are well-equipped to communicate the most current information to healthcare providers.

For medical writers and researchers, literature review is a critical part of their work. AI can significantly expedite this process by scanning through vast volumes of research papers and scientific publications and extracting relevant information. Medical affairs professionals can leverage AI to quickly gather evidence and stay updated with the latest findings in their respective fields.

Regulatory and Compliance

As with insight generation and literature review, generative AI's impact on regulatory affairs cannot be overstated. AI has the ability to review documents, assessments, reports, and submissions to ensure compliance with the ever-evolving regulations in geographies around the globe. Medical writers and regulatory experts work closely with AI systems to maintain a high standard of quality assurance, minimizing errors and inconsistencies in documentation. What used to take months of research, curation, and content creation can now be accomplished in days.

Additionally, generative AI is being used to monitor and analyze adverse events related to medications. Medical Affairs professionals are integral in the pharmacovigilance process, and AI platforms have the ability to assist them in identifying potential safety concerns earlier. This enables them to quickly surface those potential issues internally and provide the correct guidance to healthcare providers more effectively than ever, thereby enhancing patient safety and regulatory compliance.

Emerging Uses of Generative AI

As generative AI continues to become more ingrained in the work of Medical Affairs organizations, the application of the technology will continue to expand. Content creation is one of the more intriguing use cases being employed by MSL and Medical Writing teams. Beyond the review, analysis, and summarization of publications, trials, literature, public data, and proprietary technical documents, AI platforms are being relied on to create the outputs for Medical Affairs teams.

From developing and modifying PowerPoint presentations on the fly to drafting abstracts and manuscripts to creating response letters and translating package inserts and informed consent documents, more and more Medical Affairs organizations are depending on their AI platforms to assist in creating content on their behalf. Is the output from artificial intelligence accurate

enough to trust with such important work? Not yet. At least not fully. However, some platforms, such as Huma.AI, have been validated at over 97% accuracy. And technology continually gets smarter and smarter.

This is a very exciting time for Medical Affairs, as AI technology is rapidly changing the landscape and capabilities of the domain. Despite the many advantages, the integration of AI into Medical Affairs organizations is not without challenges. Ensuring data privacy, maintaining ethical standards, and eliminating the inaccuracies inherent in generative AI remain very serious concerns. While embracing this new technology into their work, Medical Affairs professionals need to properly monitor and correct the outputs of their generative AI partners to ensure accuracy and compliance.

One year ago, artificial intelligence was barely a consideration in our space. Today, it is a reality that is profoundly impacting Medical Affairs and every other department in Life Sciences companies. From improved data analysis and decision support to regulatory compliance and quality assurance to content creation and automation, generative AI is a transformative force in the industry. As exciting as this technological advancement may be, it is crucial that Medical Affairs professionals navigate the integration of AI with care, diligence, and a commitment to ethical considerations as they always have.

~ Huma.AI
Huma.AI is a pioneering generative AI company with a platform designed specifically for Life Sciences. To request more information, please visit www.Huma.AI

About the author:

Lana Feng, PhD

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.

MSL Behaviours and How This Influences Outcomes

By Steve Patmore | Fall 2023

MSLs and field-based medical personnel, you are the heroes of this article. The people who often cover huge geographies working both remotely and field-based, are experts in their therapy area and work tirelessly to be the trusted, impartial provider of scientific information, whenever a healthcare professional calls!

If you are interested in exploring your own behavior and how a simple focus on making small positive changes to the things you do every day, can lead to incremental benefits for yourself, the team you work with, and the healthcare community that you serve, then this article is for you!

There are several objectives that as MSLs, we may be trying to achieve, such as.

- Creating a great stakeholder experience seamlessly across multiple channels; this means building deeper professional scientific relationships with external stakeholders and providing them with the education they want/need, in the format they want, when they want it.
- Provide enhanced scientific dialogue to external stakeholders which supports them to deliver better healthcare to

their patients
- Just winning the day, developing good habits, and consistently performing them

Whatever your objective, the core job can be performed using a variety of channels and the skill is to select the most appropriate one for the key objective, the external stakeholder, the time available, and the best use of the MSL time and budget. It's not just about variety, it's about appropriateness.

At the same time, we want to achieve MSL excellence compliantly, and arguably, what lies at the center of this is delivering positive and impactful scientific engagements with external stakeholders. Regardless of the channel of engagement, we need to get the fundamentals right. Gaining the external stakeholders' trust is critical, as is putting the foundations in place to develop a long-term professional working relationship. This then puts us in a better position to demonstrate to the wider business the scientific value of medical affairs.

The challenge we face is consistently providing a high-quality service. This assumes that your company has visible standards and expectations to which you can hold yourself accountable. How can you determine if you deliver at an above industry medical affairs standard if you don't know what the industry standards are? Regardless of the awareness of standards, be that at a company or industry level, every MSL should want to constantly improve, take an introspective view, and want to be the best they can, to be recognized by their external stakeholders and employers for the consistent, high-level contribution they make.

So, the question is what does good look like and where do you start when it comes to determining what is a high-performing MSL? Let's focus on something simple, something we are all in control of and that is our behavior because our behavior has an impact, and therefore always delivers an outcome! Let's start thinking about how we can develop our behaviors to drive the results we aspire to achieve. What's required is some self-motivation, a focus on our personal development, and an evaluation of our own behaviors to build on them further.

Consciously develop positive behaviors, consistently deliver them, and so form new habits. More positive behaviors drive more positive outcomes! For example, aim to always be early to external engagements when presenting to groups, consider your posture and facial expressions, and whether your body language is congruent with the words you are using. Do you read from your slides too much, do you get defensive when challenged on the scientific data? There are so many things to consider, just choose something important to you, write it down, and think about how you could improve that behavior.

From here you can move forward, equipped with objectivity and awareness as you pursue your personal goals and aspirations. As MSLs we need to be consistent, bring good energy, and keep doing the basics well. This will set you up for success. Start by exploring your individual behaviors, the relative strength of each behavior, and its impact on outcomes. Once we understand the relationship between impact and the behaviors that give rise to them, we can start to demonstrate more of the behaviors that have the desired impact. Consider impact intended vs impact landed. Do we, as MSLs, adapt our behaviors to align with the diverse stakeholders we work with to ensure we manage these behaviors, ensure our impact lands as we intend, and therefore have greater control over the outcomes? How can we say we are truly focused on demonstrating the scientific value of medical affairs if we are not focusing on our impact and therefore the outcomes resulting from our behaviors?

Remember that feeling when an external stakeholder meeting went well and you left feeling good because you just knew you had done a great job and the stakeholder really valued your scientific input? The intention here is to focus on replicating that feeling, on a more regular basis, by taking ownership of your personal development. This starts by developing our behaviors to consistently drive more positive outcomes. Constantly developing our approach to scientific dialogue and stakeholder engagements will enhance the reputation of the company and the industry as well as helping to further the science and address the unmet medical need within your disease area.

What is the future we all want to work towards? You will have your own way of describing it though here are some suggestions below:

- Clarity on how positive behaviors, consistently delivered, will improve outcomes.
- Applying these positive behaviors will result in more positive responses from external stakeholders.
- Increased fulfillment in role because of improved outcomes.

Let's consider three steps that will help us achieve this future.

Step 1 *– make small daily improvements in behavior.*

- Do nothing at all vs making small consistent efforts to develop.
- 1.00365 = 1.00 vs. 1.01365 = 37.7

Notice the second answer is nearly 38 times larger than the first, just as a result of doing 1% more than usual every day of the year! The impact of such a small improvement, consistently delivered, really can lead to remarkable results! So where do we start? By aligning on the basics, setting the standards that we want to hold ourselves accountable to and then consistently delivering on those standards as a minimum.

Step 2 *– commit to these improvements within your appraisal/personal development plan.*

We can all start to make small improvements daily, though how do we keep this going? As a suggestion, incorporate these changes into your appraisal and personal development plan. We all should set objectives at the start of the year, have a mid-year appraisal and then an end-of-year review, which presents the perfect situation to be visible with management and our peers as to what we want to achieve, put these plans into action and track them throughout the year. This public commitment to want to be a better MSL, whatever this looks like for you, is a great start to ensure the focus remains on your development throughout the appraisal cycle.

Step 3 *– ask for feedback, internally and externally, to provide the proof that your positive behaviors are having the desired impact, are recognized, and appreciated.*

Consider a short feedback questionnaire to send to external stakeholders following a meeting. Include a NET promoter score question, such as 'How did the interaction with an MSL from [company name] compare to meetings you have had with MSLs from other pharmaceutical companies?', which allows you to benchmark your performance.

Internally, ask for guidance and use the responses to recalibrate. Don't look for praise and recognition, look for correction and guidance.

What is the smallest change you can make that will get you closer to the target and make a noticeable difference?

We all want to have more positive and impactful scientific interactions so take that first step and identify the behaviors you will look at first, what do you currently do and how will you improve? Write it down, make it public, commit to improving and consistently apply the refined behaviors. Seek guidance and feedback to inform your approach to developing more positive behaviors, consistently delivered, creating the opportunity to achieve more successful outcomes. If you do this, then you are already one step closer to being a high-performing MSL.

Disclaimer: *the opinions expressed within this article are solely the author's and do not directly reflect the opinions and beliefs of Mundipharma or its affiliates.*

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Steve Patmore

Steve Patmore is an award-winning medical affairs specialist who has worked across both commercial and medical functions. As an empathetic, conscientious, and optimistic leader of teams, he believes in a values-based approach and the benefit of a purpose-driven culture as the foundation for the longevity of high-performing teams.

Samantha Oliver

Samantha has 22 years within the pharmaceutical industry working across a number of different functions & therapeutic areas. For the last 3 years she has been working as an MSL and has a passion for supporting HCPs and demonstrating the value of the MSL role both internally and externally.

