

Editorial

From clinical medicine to formal education about medical publishing practices.

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The exchange of experiences and ideas among colleagues remains the key of scientific progress. In fact, knowledge is a sum of gathered experiences and education is nothing more than an attempt to pass all those knowledge to the next generation.

In rapid transforming scientific disciplines like medicine, the need for this exchange is essential. The latter can take different forms. Oral conversation may seem like the humble way of communication. Nevertheless, “conversation is a meeting of minds with different memories and habits. When minds meet, they don’t just exchange facts; they transform them, draw different implications from them, engage in new trains of thought. Conversation doesn’t just reshuffle the cards; it creates new cards”¹⁻².

Written documentation, in form of abstracts/posters/articles, is the formal way of medical communication. The ultimate goal: better clinical medicine and thus, better outcomes. Secondary goals: scientific research boost, professional progress, academic career evolution, financial remuneration, etc.

The paradox: in most medical university curricula, “full” (=covering all aspects) education about medical writing and medical publishing practices is considered as luxury. We accept that good oral communication is an essential non-technical skill³⁻⁴, but we assume that we know written communication and specifically medical writing. As a result, medical writing and publishing practices are becoming a distant and foreign to us area. It is erroneously considered as a skill necessary only for academic progress.

“Good” medical writing includes clear language, accepted (or fancy?) statistical methodology, stereotypic structure, writing rules for certain documents, all of them or none of them⁵⁻⁷. Yet, one is clear: it can be taught.

Furthermore, better understanding of publishing practices is essential⁸. We need to

understand that medical publishing is an industry that connects the authors with their audience. In an industry, there are good and bad practices, good and bad companies, good and bad products. We should know how it works in order to use it right. We should know the difference between a medical writer, a medical journalist and a medical translator. How and when to involve them in our research/paper?

We should know the concept behind the main (business) publishing models: Open Access, Golden open Access, Hybrid, subscription, electronic or paper, etc. We need to understand the role of each of the person included in the publishing process (reviewer, technical editor, copy editor, proof reader) and the various models of this process (e.g. closed blind review versus post-publication review)⁹.

A crucial point that usually causes confusion is that bibliographic measures are not the same as social impact measure and the two of them have nothing to do with the scientific academic or clinical impact of the published work¹²⁻¹⁶. It is author's strong belief that it's time the medical community (especially the academic part of it) start really assessing scientific work in the "hard" way and not just calculating impact factor numbers¹⁶.

A final note: we should taught which are the bad practices of medical writing and publishing, how to recognize them, how to fight them: ghostwriters, "hijacked" journals, fake journals, manipulation of impact factors, manipulation of copyright and authorship issues are only some examples¹⁷

Relevant education should be an essential part of our core curriculum. The goal is not to become professional publishers/editors or writers; but to know 1) how to write, "defend" and publish our work and 2) how to recognize, read and understand the work of others. All the latter are affecting continuously our clinical practice. They have direct and indirect relation with the outcome of our practice. Reports suggest that involving junior doctors in medical publishing process can be even a method of teaching medicine¹⁸⁻²⁰.

Of course, during this educational procedure we should keep in the end that: no publisher will ask us about our patients and no patient will ever ask us about our publications, and "impact" factors. We are the only one that we will know that our knowledge about this kind of subjects could possibly have saved his/her life.

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