Effective Communication Between Medical Writers and Creative Teams: The Secret Condiment for a Flavorsome Sauce

Andrea Caricilli Blotta, PhD / Medical Director, Area 23, New York, NY

ABSTRACT
An impactful pharmaceutical promotional piece is an amalgam of a relatable narrative and agreeable visuals, a result of a highly synergistic relationship among medical writers, art directors, and designers. When it comes to innovation and creativity, a collaborative relationship will increase the likelihood of producing a piece that will touch the lives of the audience in a memorable way. Although the audience of pharmaceutical promotion can comprise health care providers and patients, this article will focus on the latter. A few aspects of this partnership have been shown to increase the chances of achieving that goal, such as respectful communication, alignment on the brief, mutual encouragement, and use of lay language during discussions and brainstorming sessions. Although nurturing storytelling, a strong skill of creative teams, is critical for the success of promotional medical pieces, ensuring scientific accuracy and avoiding misbranding are also key for complying with the ethical paradigms of medical communication and the US Food and Drug Administration regulations. Therefore, fine-tuning the partnership between medical and creative teams translates into a collaboration that combines freedom of creation with regulatory and scientific guardrails, as well as a strong sense of respect for each other’s views and expertise.

INTRODUCTION
Over a year and a half have passed since the beginning of the COVID-19 pandemic, and we all have experienced profound changes in the way we live and interact with one another. In the realm of promotional medical education, this reality also applies. With the cancellation of congresses and personal interactions being restricted to the virtual environment, the sector has elevated digital tools and channels, creating an appetite for more involvement of creative teams in medical communication.1,2 With that growth, we have also observed a massive migration of creative teams, such as art directors and designers, from consumer agencies, that is, companies focused on advertising products outside the realm of health care, to medical communication, bringing a fresh perspective into the sea of sameness of the industry.

With this shift, the presence of creative teams in medical communication has increasingly become more conspicuous, creating new work dynamics for medical writers, whose scientific background tends to embrace a higher focus on pure science rather than creative elements, such as visuals and engagement tools.

These new circumstances have pushed many of us, medical writers, to ask ourselves, “What is the best way to work with creative teams?”; “How can we explore the best of both worlds with such distinct trainings?”; and “How can we stir each other’s motivation to accomplish the most compelling piece for our client while also ensuring scientific accuracy?”

CREATING A PARTNERSHIP
A good pharmaceutical promotional piece is an amalgam of a relatable narrative and agreeable visuals, resulting from a highly synergistic relationship among medical writers, art directors, and designers. When it comes to innovation and creativity, a collaborative relationship will increase the likelihood of producing a piece that will touch the lives of health care providers (HCPs), the audience, in a memorable way.

In the late 1950s, Bill Bernbach, founder of DDB Worldwide Communications Group, a globally renowned advertising agency, decided to integrate copywriters with art directors as a team. Because the approach worked undeniably well, other agencies gradually followed the approach. Nowadays, most advertising agency creative departments in the world comprise such cross-functional teams.3

By and large, medical communication agencies have also followed the approach of integrating writers, art directors,
and designers as the core team that will ideate and produce all pieces according to brand strategic imperatives and the client's direction, which are ensured to be followed by the client service team. In some agencies, the creative team is under the umbrella of shared services, as exemplified by the editorial department, whereas in others, each account has its own creative steward. The latter resembles that closer relationship between art directors and copywriters proposed by Bill Bernbach, allowing medical writers and art directors to work together throughout the trajectory of a particular brand.

Regardless of the model adopted, a few condiments have proven to be indispensable for the flavorsome sauce that is a memorable medical communication piece. One of them is building a solid relationship between medical and creative teams. According to Simon Veksner, the author of the book How to Make it as an Advertising Creative, "the basics are the same as any human interaction. You need to listen to each other, respect each other's point of view, and not expect the other to be perfect. After all, you're not."

However, some could argue that this fundamental of human interaction does not always come easily, especially because moments of intense creativity can drive people to submerge in their own experiences and emotions. Other times, the source of disconnect may come from the very nature of the training of each department, which may bring to the surface mismatched creative repertoires when brainstorming narratives and visuals together. One approach to overcome these challenges is to turn the team's attention to the client's interests and the success of the brand. In this sense, although challenging each other may feel uncomfortable at times, emerging from these brainstorming sessions for a few moments to realign on client interests serves as a reminder to keep the conversation respectful and avoid deviations from the strategic imperatives of the brand.