Engage MSLs Early and Often for Impact

By Susan Giacalone, MSN, MSL-BC | Fall 2023

Due to today's rapidly evolving scientific information and consistently emerging therapies, an integrated medical team that includes Medical Science Liaisons (MSLs) as part of the launch leadership and strategy is vital to assure corporate and product awareness. MSLs also assist with overcoming challenges and staying abreast of the latest advances in therapeutic areas, product trends, best practices, regulations, and outcomes, and clearly define therapeutic unmet needs and product differentiation to assure stakeholder engagement.

Increasing Challenges for Brands and Their Medical Teams

The pharmaceutical marketplace presents increasingly complex challenges for brands and their field medical teams:

- Intense competition makes it difficult for brands to gain a strong scientific share of voice and achieve visibility in a crowded environment.
- Limited access hampers the establishment and maintenance of relationships with crucial stakeholders, such as key opinion leaders (KOLs) and other healthcare professionals.
- Clinically astute, integrated medical affairs teams with strong business acumen can gain insights, provide disease state education, and help shape a successful and compliant cross-functional strategy.
- Healthcare providers (HCPs) and payers are inundated with data and information and may struggle to appreciate the clinical differentiation of a product without the benefit of credible scientific peer-to-peer discussion.
- Managing diverse product portfolios requires significant internal resources to maintain the required subject matter expertise.
- Rapid innovation demands continuous education for field medical teams.
- Balancing business priorities while adopting a patient-centric approach poses challenges.

To address these issues, field medical teams must engage in scientific exchange, raise awareness of unmet medical needs, drive therapy adoption based on strong, clinically relevant data, and ensure positive patient outcomes through compliant cross-functional collaboration. Companies must bring MSLs to the table early and keep them there throughout the product life cycle to ensure success through medically informed strategic planning, strong KOL relationships, and expert front-line scientific exchange.

Utilizing MSLs During Prelaunch Can Determine Future Success

Launching a new therapy is a fluid process, but there are customary steps. During prelaunch, internal communication of medical insights may optimize the time to complete clinical trials and enhance outcomes by decreasing protocol deviations. Identifying key questions for medical response formation provides additional data for publication planning. Additionally, MSLs provide internal disease and product training for internal stakeholders.

While MSL contributions are often not recognized as an asset until later in the commercialization process, if MSLs are left out of the steps above, corporations delay the growth of the product's Scientific Share of Voice (SSoV), which is a critical pre-launch success factor. SSoV helps drive awareness of unmet medical needs, contributes to thought leader advocacy for the product, stimulates disease state discussions, and provides information to impact strategic planning. Core Integrated Medical Affairs and MSL activities include:

- **Clinical Trial Support:** MSLs help with the clinical trial accrual process by identifying sites, ensuring the investigators keep the trial top of mind, and inspiring competitive accrual. MSLs provide investigators with scientific updates regarding congress data and publications. They also assist with general site education by helping clinicians understand the product's mechanism of action and where it fits in the overall competitive treatment landscape.
- **Evidence Generation:** MSLs collect medical insights from clinicians and advocacy leaders that may provide the necessary foundation for real-world evidence studies, including Health Economics and Outcomes Research (HEOR) and Patient-Reported Outcome (PRO) research studies. Both provide key data and insights to demonstrate improved outcomes and strategically inform important healthcare decisions while extending the data life cycle for the drug.
- **Therapeutic Area/Unmet Strategy:** MSLs can create the blueprint for success with a high-science product launch. Managing important tasks such as translating the scientific data derived from clinical trials into clinical-relevant information for scientific exchange enhances the compelling product scientific story and strategic medical objectives, and clearly articulates the patient journey for the clinicians.
- **Shape the Market:** MSLs can boost stakeholder engagement, speed up conversions from interactions and develop the solution to an unmet medical need through astute business acumen combined with subject matter expertise. MSLs craft compelling scientific narratives that resonate with key stakeholders, such as patients, providers and payers, and leverage data for optimal connectivity.
- **Establishing Credibility:** MSLs are highly educated and possess in-depth knowledge of the disease state and products in the therapeutic landscape. Their expertise provides accurate, fair, balanced and reliable information for healthcare professionals while establishing trust and credibility in their relationships. In addition, MSLs can

respond to unsolicited medical requests with the most up-to-date information to support the scientific rationale, efficacy and safety of their products.

EVERSANA's MSLs Overcome Industry Challenges and Set the Stage for Success

MSLs are an imperative part of the pharmaceutical commercialization process for high-science therapies, helping bridge the gap between scientific knowledge and effectively treating patients in need. EVERSANA helps companies achieve this by incorporating MSLs and utilizing their expertise early in the pre-launch phase as members of the launch team leadership is essential to the success of complex drug launches and to the overall improvement of health outcomes.

We quickly assemble MSL teams for our partners and guide them through implementing brand strategies for their products. We prioritize recruiting and retaining the right individuals who fully understand specific therapeutic areas and disease states, and who will create a greater SSoV and brand harmony among the providers we work with.

EVERSANA is extremely flexible with the size of companies and types of compounds we can work with. We partner with small biotech companies focused on the scientific development of a compound and putting in place a complete medical affairs infrastructure, and larger or midsize companies with medical affairs departments already in place; therefore, we solely help implement the field medical portion.

By providing therapeutic-wide education and combining first-class clinical and business acumen during prelaunch and throughout the product's entire life cycle, EVERSANA's team of MSLs brings invaluable benefits to every player involved in the treatment of a patient.

About the author:

Susan Giacalone, MSN, MSL-BC

Susan Giacalone, MSN, MSL-BC is the Vice President of Medical Deployment at EVERSANA and has built, led, and re-invented numerous regional and national field medical teams to raise Scientific Share of Voice for over two decades.

During her career, she has garnered great industry success building successful field medical teams as a field-based MSL, regional director, and National Director at Schering Plough, Novartis, Lexicon, Tersera, and MacroGenics. Susan is skilled in building and developing top-performing field medical teams across both domestic and international markets, Her CV includes 10 Peer Reviewed Medical Publications, 1 book chapter, and multiple Field Medical invited presentations.

She has been an award winner for strategy, innovation, scientific acumen, and clinical trials support and was honored as the MSL Society U.S. Manager of the Year in 2019.

The Role of Artificial Intelligence (AI) in the Future of Medical Affairs: Insights and Perspectives

By Joan Compte, MBA, PhD | Fall 2023

INTRODUCTION

The emergence of artificial intelligence (AI) has the potential to revolutionize the pharmaceutical and biotechnology industries improving the efficiency and effectiveness of Medical Science Liaisons (MSLs) and Medical Advisors (MAs) in their daily activities. However, the awareness, understanding, and perceptions of these advanced technologies in these roles remain unclear. To bridge this knowledge gap, we have conducted a comprehensive survey targeting MAs and MSLs in the pharma and biotech sectors to assess their awareness of AI, their potential impacts on job performance and job security, and the current state of implementation within their respective organizations.

In this article, we will present the findings of our survey, which aims to provide insights into the level of acquaintance MAs and MSLs have with AI, their perceptions of the benefits and challenges associated with these technologies, and the factors that may influence their adoption in the industry. By understanding the current landscape of AI awareness among Medical Affairs professionals, we can identify areas where further education and support are needed to facilitate the successful integration of AI into their professional roles.

Whether AI is some fleeting mode is completely out of the equation, thus the only question is how long it will take before we all start using AI-powered devices, applications, etc.

METHODS

We elaborated a Typeform survey collecting information about Medical Affairs Professionals from worldwide. The survey was shared in June 2023, and we defined a period of four months for data collection. The survey had 22 questions, which are focused on three main topics: previous knowledge about AI tools, predisposition to learn and stay up-to-date, and their opinion about possible uses and challenges in Medical Affairs. Thus, the first questions were about general personal data and then, we guided the participants looking for more specific responses about their knowledge in AI.

Our communication plan was based on the dissemination of the survey through the professional social network LinkedIn, following a strategy of one post uploaded per week.

Finally, out of the 200 people who initially participated, 119 participants fully completed the survey. For the analysis, we only considered the responses of the 119 participants who finished the survey. At the end of the stipulated time, we analyzed these responses, and we summarized the most relevant findings in this article.

RESULTS

Analyzing the participants' characteristics, the most represented country was Spain with 68,1% of answers, followed by the USA (10,9%) and Brazil (3,4%), amongst 19 other countries worldwide. Regarding the professional role, 50,4% of participants included were MSLs, 21,8% were Medical Advisors, and 14,3% were MSL Heads. From all participants, 33,6% of respondents had less than 2 years of experience, 33,6% had between 2 and 5 years, and 32,8% had over 6 years of expertise.

Thus, the next questions were designed to understand the level of familiarization of Medical Affairs employees with AI. In this context, 56,3% of respondents affirmed being able to define AI in one sentence and 64,7% to be familiar with AI in their daily work, which highlights a solid awareness of AI in this sector. Furthermore, 84,8% claimed to be confident (51,2% somewhat and 33,6% very confident) about their ability to adapt to new technologies like AI in their roles.

We then asked about the **resources** that could be helpful in order to enhance their understanding of AI and its massive potential and applicability. In this sense, more than 68% considered **practical workshops and online training courses** as key activities, followed by informative webinars (52,2%), guidelines (43,3%), and conferences (32,5%), respectively (Figure 1). Nevertheless, **only 20,2% confirmed to have been trained or informed about specific sessions on AI** fostered by their companies, while **more than 50% stated to not received any information/training at all**. The rest had only been notified about possible concerns and challenges the use of AI could imply in their companies (23,5%).

