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WHAT IS THE RESULT OF YOUR PUBLICATION AND WHAT WE EXPECT FROM A MEDICAL WRITER?

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SUMMARY

Medical publication has become a very important part of the medical profession. Scientific papers are necessary for the development of a medical specialist, the peer-reviewed journals are still the only accepted, reliable organizations that could promote and present the results of researches and their development. The author is Editor-in-Chief of the renowned journal "International Orthopaedics" and provides his point of view on this topic.

Keywords: medical publications, trends in publication and review

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Medical publication became a very important part of our profession. Scientific papers are essential for the progression and the formation of a medical specialist and the peer-reviewed journals are still the only accepted reasonable organizations that could promote and demonstrate research and progress. They are opposed to the so-called "grey literature" that arise from independent publications, conference proceedings, talks in meetings, non-indexed reviews, internet blogs. New forms of peer-review publications such as the Open-Access Journals are growing and they offer alternative solutions for free access after pay-per-submission that are different from the traditional "pay-per-view" in established publications.

The evaluation of the visibility, power, impact and ultimately of the value of an

JAKI JEST REZULTAT PUBLIKOWANIA ORAZ CZEGO MOŻEMY OCZEKIWAĆ OD AUTORA PUBLIKACJI MEDYCZNEJ?

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STRESZCZENIE

Publikacja medyczna stała się bardzo ważną częścią zawodu lekarza. Artykuły naukowe są niezbędne dla rozwoju lekarza specjalisty, a recenzowane czasopisma są wciąż jedynymi akceptowanymi, rozsądnymi organizacjami, które mogłyby promować i przedstawiać rezultaty badań oraz ich rozwój. Autor artykułu jest Redaktorem Naczelnym renomowanego czasopisma „International Orthopaedics” i przedstawia swój punkt widzenia w tym temacie.

Słowa kluczowe: publikacje medyczne, trendy w publikacji i recenzji

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article, discipline, journal is also changing and this is related to the multitude of tools that allow to measure, qualify and classify someone's work. Since more than fifteen years now major journals publish online at least six months before the paperback edition. Currently we abandoned the traditional paper drafts and we use exclusively the electronic editing up to the final paperback edition that is released regularly. The delay between the submission and the publication ranges currently between six and twelve months, due to the increasing notoriety of the journal, but the publication "online" reduced this up to three months due to the electronic management. The "online first" system made possible for a paper released in the electronic form to be used as a reference immediately with a unique DOI

number. All the articles can be referred at instantly.

The Editor's team keeps up to date in various branches of scientific publishing, including active participation in academic meetings and in committees involved in publication strategy, methodology and ethics. The reviewers are trained and follow specific protocols for "how to" and "why to" in order to help authors in generating up-to-date literature in respect of the scientific methodology and truth. The Vancouver style and the Helsinki statements concerning the methodology for clinical research are respected for every paper published and the "recommendations for authors" were adapted in order to meet all this criteria. Major journals include compulsory information related to the eventual involvement of the authors in the orthopaedic industry and a statement précising this aspect is also published with each journal article (conflict of interest forms).

Starting from 2008, a new classification concerning the levels of evidence was adopted by the researchers around the globe included in addition to all paper describing a clinical research and the authors will have to follow the Cochrane criteria for statistical treatment and meta-analysis and the original David Sackett recommendations for the level of evidence ranking. The system is employed by several publications categorizes each article as one of five levels (I, II, III, IV, or V) on the basis of its design and as one of four different types on the basis of its content (therapeutic, prognostic, diagnostic, economic or decision analysis). Even that this way of grading and ranking papers seemed very "American" we felt that bringing in competition different methods of work will result in increased quality in clinical research. As Wright observes "The goal of implementing the rating system is to introduce both authors and readers to the notion of levels of evidence and to stress the importance of using level-of-evidence rating as

a guide in the interpretation of a clinical paper" (Wright *et al.* 2003).

The number of citations and downloads are increasing constantly opening to all countries. The notoriety of the authors in Europe and abroad is also increased using the new tools for communication. The innovation and literary production are strongly related and one of the goals for our Editors is also to keep the gate open for new authors and for new ideas.