Another key approach for a successful partnership between these departments is alignment on the creative brief, which is the document used to outline the strategy of a project. The brief contains the purpose of the project, audience, messaging, scope of work, timeline, and other key information that helps all members of the team to understand details about the piece that they will develop (Box 1), and it is a document that can be altered in case objectives or the scope change. The problem proposed in the brief needs to be clear for both medical and creative teams prior to their initial conversations and brainstorming sessions. This is a critical step for medical communication agencies, given that most art directors do not have scientific training, as opposed to traditional teams in consumer agencies, in which both the copywriter and the art director tend to have similar backgrounds. Having that in mind, a good approach to level set the team when discussing a brief is to present the problem or the unmet need of the project in layman's terms.

Along these lines, it is reasonable for medical, creative, and client services teams to write the creative brief for each project together. Joining brand strategy, which is also a reflection of a company strategy, with solid scientific evidence and translating the problem that the brief proposes to solve into approachable language can enhance innovation and lead to a much more productive relationship between medical and creative teams.

**THE IMPORTANCE OF AVOIDING MISBRANDING**

Creative teams from consumer agencies are known for nurturing powerful storytelling in pieces that face fewer guardrails than medical communication agencies do. Although cultivating robust storytelling skills is critical for the success of promotional medical pieces, ensuring scientific accuracy and avoiding misbranding are also key for complying with the ethical paradigms of medical communication. Principle 2 of the American Medical Writers Association Code of Ethics states the following: "Medical communicators should apply objectivity, scientific accuracy and rigor, and fair balance while conveying pertinent information in all media."

In addition, avoiding misbranding is critical for compliance with the US Food and Drug Administration (FDA) regulations. The Office of Prescription Drug Promotion (OPDP) is a section of the FDA, and it protects the public health by helping to ensure that prescription drug promotion is truthful, balanced, and accurately communicated. All pharmaceutical advertising and promotional labeling undergoes review by the OPDP to ensure that the information in these promotional materials is not false or misleading.

Among the tasks performed by the OPDP are providing written comments to pharmaceutical sponsors on proposed promotional materials to ensure clear and unambiguous communication of the laws and regulations relating to prescription drug promotion, reviewing complaints about alleged promotional violations, initiating compliance actions on promotional materials that are false or misleading, comparing the product labeling and promotional materials of various closely related products to ensure that the regulatory requirements are consis-
As a rule of thumb, medical and creative teams should follow the classic recommendation for brainstorming sessions in their everyday interactions: never use the word *no*.

### TECHNIQUES FOR BUILDING OPTIMAL PARTNERSHIP

Once medical, creative, and account services (ie, the department responsible for ensuring that the client’s needs are met accurately and on time) are aligned on the creative brief and all key aspects of the project to be developed, such as unmet needs and the chosen tactic, timeline, and supporting scientific data, have been identified, it is time to let the creativity flow. Although creative teams are more familiar with the techniques that boost the production of ideas for narratives and visuals than are medical writers, medical teams have a critical role in shepherding brainstorming sessions to ensure both scientific accuracy and compliance with the FDA guidance. This fine balance translates into a partnership that combines the freedom of creation with regulatory and scientific guardrails, and it requires a strong sense of respect for each other’s views and expertise.

As a rule of thumb, medical and creative teams should follow the classic recommendation for brainstorming sessions in their everyday interactions: never use the word *no*. In brainstorming sessions, this recommendation is important to avoid ruling out any of the ideas—because this is an early stage in the development process, all ideas should be received positively. In addition, from a human point of view, the word *no* tends to cause unwillingness to participate and negative emotions overall. Instead of using the word *no*, one can modulate their tone of voice to make it clear they are unconvinced.

On this note, it is crucial to avoid long debates. Instead of spending extensive minutes or hours trying to kill each other’s suggestions, it is preferable to use the time available to put forward new ideas. In addition, it is essential that medical and creative teams inspire each other on a daily basis. According to Paul Monnes, Medical Director at BGB Group, a medical communication agency, “The best approach is partnership. Medical brings deep knowledge of the data, creative crafts evocative expressions of that data. When medical and creative colleagues can inspire each other, you develop strong work” (instant message, September, 2021).

Another key recommendation is to never show any disagreement in meetings with the broader team (ie, account, project management, editorial, and strategy). Both the medical and creative teams need to establish internal alignment prior to sharing their proposals with other departments to avoid flattening their credibility with the team. When creating an inno-

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**Box 2. Key The MLR Promotional Review Committee**

**Medical representative:** Individual with an MD, PharmD, PhD or other advanced degree. Responsible for critically evaluating material for scientific and medical validity and consistency with the FDA-approved labeling.

**Legal representative:** Attorney with a JD degree. Responsible for advising on legal risk by broadly reviewing materials for compliance with federal and state laws and industry codes/guidances. Areas of expertise include copyright and trademarks, fraud and abuse, and anti-kickback issues.