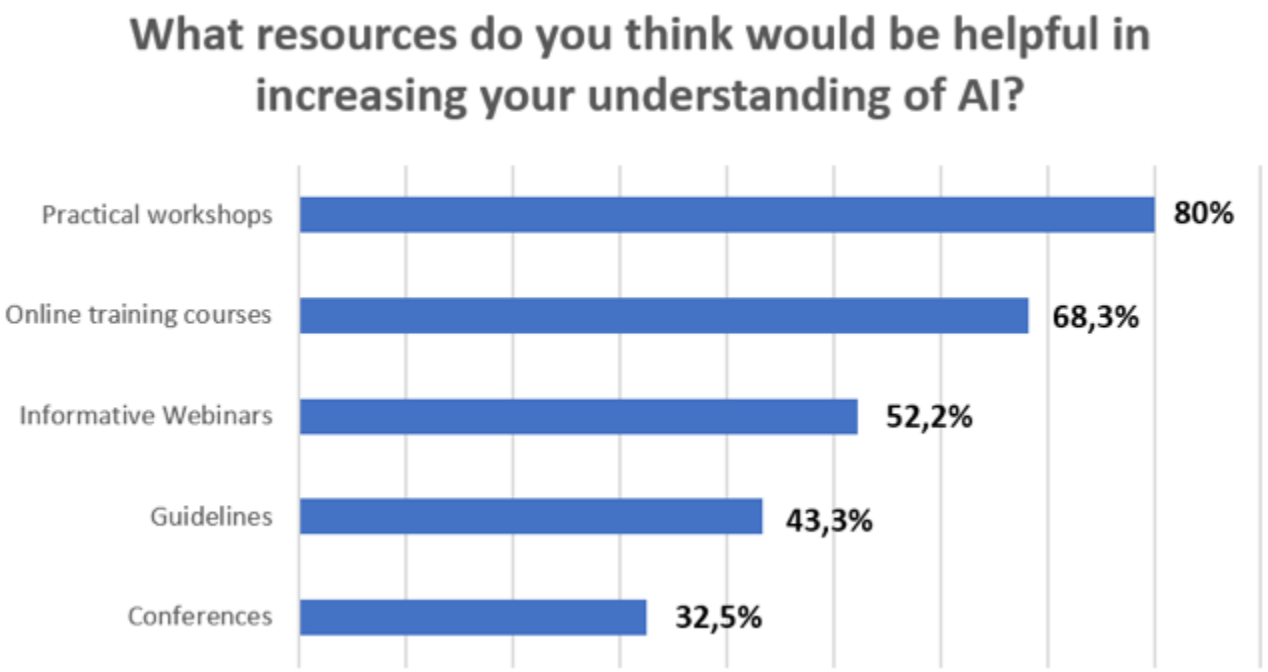

Figure 1. Useful resources for increasing AI understanding.

Furthermore, up to 50% were not **aware of AI-powered tools** in their companies, whereas only 4,2% of them were aware and daily users. Ultimately, to the question of whether their **companies had already implemented or were considering implementing AI**, valuable data were generated. In this regard, while 44,5% were currently considering it, only 10,9% have done it. In this sense, 25,2% were unsure about it and 19,3% were not considering it at all.

These preliminary results demonstrated that survey respondents are highly qualified workers with decent notions and interest in AI and a strong commitment to its implementation in Medical Affairs, even though their companies seem still to be cautious or even slightly hesitant about it. On this matter, according to them, the main factors that may influence the adoption of AI in the pharmaceutical and biotechnological sectors are **regulatory concerns (85%)**, followed by the **readiness of the industry (55%)**, the field force adaptability (50,8%) and the cost (45%) (Figure 2).

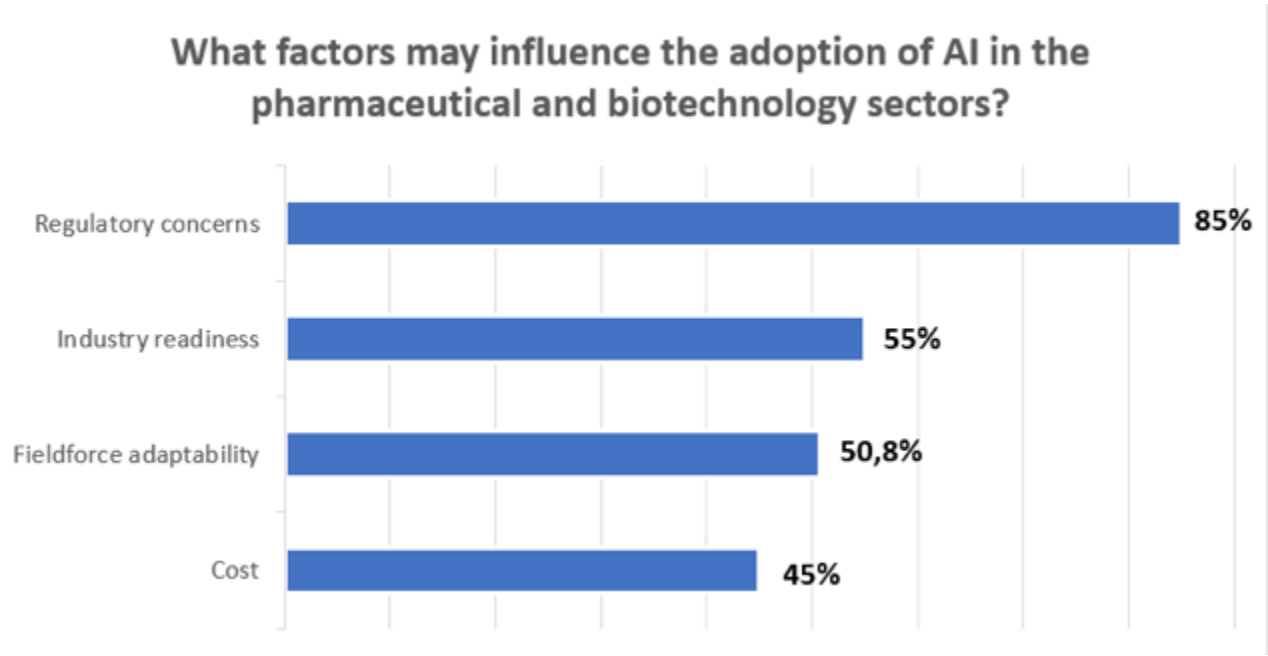

Figure 2. Factors that may influence AI adoption in the pharma/biotech industry.

Moving a step ahead, we asked which strategies should their organizations adopt to ensure a smooth transition to AI. The

responses collected reckoned that the first measure companies should do is to **promote training and educational programs about AI (43,3%)**. Also, additional strategies could include running pilot projects to test the feasibility of AI implementation (30,8%). Ultimately, a gradual implementation and collaboration with AI developers were considered last of almost equal necessity (13,3% and 12,5%, respectively) (Figure 3).

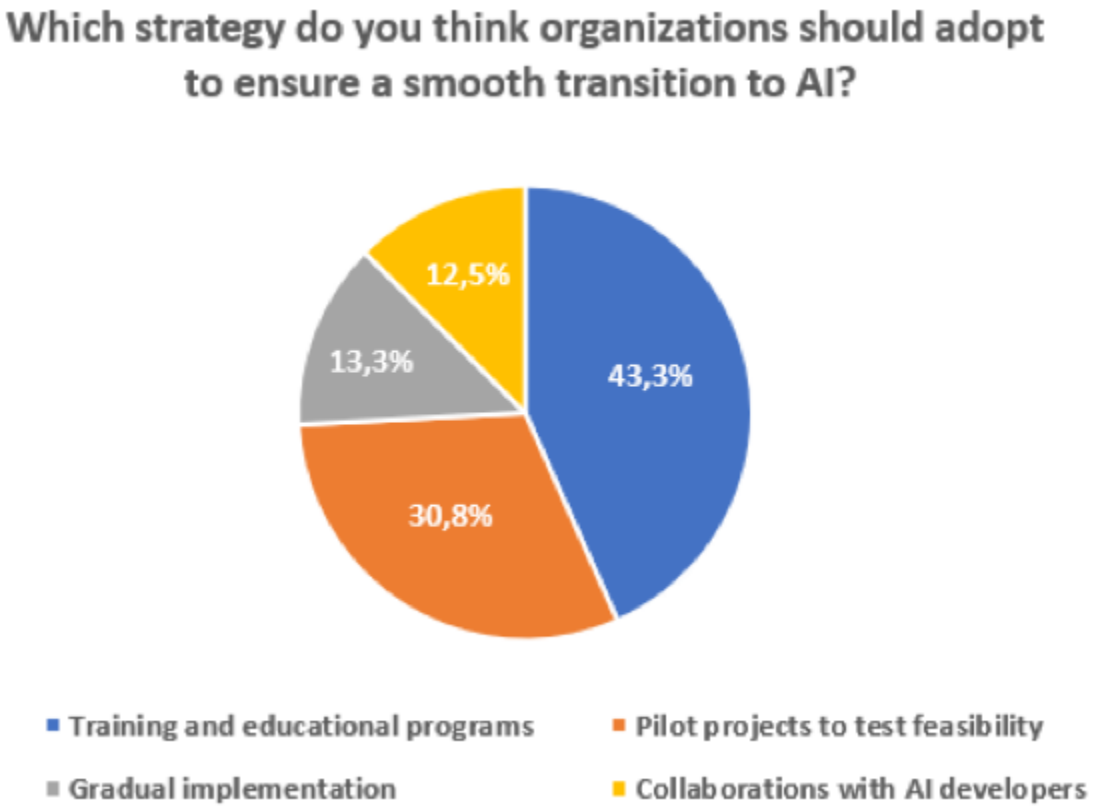

Figure 3. Strategies to ensure a smooth transition into AI.

We then asked about the direct impact that AI may have in their daily activities. Interestingly, **over 67,2% of the survey respondents considered that AI is not a threat to their positions**. Moreover, while half of them were unsure, but not worried about AI being routinely used in the next 2 years in Medical Affairs, over **31,9% were totally convinced about the future use of AI in their daily work**. Meanwhile, 16,8% were either resistant to this idea or worried about it.