New trends in publication and science include the visibility of papers in social media. As currently many journals have web pages they are followed more or less by readers and some of the readers give input about what they like or dislike. The social media relevance is high and could be measured with new tools that are known as "Altmetrics" where "Alt" stands for "Alternative". In a recent survey we discovered differences between the most cited papers as the usual classic way of measuring impact and the new ways such as number of downloads and visibility in media (Scarlat *et al.* 2015).

Cultural particularities strengthens the Journals! The case of our old continent is typical – it includes more than forty-five countries and the European Union relies today twenty-seven different countries speaking twenty-two official languages. The diversity of the national cultures in the countries is highly provocative for the intellectuals. The quality of the orthopaedic science shows a high diversity and disparities between countries. The English proficiency is also unequal between countries and between individuals. However, proper scientific English is a requirement for publication. That is why many Journals use a correction system allowing criteria for determining the quality of the English writing, and if necessary, we could decide either to send back a paper to its authors for style correction (if the quality is shocking) or to take responsibility for making English corrections before a final

version is released. This method of treatment opened for us the gate for more papers coming from all over the world and we are extremely proud of the high diversity and multi-cultural openings in our European based International publication. It is not simple! To take just one example of a Physical Activity (PA) test we checked on the results of assessments with tools from the European Union European Health Interview Survey (EHIS), a common EU instrument developed by Eurostat (Eurostat statement 2013) and checked by scientists from different European Centers (Finger *et al.* 2015). Both questionnaires were difficult to answer for many respondents and rather user-unfriendly. The scales are designed to measure Physical Activity in quantity (frequency and duration) and intensity; however, the respondents could hardly provide this information for cognitive reasons. Sometimes translation for evaluation tools from English to other languages may be challenging and some American tests with units in Yards, Inches and Pounds may need an appropriate adaptation for use in Cost-Rica, Poland or Japan.

A current campaign for Reviewers Education is going on

Computer use is unequal between medical schools worldwide. This ability increased during the last decennia in many countries but is insufficient for workflow purposes in many cases. Our strategy in this respect was to allow newcomers in the reviewer's team and to train them for a better use of the computer tools.

One of the methods for continuous increase of quality in a medical speciality is to communicate, read and eventually publish excellent papers in the scientific journals. In fact, in meetings one can definitely see excellent communications that will never become a written paper, as well as poor quality material that will be developed until publication is proposed.

In this respect our goal as editors was to participate in scientific meetings in order to discover new talents, new ideas and perspectives and encourage further academic developments.

Researchers are increasingly being evaluated by the impact of their research, mainly with the impact factors of the journals they publish in, but also by specific measures such as individual citation counts (the Hirsch number and lately the Index Copernicus, Scopus citations score, Google scholar or other notoriety indexes). But, as very nicely observed some authors "The race for publications in high ranked Journals and for funding may produce false statements and over-rating of certain studies that may be leading to improper scientific content" (Young *et al.* 2008). In this respect, our goal as Editors is to help evaluation and increase writer's access for publication. We strongly feel that in a changing world the monopoly of knowledge is no more a matter of how prestigious the original institution was or how stable and defined was the work place at the University. We feel that those new tools that bring Internet and open libraries as well in a modern high-tech Western Europe or North-American institutes as in Sub-Saharan Africa or in Central Asia will change and democratise science and health care. The standards are in continuous move and they improve in almost all the places reached by access to knowledge. In this new world the young orthopaedic specialist brings his cell-phone, palm-top and laptop computer. He is able to learn move for training in several places, make several fellowships, settle in another country, being often polyglot. He is able to analyse series of patients using logic tools and informatics equipment. He is able to perfectly read and write in English, keeping in touch with colleagues worldwide and sending pertinent literature to peer-review journals. He can be independent and useful for his community. He reads the news

on the Internet and keep informed about his speciality with RSS real-time flux and electronic subscription. This new specialist is our contributor and our reader. This individual's continuous upgrade is our final goal.

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