**Regulatory representative:** Individual who generally has an advanced degree in the sciences or healthcare and acts as the representative during interactions with the FDA or OPDP. Responsible for ensuring that the material complies with all applicable FDA laws and regulations on drug promotion.
ative piece, medical and creative teams should weave into each other and become a fort with a grounded understanding of the brand. There are several approaches to optimizing a partnership between medical and creative teams during brainstorming sessions (Box 3).³

<table>
<thead>
<tr>
<th>What You Want to Say</th>
<th>How to Say It</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acceptable, but we can do better.</td>
<td>Good.</td>
</tr>
<tr>
<td>Following strategic imperatives, but not very interesting.</td>
<td>Yes, that works (neutral tone of voice).</td>
</tr>
<tr>
<td>I see something interesting, but it does not work.</td>
<td>Good—let’s develop this idea a bit more.</td>
</tr>
<tr>
<td>Off-brief and not interesting at all.</td>
<td>I see (neutral tone of voice).</td>
</tr>
<tr>
<td>Terribly off-brief.</td>
<td>Can you say that one more time?</td>
</tr>
<tr>
<td>Very boring idea.</td>
<td>OK.</td>
</tr>
<tr>
<td>Terribly off-brief, boring, and uninspiring.</td>
<td>How about a coffee break?</td>
</tr>
</tbody>
</table>

Adapted from Veksner S. How to Make it as an Advertising Creative. Laurence King Publishing Ltd; 2010.

THE IMPORTANCE OF EMOTION IN MEDICAL COMMUNICATION

HCPs, the audience for HCP-focused branded and unbranded promotional pieces, have been overwhelmed with content and messages from an increasing number of stakeholders through numerous channels, an unparalleled reality that demands unprecedented outputs. According to Chris Bartley, Deputy Managing Director at the medical communication agency Havas Life Medicom, “Cutting through the noise starts with developing a ‘big idea’ and requires clarity, originality, consistency and stand-out design in its execution. The fundamentals of creativity have never been so important. A great creative delivers an instant understanding of the problem and the solution on both an emotional and rational level. It’s difficult to describe, but when you see it, you know—it’s got that wow factor.”⁴

When touching upon medical content, it seems natural to distance ourselves from emotions, just like most physicians do. Physicians, on one hand, are taught to remain detached from participating in any depth of emotions to maintain the objectivity considered crucial to accurate clinical decision-making. On the other hand, emotions are already highly present in the patient–physician relationship. According to the author of the book From Detached Concern to Empathy: Humanizing Medical Practice, Jodi Halpern, emotions should be recognized and used constructively in the service of empathy. In fact, in Halpern’s view, critical clinical decision-making and diagnosis depend not on emotional distance but on emotional engagement that allows the physician to gain a deeper understanding of, and insight into, the patient’s experience of illness.⁵

Along these lines, emotional connection can be used as an approach to innovate in promotional medical education pieces. Creating room for emotions that we all yearn to express provides a sense of identity and genuineness. In addition, emotions create a bridge for HCPs to connect with their patients on a human level.

Although creating an emotional connection between a promotional medical piece and its audience can be perceived with skepticism by some, it is a powerful storytelling resource that should be explored whenever applicable and executed according to the FDA regulations. Tapping into emotions not only creates a memorable learning experience but also provides a chance to relate to the patients treated by the audience of these promotional pieces.

Numerous approaches can be deployed when aiming for innovation, and it is true that technology can help create a highly engaging piece that will catch the eye of the audience. However, that does not necessarily equate to a memorable experience. For example, a conference booth employing an interactive game to engage visitors can create an enjoyable experience, a pause from long and tedious presentations. However, if it does not also create an emotional connection, the audience will likely turn its back once the activity is over and soon forget the core messages, if not the product altogether.

These observations highlight the importance of creating a strong partnership between medical and creative teams—after all, exploring genuine and relatable emotions within every medical piece requires complete alignment and enthusiasm for working together as a team. Anything less than a solid alliance will likely not tap into real emotions and therefore will not result in a memorable and innovative piece.

CONCLUSION

The evolving landscape of medical communication with the incoming creative teams from consumer agencies has created a new opportunity for medical writers to explore new approaches to storytelling and visual engagement. Thus, building a synergistic relationship between medical and creative departments is imperative to bring differentiation and excellence to our industry.

Acknowledgment

Thank you to Ivan Blotta, Paul Monnes, Brett Bauchner, Nicole Luciano, Diala Habib, David White, Shirin Mesbah Oskui, Ian
LaFond, Adam Lach-Szyrma, and Javier Inductivo for inspiring conversations about creativity in medical communication and to Haifa Kassis for feedback and recommendations to improve this piece.

Author declaration and disclosures: The views and opinions expressed herein are those of the author and do not necessarily reflect the views of Area 23, its affiliates, or its employees. The author notes no commercial associations that may pose a conflict of interest in relation to this article.

Author contact: caricilli@gmail.com

References