Regarding the main **daily tasks that could be enhanced by AI** implementation, **data analysis** (85,8%) and **publications research** (80,8%) were the most voted options as those with the biggest potential, followed by resources to improve slide kits (66,7%) and ideas gathering for projects development and management (66,7%). Other AI-improvable segments valued by respondents were medical information responses to healthcare professionals (60%), email response suggestions (58,3%) and tailoring educational materials (53,3%) (Figure 4).

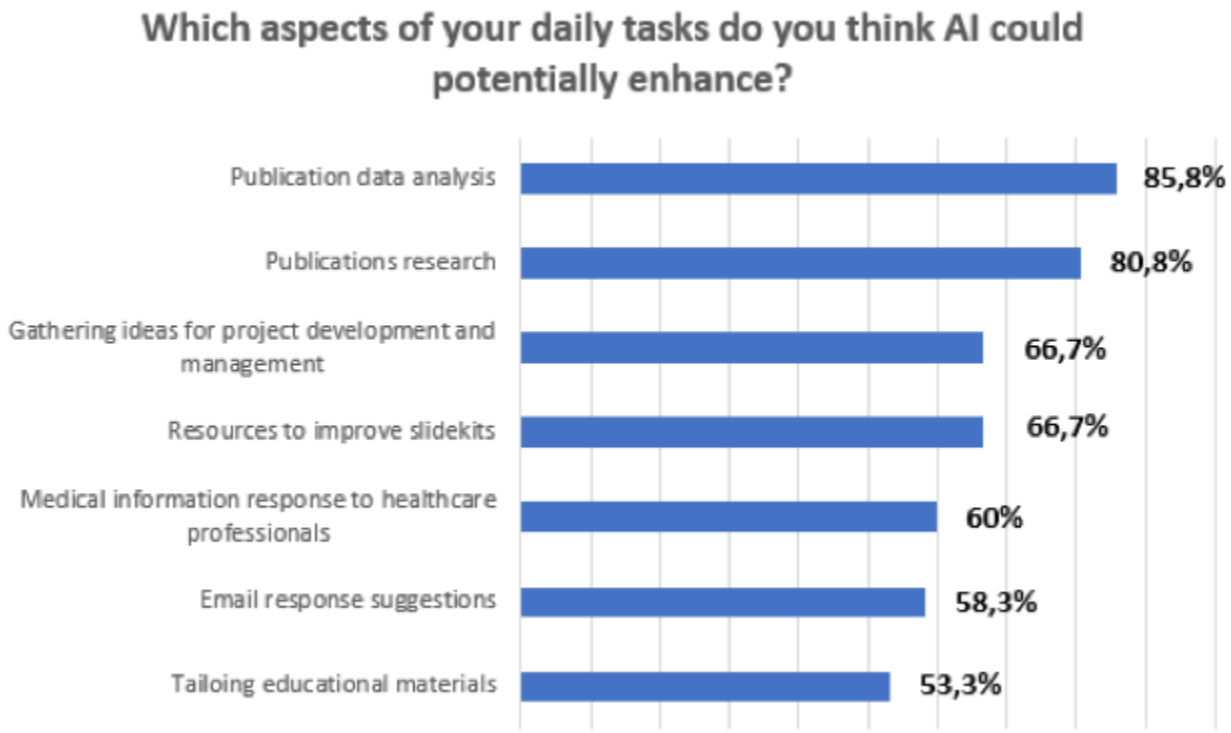

Figure 4. Potential tasks enhanced by AI.

With respect to this notion about AI's future perspective, over half of the participants affirm that **AI will revolutionize the Medical Affairs field in the long term** and over 20% in the short one. These results clearly confirm that the majority of Medical Affairs employees, despite not being sure about its immediate implementation, are aware of AI's huge potential. Focusing on the engagement with healthcare professionals (HCPs), about 55% of the respondents said that **AI will be a gamechanger when it comes to boosting the efficiency of their interactions** (Figure 5), although 68,1% of the participants affirm that HCPs are less prepared than the medical affairs professionals regarding the readiness to implement any AI novelties.

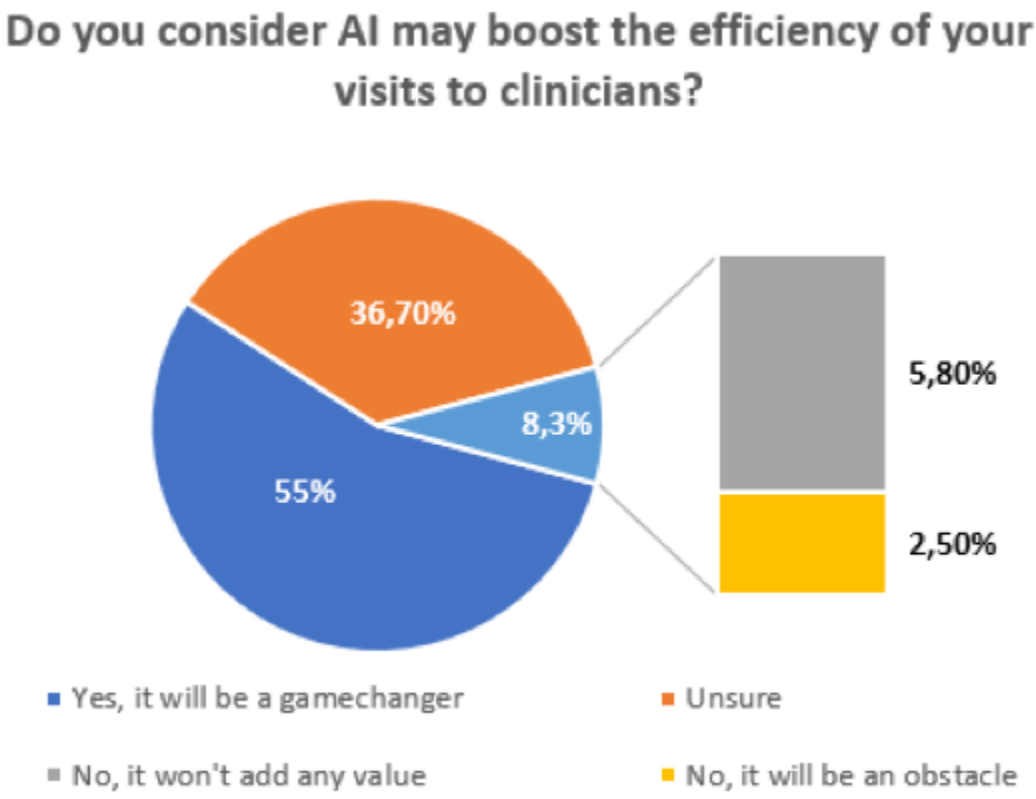

Figure 5. Efficiency of AI in visits to clinicians.

Besides, **more than 40% thought that AI could improve communication between the different stakeholders in the pharmaceutical industry** whereas only 7,6% believed it wouldn't, and 25,2% were unsure about it.

As possible **challenges** that medical affairs professionals may face in the implementation of AI, almost 40% of the respondents consider **the lack of knowledge/training** as the main factor, followed by data privacy concerns, quality of scientific content and truthfulness of the AI resources, with 19,2% 17,5% and 15,8% respectively (Figure 6).

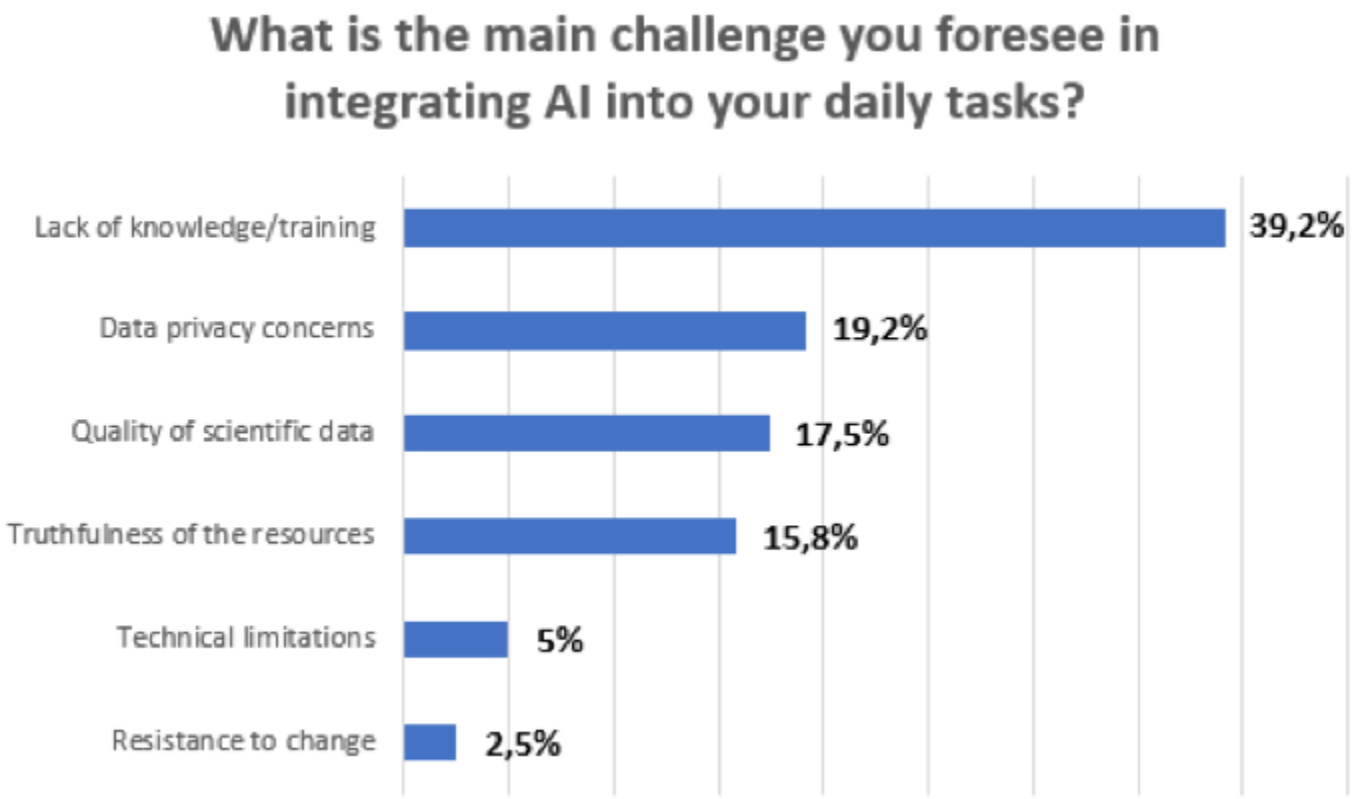

Figure 6. Main challenges of AI implementation.

