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Dear Chapter Members,

Greetings!

We hope you are having a pleasant holiday season, and that you’ve avoided the flooding plaguing our region this winter.

The deadline for the next newsletter is March 20, 2016. Newsletters are generally issued quarterly, at the end of March, June, September, and December.

You can find more information about the chapter and some other resources for writers at our chapter website: www.amwa-midamerica.org

As always, feel free to send any suggestions or contributions!

Magdalena Berry
magdalenaberry@missouristate.edu

Chapter Officers

President: Rona Clair Grunspan, MD
Treasurer: Joanne M. McAndrews, PhD
Secretary: Linda Landon, PhD
Interim Membership chair: Magdalena Berry

Newsletter chair: Magdalena Berry, MA
Webmaster: Lisa M. Balbes, PhD
St. Louis Freelance Luncheon Coordinators: Lisa M. Balbes, PhD, Joanne M. McAndrews, PhD
The TechWrite STL group continues to hold its bi-monthly lunch meetings. At most meetings, a topic of interest to freelance medical and technical writers is presented by a member and discussed by the group, usually over lunch at a local restaurant.

Bob Saigh was the presenter at our November luncheon, speaking about the topic “Don’t Get Technical with Me: The Truth about Technical Writing”. Bob described the scope of technical writing and the current job market. He provided information on what others think of technical writing, and inspired discussion of what it is, what it pays, and how it has changed over the years.

Upcoming luncheons in 2016 include “The ABCs of regulatory writing” by Christine Feely in January and “Diversifying Your Workstream” by Dana Delibovi in March.

Lisa Balbes and Joanne McAndrews have been co-organizing the group since its founding in September 2006. A schedule of upcoming luncheons can be found on our chapter website (http://www.amwa-midamerica.org/index.html). A list of past topics is available on the History tab on that website, as are handouts from selected luncheons.
The meeting was called to order at 1:35 pm by chapter president, Rona Claire Grunspan. Four members were present, including Joanne McAndrews, Lisa Balbes, Magdalena Berry, and Linda Landon.

**Events in St. Louis**
The St. Louis TechwriteSTL Freelance group is continuing to organize the St. Louis-area Freelance Luncheon Series every other month to discuss topics of interest to freelance medical/technical writers in the St. Louis, MO area. Speakers on a number of interesting and useful topics present at each meeting, and all meetings are set for the remaining meetings in 2015 and meetings in 2016. The topic for the November 12, 2015 meeting will be the truth about technical writing. Luncheons are scheduled for January and March of 2016. The annual TechWriteSTL dinner will be held on September 2016 to celebrate 10 years of TechWriteSTL luncheons. Joanne McAndrews is organizing the dinner. For information on TechwriteSTL activities, please visit http://www.amwa-midamerica.org/.

**Events in Kansas City**
The Kansas City area members currently have no planned events at this time. Contact Rona Claire Grunspan (ronaclaire@gmail.com) if you or someone you know is interested in organizing an event in Kansas City.

**Chapter Leader Call with the AMWA Board of Directors**
Magdalena Berry attended the Chapter Leader Call and reported on the topics that were discussed.

The next call will be the second Monday of December.

**Housekeeping**

*Chapter Officer Meetings* – The next Chapter Officers Call will be on Tuesday January 12, 2016 at 1:30 pm by using a Google Hangout.

*Treasurer’s report* - The final CD at Boone County National Bank (now under a new name, Central Bank of Boone County) has matured and has been redeemed. The Boone County National Bank checking account is closed. All accounts are consolidated in U.S. Bank.

*Chart of chapter officer duties* – Joanne will begin to edit the list of duties for the chapter officers and then will pass the list onto other officers for additional editing.

*Membership* - The membership list will be forwarded to the newsletter chairman.

*Minutes* – The September 2015 minutes were approved.

**Adjournment**
The meeting adjourned at 1:51 pm.

Signed,
Linda A. Landon, PhD. ELS
Secretary, AMWA Chapter 14
Book Review: The Checklist Manifesto: How to Get Things Right

Magdalena Berry

One of the class projects in my undergraduate introduction to medical writing course is to create a scientific poster based on a piece of published research. The students can choose between two articles: one on the efficacy of placebos, the other on the World Health Organization research into checklist implementation, published in the NEJM (A Surgical Safety Checklist to Reduce Morbidity and Mortality in a Global Population, N Engl J Med 2009; 360:491-499 January 29, 2009DOI: 10.1056/NEJMsa0810119). Soon after I began using the article in class, Atul Gawande, who was instrumental to the study, published an entire book about checklists.

I've had the book on my shelf for a while, and finally got around to reading it (one more thing off my personal checklist). While it may appear so, Gawande hasn't written a self-help book. Rather, he describes the development of the checklist idea and how it can be applied in various industries. Checklists were used initially, and very successfully, in aeronautics, and we learn a lot about how pilots use them and how integral they are to the safe operation of planes. A system of lists is also essential in the construction industry, Gawande discovered, for getting those high rises built. Some financial analysts were able to employ a basic list that made them more efficient and more likely to avoid common errors in judgment. A major focus of the Manifesto is research done on the benefits of a surgical checklist, the results of which were published in the NEJM.

Checklists address “the problem of extreme complexity” in part by systematizing basic steps and forcing communication between the various experts involved in a complex endeavor (building construction, surgery). They’re not instructions, expertise is assumed. But when an unusual event occurs, the right checklist can save crucial time and mental energy. Unfortunately, even the ordinary and obvious steps all too often get overlooked. We all make mistakes; checklists help us avoid many of them. As the many examples Gawande provides show us, checklists can save lives.

I suspect that many of us use some kind of a checklist, likely a mental one, when approaching a complex task that we undertake routinely, such as editing a paper for publication. Gawande’s book could, and I think, should, inspire the use of more and better lists to address the already enormous and ever-increasing complexity of the modern workplace.

Here is the WHO Checklist. Its use resulted in significantly lower mortality across the wide spectrum of hospitals in the study,
**Surgical Safety Checklist (First Edition)**

### Before Induction of Anaesthesia

- **Patient has confirmed**
  - Identify
  - Site
  - Procedure
  - Consent

- **Site marked/not applicable**

- **Anaesthesia safety check completed**

- **Pulse oximeter on patient and functioning**

### Time Out

- **Confirm all team members have introduced themselves by name and role**

- **Surgeon, anaesthesia professional and nurse verbally confirm**
  - Patient
  - Site
  - Procedure

- **Anticipated critical events**

- **Surgeon reviews: what are the critical or unexpected steps, operative duration, anticipated blood loss?**

- **Anaesthesia team reviews: are there any patient-specific concerns?**

- **Nursing team reviews: has sterility (including indicator results) been confirmed? Are there equipment issues or any concerns?**

- **Has antibiotic prophylaxis been given within the last 60 minutes?**
  - Yes
  - Not applicable

### Sign Out

- **Nurse verbally confirms with the team:**

- **The name of the procedure recorded**

- **That instrument, sponge and needle counts are correct (or not applicable)**

- **How the specimen is labelled (including patient name)**

- **Whether there are any equipment problems to be addressed**

- **Surgeon, anaesthesia professional and nurse review the key concerns for recovery and management of this patient**

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*This checklist is not intended to be comprehensive. Additions and modifications to fit local practice are encouraged.*