What seems clear is that in the upcoming years, AI's biggest challenge will certainly be overcoming ethical concerns before its full integration into society's day-to-day lives. In this regard, 40% of respondents reckon data privacy to be the most important worry, followed by the reliability of the information source and AI-based decisions over a human criterion, accounting for 29,2% and 25,8% of the answers, respectively (Figure 7).

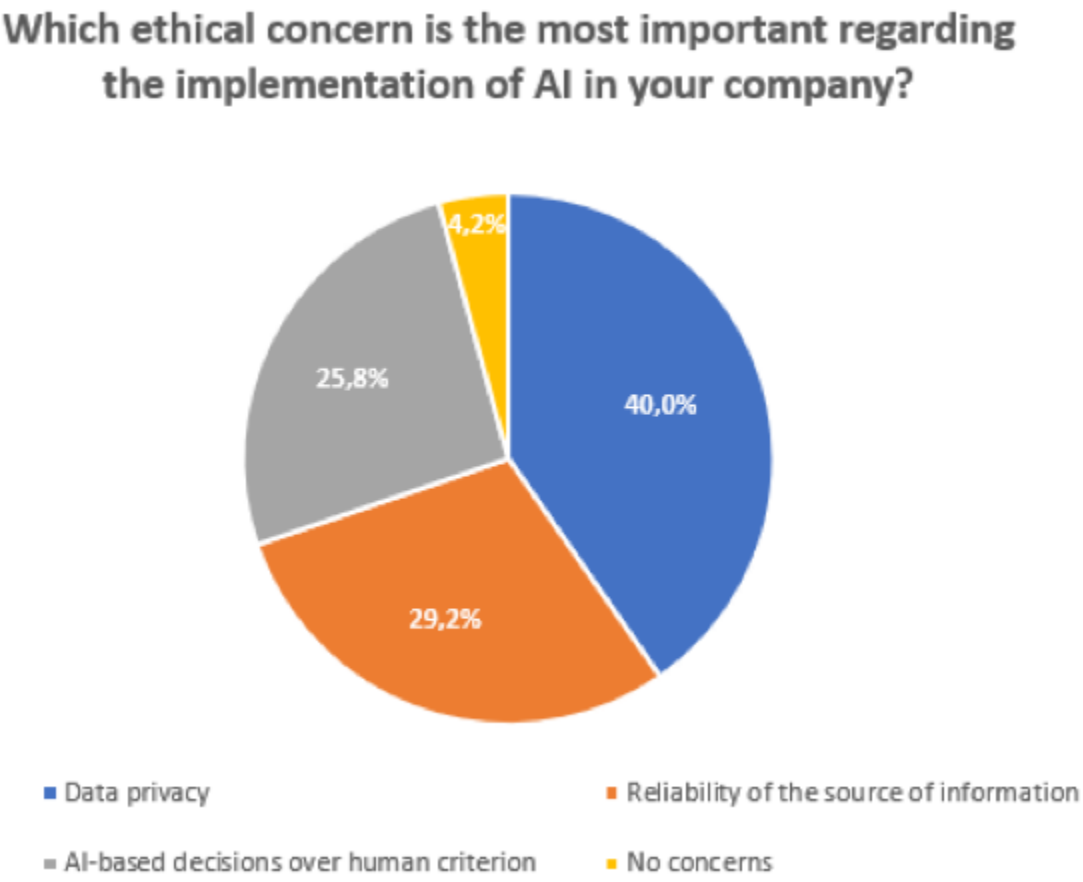

Figure 7. Ethical concerns regarding AI implementation.

CONCLUSIONS

This survey has generated suggestive data on the potential impact of AI in Medical Affairs, as well as the main concerns and challenges that may arise both in the short and long term. Even though some doubtfulness, concerns, and contradictory thoughts have been raised about this topic, **more than ¾ of the respondents consider that AI can improve the performance of Medical Affairs professionals**. These results underline the importance of investing in AI-related tools in order to increase efficiency, provide valuable content, and boost the engagement with healthcare professionals in a constantly changing society.

To continue with this study, increasing the sample of participants and extending the time interval of the survey would be useful to improve the significance of the outcomes. Likewise, a wider international outreach would provide a broader view of the role of AI in Medical Affairs in different countries.

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In 2015 he obtained a Bachelor's Diploma in Biotechnology from the Polytechnic University of Valencia (UPV). In 2018 he obtained a Master's in Molecular Medicine from the Goethe University of Frankfurt. During the Master´s practical period, he performed a 6-months-long internship at UC Berkeley in one of Dr. Jennifer Doudna's satellite laboratories. He completed his undergraduate studies with a Bachelor's and a Master's Thesis both with honors. In November 2022, he obtained his PhD in Neurosciences from the Autonomous University of Barcelona with international and cum laude mentions. In July 2023 he received his MBA in Pharma and Biotech jointly organized by ESAME Business School and Universidad Alfonso X. Currently he is working at Novartis AG with a 1-year fellowship from ESAME Business School.

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Mariam Hachimi

With a strong scientific background, she earned a Ph.D. in Biomedicine and a postdoc at Harvard Medical School. This experience ignited her passion for translational medicine, leading to a transition into the pharma and biotech industries. Her prior role as a Life Science consultant for major pharma companies inspired her to pursue an MSL role. Recently, she obtained an MBA from ESAME to further enhance her expertise in these dynamic fields.

Carlota Olmos

Hello! My name is Carlota Olmos and I am from Barcelona, Spain. I graduated in
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Claudia Conesa holds a degree in Pharmacy and a Pharma MBA. She has more than 4 years of experience in the Pharmaceutical Biotech industry in the Medical Affairs and R&D department. She is currently a MSL in Amgen, with responsibility in Bone Metabolism, Neuroscience and Inflammation.

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

A Modern Manager's Guide to MSL Onboarding and Development Part Two: Progressive Competency

Development

By nolie.gutierrez@themsls.org | Fall 2023

This is the second part of an article describing a model for managing and developing new MSLs. Part One provided advice for managers on the key mentoring and management needs of a new MSL, so that they can help the MSL settle into their role as smoothly as possible. Part Two covers the second component of the model: a structured Medical Affairs (MAF) training programme, by which the manager steadily introduces the MSL to the key MAF activities with the aim of producing an independent and competent MSL over a period of two years.

The table below lists the core MAF activities that an MSL should be able to perform independently after two years, and suggests a sequence and timeframe for learning them. The principles underlying this approach are that: 1) all MSLs should be well-rounded, with an ability to perform a variety of MAF tasks; and 2) MSL training must be structured, pragmatic and progressive.

As outlined in the table, the core MAF activities that should be developed in a new MSL are:

- **Understanding of medical strategy (3-6 months)**To operate independently, an MSL must be able to align their in-field decisions with the medical strategy. After a study period of approximately 3 months, the manager can assess the new MSL's ability to do this by asking the MSL's opinion on the appropriate course of action in real-world MAF scenarios and observing whether the MSL is using the medical strategy as a reference to guide their decision-making.
- **Develop KOL engagement plans (3-6 months)** Developing engagement plans is an important exercise in helping MSLs to plan their time and territory management, learn the KOL mapping process, and to demonstrate their understanding of the medical strategy. The MSL's manager and other field-based colleagues who have familiarity with the relevant KOLs should obviously assist.
- **Supervised in-field KOL interactions (3-6 months)**New MSLs should be given a 3-month settling in period before going into the field, during which the KOL engagement plans can be completed (among other things, see Part One). During the period of supervised in-field KOL visits that follows, the manager should make introductions, help the MSL to draft introductory emails and other correspondence, help with meeting planning, accompany the MSL to KOL meetings, and teach and demonstrate techniques for scientific exchange, as well as teaching rapport- and relationship-building skills. Then, after 3 months of supervised interactions, the manager can assess the MSL's readiness for independence.
- **Independent in-field KOL interactions (6 months)**Six months in, the MSL is ready for independent in-field interactions with KOLs, provided that they have demonstrated a good understanding of the purpose of their role, as well as an ability to think in line with the medical strategy and to manage their time and territory effectively. At this point, the manager must realistically assess the MSL's readiness for independence, because an MSL who is not truly ready may find themselves directionless and organising meetings that lack clear purpose.

  Assuming that the MSL is ready to go out on their own, the first thing the manager should do is schedule weekly

meetings. This is not only good management but is also important for monitoring the well-being of the MSL, who will be under increased stress due to the increased autonomy, increased isolation, and the ever-increasing demands of cross-functional colleagues, particularly if the MSL is working remotely. If necessary or if requested, the manager can also accompany the MSL to additional field meetings. To gain additional insights to help with the MSL's development, the manager can solicit feedback on the MSL's conduct from trusted MAF colleagues. Finally, since learning to be an effective MSL cannot possibly happen in 3-6 months, the manager should make sure further training in the field-based elements of the MSL role and in KOL engagement is always available, from experienced internal trainers or (for smaller companies) specialised external sources.

- **Training in the core MSL activities (6-18 months)**Every MSL should have the opportunity to learn the core MAF activities listed in the accompanying table through supervised hands-on experience. These activities will vary from company to company but should at least include participation in Advisory Board Meetings and Medical Education Events. During this phase, the MSL will be acquiring the fundamental skills and experience needed to progress to more senior MAF roles, so it is incumbent upon the manager to provide suitable opportunities and guidance. I have met MSLs who have never attended an advisory board meeting after two years in the role, let alone organised one, which represents an unacceptable failure of management.

  Independent execution of core MSL activities and introduction to advanced MAF activities (18-24 months)
  After 18 months, the MSL should be challenged to perform independently the tasks described above. For example, they should now be expected to run an Advisory Board Meeting independently and then start teaching other MSLs how to do it ("see one, do one, teach one"). The manager can begin to delegate progressively more complex and important tasks to the MSL. Weekly progress meetings with a clear agenda should be scheduled to make sure both the projects and the MSL themselves are on track.
  In some companies, advanced MAF tasks (such as reviewing promotional material, assessing compassionate access requests, and establishing investigator-initiated studies) may be assigned to more senior individuals. Nonetheless, the manager should ensure that the MSL is introduced to these activities and given the opportunity for continuous learning beyond the immediate scope of their role.

The training model described here can be implemented by managers who wish to develop new hires into well-rounded and independent MSLs who are ready for advancement to more senior roles after 24 months. The model is based on the belief that an MSL must be given the opportunity to learn a broad range of MAF activities, as this serves the interests of both the company and the individual MSL. As recognition of the importance of the MSL role increases, interest in training programs like the one outlined here will continue to grow.

About the author:

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Tim Nielsen is a medical affairs professional based in Melbourne, Australia. He is a former research scientist who entered the

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Memories of an MSL

By Tanyanika Douglas Holland, MD, MPH | Fall 2023

At times, working as a Medical Science Liaison (MSL) just might be one of the most ambiguous careers one will choose to embark upon. Known by many names (e.g. Regional Medical Scientist, Thought Leader Liaison, Regional Medical Director, etc), the primary role of an MSL is to build professional relationships with thought leaders and foster bi-directional scientific exchange on behalf of major corporations. MSLs are analogous to scientific diplomats and play a key role in helping to build trust and promote understanding of critical concepts among various stakeholders. MSLs also help to inform organizational decision-making by gathering critical insights from customers.

One of my earliest MSL memories that forever sticks out in my mind is covering my first scientific congress – circa 2007. I would describe the experience as adventurous, fast-paced, and fun. The meeting was held in California, and I vividly remember landing at the airport, full of excitement yet running on a bit of adrenaline because of the 3-hour time difference. Because I was the very first MSL hire for a newly created team, I had not yet received any formal training and learned on the go. Hundreds of people were in attendance at the congress, and I will always remember how diligently our entire medical team worked to report our findings from various data disclosures. Because this was pre-social media, artificial intelligence, etc, we often worked late into the evening and early morning to ensure information was received by various internal stakeholders in a timely manner. Although we were a small team, we were nimble and exceedingly efficient.

As I reflect on this specific experience and my career overall, there are many lessons learned. However, one of the most notable lessons that I have learned is to remain flexible during times of change and transition. Due to the inherent volatility of the pharma/biotech industries, adapting to change is an essential skill that MSLs must learn early on in their careers. Of course, this is often easier said than done, and I don't think there is a cookie-cutter, standard prescription on HOW BEST to do this.

There are two specific techniques that have helped me tremendously as I have navigated change in both my professional and personal life. Maintaining flexibility while maneuvering through uncertainty is an ongoing endeavor, and I find myself consistently gravitating toward these two techniques:

1. **Take Inventory of Thoughts and Feelings:** As someone who grew up in a military family, I was adapting to constant change long before I became an MSL. Over time, I have learned to assess WHAT I think about a given circumstance and HOW a situation may be making me feel. Journaling helps me do this; by writing out my thoughts and feelings, I am better able to stay in tune with how the change is impacting me overall and uncover ways to appropriately respond. This practice can also be especially effective when trying to uncover what you may need to ensure and sustain quality outcomes (e.g. training, time off, additional headcount, etc).
2. **Sleep Well:** It may seem a bit odd to be discussing sleep in an MSL Journal; however, over the years, I have come to realize the importance of quality sleep and being well-rested while dealing with constant change. Ongoing change has the potential to increase stress levels; chronic stress over long periods of time can lead to decreased productivity, poor performance, and poor health outcomes. Maintaining a healthy sleep regimen is one simple technique that can be particularly useful when striving to maintain flexibility in the midst of change.

I would be remiss if I concluded this article without briefly commenting on the impact that technology has had on the MSL profession. While MSL teams have always been remote, the environment in which we operate historically has not; in-person, face-to-face meetings & interactions have typically been the "gold standard." However, more and more workplace environments are adopting "virtual/remote/hybrid" working arrangements, prompting significant overall change. Building quality relationships in a post-pandemic, increasingly "technologically-charged" environment will certainly call upon MSL teams to better understand how to ensure their professional networks remain strong and trust is not compromised.

Within many pharmaceutical and biotech manufacturers, MSLs play a pivotal role in the lifecycle development and overall commercialization of various therapies. Whether it's navigating a scientific congress or evaluating how data is presented, CHANGE IS INEVITABLE — we probably all do well to learn to embrace it.

About the author:

Tanyanika Douglas Holland, MD, MPH

Tanyanika Douglas Holland has worked in medical affairs as a Medical Science Liaison for several leading pharmaceutical/biotechnology corporations. For nearly a decade, she managed and built professional relationships on behalf of corporations such as Bayer, Daiichi Sankyo, and AstraZeneca. During her tenure, she served as a trusted scientific advisor, a brand ambassador, a teacher, and a trainer, and sometimes she found herself simply being a friend who gave encouragement and provided a listening ear. In addition to her work within these leading health companies, she was also instrumental in spearheading several health education initiatives within the community. She holds a Doctorate of Medicine degree (MD) from Tulane University, a Masters Degree (MPH) from Emory Rollins School of Public Health, and a Bachelor of Science (B.S.) degree from Xavier University of Louisiana. She resides in the United States of America.

Bridging the Trust Gap

By Jill Donahue, MadEd, HBa | Fall 2023

To do your best work in pharma as MSLs, partnerships are essential. But let’s face it; as pharma professionals, we start at a trust deficit. We come to the table with a noble purpose to help HCPs improve patient outcomes. We believe that we can achieve that better together than we can alone. However, even though you may be a healthcare professional, or come from academia, your partners aren’t so sure about your motives. Often, they question your intentions and values.

For now, let’s not dwell on why that is (although we could fill a book about it), but rather on how we can change it.

It begins with YOU! To bridge the gap and build trust and collaboration quickly with your partners, you must fundamentally change your approach. Your mindset is foundational here. Start by thinking of HCPs as your partners in the important work of improving patient outcomes, instead of customers with whom you share science.

What does that look and sound like?
Let's take a page from The Sound of Music and start at the very beginning. How do you introduce yourself? As reported in Forbes, researchers agree that you have less than 30 seconds to make an impression on someone when you first meet them.

If you are like most people, you likely introduce yourself with your name, title, and organization. What's the outcome of that? Mostly blank stares. Truthfully, we know that our titles are meaningless, even to us. In fact, after interviewing and coaching hundreds of pharma people, I know that many of us don't even know our own titles. Does your title inspire trust? I doubt it!

Take a look at this email from an external stakeholder to a pharma person. Does it seem like a fantasy?

To: *pharma person*
From: *external stakeholder*
Subject: *[EXTERNAL] Thank You*

Me again!

I sincerely wanted to thank you for your time coming to our meeting. We are all so excited to work with you!

Looking forward to seeing how this project continues. Keep me looped in on what's next and how I can support. I'm excited to be on this journey with you!

Wouldn't you just love to receive an email like that?
What if I told you this is a real email that a pharma professional received from a stakeholder?

The backstory

On a Saturday afternoon, Georgina Eaton, who works in External Communications at Pfizer, was excited. One of her partners in a patient organization invited her to their meeting. She knew it was an ideal opportunity to connect.

She also knew she was going into the meeting with a trust deficit (as we all do in the industry) and needed to gain their trust. She had just completed a program that shared the evidence that it would help her connect to be vulnerable by sharing a bit about why this work is important to her. Still, she was worried about sharing her purpose story. Her dilemma was that many people in the meeting had serious chronic illnesses. She knew they faced enormous struggles, and she didn't want to make the meeting about her (because it wasn't, it was about them).

"It was so nerve-wracking!" she told me later. Still, she decided to go ahead with sharing. "I dialled in to introduce myself and decided to share my purpose story."

As it turned out, her gamble paid off.

"I was amazed to hear the feedback," she told me. "Sharing my 'why story' landed exactly as intended and in no way trivialized what they were living through, but rather validated it. They opened up. We were on the same team. It was amazing. Thank you for giving me the tools to do this!"

Astonishing, right? However, I wasn't surprised to hear about her great experience because I hear it all the time.

Too often, pharma people are hesitant to share their purpose stories because they don't think it's appropriate to talk about themselves. However, during my years helping pharma people connect with their purpose, I've witnessed the research on the effects of 'starting with why' come to life. If you haven't yet watched or read Simon Sinek famously taught how to Start With Why, you really should. Brené Brown teaches that vulnerability is the magic glue that brings people together. Daniel Pink proves through his research that being driven by your purpose (in our case, to save and improve lives) is the key to exceptional

performance.

It's especially true for us in pharma, when you get vulnerable and share your story, HCPs realize that you really care. They recognize that you're there for the right reasons and you want to help them help patients.

What did the stakeholder think?

You don't have to take my word for it though. Perhaps it's helpful to hear it straight from the horse's mouth. I interviewed Kimberly Khare, the stakeholder on the other side. She works with Next Step, a non-profit organization in Cambridge, Massachusetts. Their mission is to shatter limitations and elevate the aspirations of teens and young adults living with chronic, life-threatening diseases during their transition to adulthood.

"When Georgina shared her story about why her work in pharma is meaningful to her, it made such a difference," she told me. "I could see people around the virtual table tuning in. Georgina showed up and took a risk with them. They felt validated, trusted, and seen."

Kimberly assured me that never once did anyone think Georgina was talking too much. And she shared comments from others around the table about Georgina's purposeful introduction:

- *"I realize now there are real people involved, not just 'big pharma'.*
- *"I now see they are about helping! Everything they do is for patients!"*
- *"It humanized them. I know that she sees us by letting us see her."*

"People are afraid to talk about themselves," said Kimberly. "Yes, it's a risk. But when people share and take a risk, it shows and builds trust. Sharing your experience opens doors."

Conversations change things. Sharing your story helps to bring people into the conversation. You take the risk to share, others hold it, and it produces energy. The minute you get vulnerable, it makes others want to open up, too.

So why is it so hard?

We know it works but only a small portion of us do it. Which of the following hurdles is limiting you?

- It takes courage
- It is not modeled
- You don't know how
- It's a risk
- You need experience
- It requires us to break the mold and do something differently.

My advice
Here's what you can do as an MSL to build trust by sharing your purpose.

1) Authentically connect with your why
Having interviewed hundreds of MSLs about why they do their work, I know that at first, most have no idea what their purpose story is. MSLs become more engaged and engaging after connecting with the following questions:

- Why are you here?
- Why do you work in pharma (beyond putting food on the table)?
- What is your life experience that makes this work helping improve lives meaningful?

Dig deep, peel away the layers of the onion, and figure it out! And don't be afraid to seek help. We are happy to guide you!

2) Read examples
To help you connect with your own story, seek out the stories of others. To help inspire you, we have collated 100 stories from purpose-driven pharma leaders around the world. You can read them for free in our new book, A Dose of Inspiration: 100 Purpose Stories from Pharma Leaders. You can get your free e-book here.

3) Preface your story with why you are sharing
How you open is key. It might sound like this: *"Before we get started, I think it's important that I share with you why I am here and what my intentions are."* Then, share why this work is so important to you.

4) Practise
To increase your confidence, you need some experience with feedback. Where is your safe space where you can test your story and get feedback? Can you find a writer to help you clarify and shorten your story? Just reach out. We can help you find one.

My challenge to you

Think about a trusting relationship in your life. How did they build that trust with you? What did you know about them?

You trusted them because you realized they shared the same values and mission as you. And that's what you need your partners to know. Right now, they see you on the other side—the dark side. Show them that you are on the same team—the patients' team—by sharing what inspired you to dedicate your life to improving patient outcomes. Our stories matter and learning to share them matters, too.

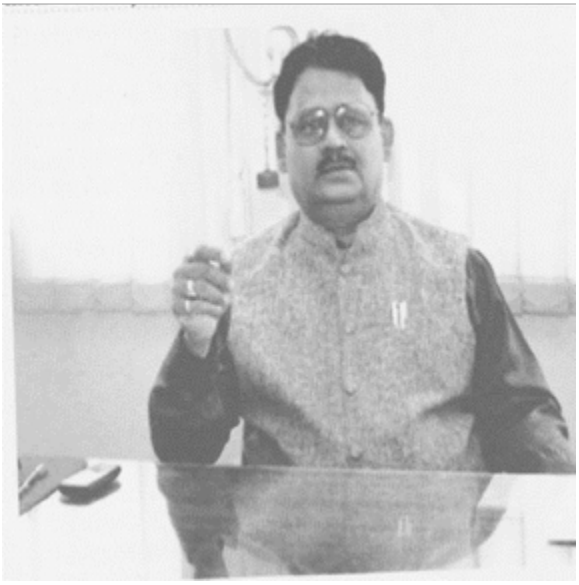
About the author:

Jill Donahue, MadEd, HBa,

Jill Donahue, MadEd, HBa has dedicated her life to empowering MSLs with the power of their purpose and seeing them love their work more and become even better at it. As a consultant, speaker, author, coach, and founder of Excellerate, she shares solutions and empowers them with the skills and confidence to serve HCPs—and ultimately, patients—more effectively.
Jill is living her purpose by helping MSLs live theirs through The Power of Purpose. Download a free copy of her latest book "A Dose of Inspiration: 100 Purpose Stories from Pharma Leaders" here.

The Expanded MSL Model for Success in Global Spheres

By Lionel de Souza, LL.B., LL.M., MBA, MACPR, PhD | Fall 2023



Bio-medical research is no longer confined to the United States. The higher economic returns, greater patient pools, the lure of the availability of advanced medical facilities, and commensurate high-end clinical research personnel and capabilities in many other countries make it viable and attractive for pharma and device companies to engage in scientific discovery via clinical trials, beyond the geographic borders of the United States. Recent reports confirm the promise of medical affairs outsourcing. The outlook of medical affairs outsourcing outlook was dampened by the pandemic, true of global depressions in virtually every sphere of activity. The pre-pandemic forecasts indicated an estimated $1.41 billion in 2019, and with optimism then, while anticipated growth was $3.28 billion by 2027 (Insight Partners, 2023). The setbacks that the virus thrust upon humanity are now behind us, and if anything, the growth of certain overseas markets, especially India is immense, imminent, and already happening!

In this article, we examine briefly and cite the success of real-world examples in using our personal experiences in Clinical and Legal/Regulatory expertise to develop relationships to facilitate biomedical research overseas. The aspirations of Medical Science and Affairs Laison ultimately are to win successful engagement with clients, culminating in contracts and the successful adoption of the recommended products and services by Thought Leaders and Key Influencers, other leaders, and administrators of medical institutions. We are able to report, that our team of legal experts and strategic MSLs were able to achieve breakthroughs with medical institutions in the form of drawing up and receiving contracts, to be executed by CROs, to undertake biomedical research studies for US and international clients.

Upon analytical reflection, we found that the reassurance and strategic guidance offered based on the clinical, operational, regulatory, and legal experience to key decision makers internationally to this end, was critical in providing medical institutions, with an innate understanding of the risks and rewards associated across ethical, legal, regulatory, clinical, and overall operational dimensions. The multidisciplinary consultative approaches were instrumental in receiving the ‘go ahead’, for the drafting and signing of Memoranda of Understandings and Agreements and therefore to ‘bag’ contracts, which could spell new opportunities in scientific discovery. From the success, it caused us to pause and introspectively assess and possibly propose an expansion of the Medical Science Liaison and Affairs function, to envision one of the multidisciplinary teams to achieve the strategic objectives of revenue generation, while simultaneously contributing to scientific research discovery and innovation.

The classic interpretation of the Medical Science Liaison professional function is one of specific relationship building by certain experts with advanced scientific education and training in the life sciences, in a role within the pharmaceutical, biotechnology, medical device, CRO, and other healthcare industries, as defined in the MSL journal. The scope of the role traditionally, and as defined, implies post-discovery and marketing thereafter. However, in reality, the engagement of clinical, strategic, regulatory, and other personnel often commences much earlier in the drug/device development life-cycle and even during the negotiations by CRO, or in institution/sponsor negotiations to undertake research studies, and more. Therefore, our conclusion is that there is a place for MSLs, albeit with more multidisciplinary skills rather than purely clinical specialists, in collaborative endeavors of engagement with physicians, institutions, researchers, and those involved in the art and science of discovery, through the spectrum of research, including in post-marketing studies, surveillance, and other activities.

In the context of the foray internationally, and the lessons that apply universally, the traditional role needs to be revisited, for the sponsors of trials must contend with regulatory, legal, cultural, linguistic, and other skills that the offshore destination for the trials would make it incumbent upon MSL’s to display in individual and team attributes. The desirable knowledge, skills, and

competencies of MSLs are perhaps difficult to narrow down to a few specific skill sets and attributes, such that human research experts are keen to discern the true attributes of the MSL, in the design of performance metrics for their annual and other reviews. Research has led to the creation of evaluation frameworks to measure performance, from human resource optimization perspectives. There are various models of MSL to use fair standards of performance assessment to establish best practices to provide MSL performance assessment frameworks based on products' lifecycles, as well as a "consensus" model (Navigating Medical Science Liaisons (MSL) Performance Reviews 2023).

Our analysis furthermore uncovered reticence and some wariness of sponsors and institutions to express concerns, however also their tremendous appreciation for the unique legal and regulatory insights we offered, in this emerging leading research destination. The MSL, strategic and legal experiences, and vast global insights helped to acknowledge and offset the concerns of those targeted, with suitable regulatory, ethical, operational, data collection analytical, and other guidance. The plethora of hurdles, regulatory obstacles, protracted efforts in the global harmonization of regulatory standards and studies by the internationalization of agencies, and the judicial rulings from lawsuits, including those involving generic manufacturers, lent credence to the old adage, it's better to be 'safe than sorry'. Decision makers and regulatory authorities review information and proposals meticulously in respect of their own capabilities and healthcare standards, therefore a multiplicity of factors must be carefully compiled and artfully presented.

In efforts, our presentations to the institutions and thought leaders have entailed significant efforts in understanding many unique complexities. A breadth of strategic experiences was vital in making pitches to sponsors, institutions, and others, and served as invaluable to that end, with ongoing positive results and indicated the imperatives for success as strategic MSLs. The multidimensions of the business is reflected in the concerns: This is a "critical time where the pharmaceutical and biotechnology industry faces increased scrutiny and demand for transparency due to previous lawsuits and litigations", as seen in offerings in the design of "user-friendly and comprehensive platform offers healthcare professionals the ability to file a complaint about suspicious pharmaceutical industry activity" to prevent risks associated with ethics, and interactions with healthcare professionals (ACMA, 2023).

Lastly, we found that our credibility in legal circles, as academicians, and excellent international reputation helped in establishing relationships across the board, with government, industry, and institutions in India. For instance, in India, we are also dedicated to continuing to engage in providing outstanding caring initiatives for humanity. We do this in efforts around the world, to make a positive difference in society, as we strive to serve the underprivileged, poor, underserved, needy and those seeking hope and a better future, through initiatives in education, healthcare, biomedical research, and legal services and aid, while engaging in social philanthropy and protection of human and all civil rights! Arguably, an MSL role model should be considered to be one that is dynamic, agile, collaborative, and multidisciplinary, and as an individual and team effort. Of course, broad generalizations are never apt, but the general principles presented by us may contribute to some knowledge pertinent to the acquisition and retention of customers across the continuum of global biomedical discovery, marketing, and business procurement.

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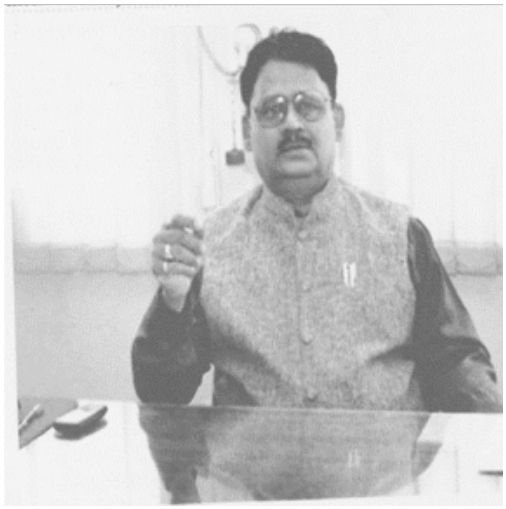
Dr. de Souza is the VP of UniversityGoGlobal an organization that creates Worlds of Opportunities in biomedical research, and is engaged in creating new opportunities globally for pharmaceutical/device companies, CROs, and other entities in the biomedical research landscape (www.intellectualaspirations.com), with one goal of expanding the frontiers and boundaries of knowledge and innovation globally! His substantive experience as an MSL is with experience in marketing to hospitals, universities, and medical practitioners in the United States, Canada, and India. He leads global strategic operations spanning international trade, and regulatory affairs, is engaged in the development of biomedical research, regulatory affairs/law, and education worldwide. Dr. de Souza is also the VP of Global Caring for Humanity and the President, of North America of Humansky Association (approved by the Government of India, Corporate Affairs), an organization committed to the protection of Humans and the inalienable rights of Life, Liberty and the pursuit of Happiness. In the course of his distinguished academic and professional career, Dr. de Souza has been at the forefront in upholding human rights and advancing the cause of Diversity, Equity, and Inclusion (DEI). Dr. de Souza has an outstanding record in helping African Americans, Asians, Africans, US citizens, and minorities of all ethnicities and nationalities, academically and professionally. Immersed with passion in global higher education development. He is actively involved in advancing the healthcare and educational needs of deserving populations worldwide.



Dr. S.M. Rajan

Dr. S.M. Rajan is one of the foremost Constitutional law experts in India. A distinguished academician and heading a leading law institution, he is also the President of USWorldLaw & InWorldLaw, which are law firms offering legal services to domestic and international clients, and Global Caring for Humanity. His expertise is valuable in facilitating projects of Scientific and Biomedical/Clinical Research and Discovery from the USA to India, using his vast and unparalleled knowledge of Indian Law, Legal/Regulatory laws, and compliance to Indian pharmaceutical and device regulations, with the understanding of US Food and Drug Administration (USFDA), European, and Global Standards in drug/development, patient rights, industry trends and marketplace dynamics of the healthcare field.

Parenthood and MSL Territory Considerations

By Sucharita S. Somkuwar, PhD, BPharm | Fall 2023

Like many of you, I believed that small territories meant less hectic travel, more nights at home, and, by extension, more time with the family. In my MSL career, I have been responsible for managing territories that ranged from a few counties in southern California to eight states on the US West Coast. Balancing my career with a 7-year-old and a 2-year-old kiddo, I realized the following.

- Small territory does not mean you will get to “be there every day.”
- Large territory does not necessarily mean you will “be gone all the time.”
- Both are manageable MSL territories for parents with kids.

I will leave “MSL as parents of infants and toddlers” for another time. For now, I will talk about my experience as an MSL with kids between 2 – 9 years of age, old enough to (probably) sleep through the night, but young enough to need a lot of hands-on parenting.

Customer preference plays a huge role

Working in my small territory, most of my customers (and cross-functional matrix partners) preferred their ‘local MSL’ to meet them in person, typically over breakfast/lunch (sometimes dinner). Between late meetings, unpredictable customer schedules, and crazy traffic, I missed more drop-offs, pick-ups, and bedtimes than I had expected. I found myself more exhausted and less engaged on the home front having driven ~40-60 miles/day, often facing office-hour traffic. My mileage reports and work calendars (in-person field days; see Table) capture that experience. On the upside, I was almost always home on weekends since I covered fewer large conferences.

	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
Small Territory (miles)a	950	850	1200	100	1500	1800	2100	1700	2050
Large Territory (miles)b	800	410	0	41	670	360	260	0	440
Small Territory (Field days) a	14	12	15	16	16	17	17	16	12
Large Territory (Field days) b	6	5	0	5	15	14	5	6	7

aData collected between 2021-22, bData collected between 2022-23

In contrast, a large territory and smaller team meant many more medical conferences and, therefore, more weekend travel. While I also appreciated any downtime while traveling to catch up on sleep, exercise, and work, I knew this part was undoubtedly very taxing for my partner. What surprised me was that on average, I had fewer in-person field days with the larger territory (see table) even though my metrics were roughly similar. Perhaps it was the after-effect of the COVID-19 pandemic on the industry or my KOLs didn’t necessarily want me to fly out ‘just’ to meet them, I found myself on more Zoom meetings. I loved getting more weekdays at home. I had the flexibility to protect the drop-off and pickup times and take on more of the household responsibilities in the evening.

Parental Hacks, Best Practices

As an MSL, we know that there is nothing ‘routine’ about our work; no two days or weeks look alike. Plan, organize, and be comfortable delegating responsibilities because it takes a village to raise kids! This was hard for us because as an immigrant family, our de facto village (our extended families) are on the other side of the world. If you are in a similar situation, please try to cultivate your local support system (babysitters, neighbors, friends), you will be glad you did it! Also, as MSLs and parents, the days are hard and long, but years fly by in the blink of an eye. Create opportunities to enjoy this special time with your kids. For me, this meant being picky about the projects and activities I said “yes” to at work. Finally, here are some best practices that I learned, sometimes the hard way, that subsequently helped me thrive in these two types of MSL roles.

Small Territory

1. One “Office Day” per week – There isn’t much you can do when you are driving. Use the office day to catch up on all the documentation, projects, etc. if you don’t want to be working over the weekends.
2. Better communication with your partner. Example: I have reminders set to communicate whether I would be able to make it in time for the kids’ pickup. I plan it so my partner gets ample time to wrap up his work to cover pickup for days when appointments start later or take longer, and/or the traffic is worse than expected. I avoided a lot of tears and late pickup fines with this small habit.
3. Planning the evening – Chances are that you and the kids are tired and impatient by the time you are home. Strategize to have more time to engage with the kids before their bedtime. My biggest learning curve was minimizing my reliance on Doordash for dinner and Disney+ for parenting. Advanced meal preps and shorter/simpler recipes helped.
4. Kids extracurriculars – I planned those on the weekends (i.e. my days home) and took help where I could (e.g. carpools). One word of caution; you don’t have much ‘fun time’ available with the kids during the week. For the sake of your collective sanity please don’t be the overambitious tiger parent (that was my mistake), and please make time to enjoy your kids.

Large territory

1. Create a backup team for your “days away” – These are people who can help with pickup/drop-offs or babysitting in a pinch. We were blessed to have very supportive friends and neighbors who often helped with this.
2. Maximize time away – I had to plan out my trips well in advance to maximize customer meetings during and around conferences. Also, I try to complete much of the documentation and projects in the hotels or on the flights.

This helped me get more quality time with the family when I was home.

3. Pre-travel prep – This seems small, but I ensure grocery shopping and laundry are done before I leave. Think about things that can help simplify the daily routine for your partner in your absence.
4. Partner's time-off – If you have a partner who works from home or locally, encourage them to get some "me time". A weekend getaway or simply time off from parenting (staycation at home), especially after a crazy conference season went a long way for my partner.

My last advice, remember to be gracious and kind to yourself, your partner, and your family because there will be days when things fall apart despite your collective best efforts. There is no such thing as a perfect balance all the time. In this role, you will have some days imbalanced in favor of work, and other days in favor of your family, and that's okay! I wish you all the best as you pursue a fulfilling career and balanced family life.

Disclaimer – I am an employee of Axsome Therapeutics, Inc. However, the opinions and content presented herein are my own and are not intended to reflect the principles, policies, and practices of my current and past employers.

About the author:

Sucharita Somkuwar, PhD.

As long as I can remember, I have loved science and loved talking about science. I earned a Bachelor's in Pharmaceutical Sciences from the prestigious Indian Institute of Technology Varanasi, a part of the Banaras Hindu University in India. I earned a Ph.D. in Pharmaceutical Sciences from the University of Kentucky, USA. I further pursued postdoctoral research at the Scripps Research Institute in La Jolla and then at the VA San Diego Healthcare System. My research focused on understanding long-term neurological adaptations linked to chronic exposure to drugs (medications, alcohol, drugs of abuse) and how that might influence vulnerability to maladaptive behaviors. As an MSL, I use my background in neuroscience to appreciate and articulate complex psychiatric concepts as they pertain to the therapeutic strategies that clinicians consider for optimal outcomes. I started my MSL career in 2019 and since then have worked in various roles supporting neurological agents. When I am not 'MSLing', I love spending time with my family.