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The Role of In-House Medical Communications Centers in Medical Institutions in Nonnative English-Speaking Countries*

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Key words: education in English for medical purposes; in-house medical communications; nonnative English-speaking authors

Abbreviations: EMP = English for medical purposes; IMCC = International Medical Communications Center

Last year (2007) marked the centennial of the Mayo Clinic Section of Scientific Publications, which is the oldest and largest in-house editorial service in a medical institution in the world. It has been argued that the Mayo Clinic Section of Scientific Publications has played a large role in the growth of the institution and its reputation. A century ago, the Mayo Clinic staff consisted almost exclusively of native English speakers, but yet the Mayo Clinic administrators realized the need to provide support for medical writing. How much more compelling then is this need in countries in which the native language is not English, or not even an Indo-European language, with totally different orthography and totally different traditions in science from those countries contributing to the development of the journals in medicine that started in the seventeenth-eighteenth century in Europe. To the best of our knowledge however, no medical institution in nonnative English-speaking countries has an in-house editorial service of the scale of the Mayo Clinic Section of Scientific Publications, and very few have any in-house editorial service at all, leaving authors on their own to over-

come the daunting task of writing, submitting, revising, discussing, and resubmitting manuscripts in a foreign language.

MAIN POINTS TO CONSIDER

Because of the difficulties in communications and the increasing need for sophisticated ability in information retrieval and supply, an in-house section that provides editorial support to the staff of a medical institution in a nonnative English-speaking country has to fulfill diverse roles that go far beyond purely editorial services, including but not limited to the following: editing of English-language manuscripts; assistance with the submission of manuscripts to international journals; assistance with revision of manuscripts and replies to comments from reviewers; education in English for medical purposes (EMP); education in publishing in English and developing an academic career in medicine; translation of materials related to the institution; development of educational materials for EMP, medical communications, and patient education; health-care interpreting and other assistance with the care of foreign patients seen at the institution; facilitation of international joint research projects; facilitation of international exchange of students and staff; assistance with the organization of domestic and international medical conferences by the institution; and assistance with grant applications.

We refer to in-house sections that provide a combination of these services as *medical communications centers*. The International Medical Communications Center (IMCC) of Tokyo Medical University, established by one of the authors (J.P.B.) in 1990 is, with five full-time and seven part-time staff, one of the largest such centers in the world. It took 15 years from the time of its proposal in 1975 to its establishment in 1990. The results in Figure 1 show how

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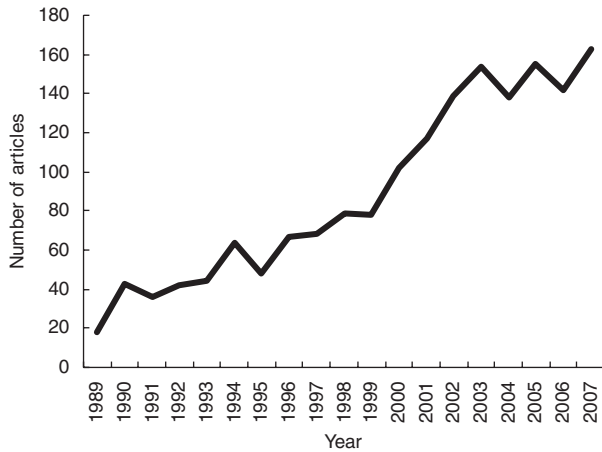


FIGURE 1. Articles from Tokyo Medical University in journals indexed on Medline; data as of March 31, 2008, obtained from PubMed (<http://www.ncbi.nlm.nih.gov/sites/entrez>) using the following search criteria. Search string: “Tokyo Medical”[ad] AND (University[ad] OR College[ad]) NOT Dental[ad] NOT “Medical Center”[ad]; limits: English.

successful a center like this can be. Among those at Tokyo Medical University who publish extensively, the service has steadily increased in popularity.

EXPLICATION

At the time of its establishment, the primary purpose of the IMCC was to promote international publications from the institution. The IMCC edits manuscripts from Tokyo Medical University at half of the local market price, averaging approximately \$400 for an original research article, with revenue going back into the institution. Tokyo Medical University authors are encouraged to bring reviewers’ comments for IMCC consultations. Manuscripts written by Tokyo Medical University staff are generally brought to the IMCC before submission. A search for English-language articles from Tokyo Medical University on PubMed showed a 906% increase from 18 in 1989, the year before the establishment of the IMCC, to 163 in 2007 (Fig 1). By comparison, the same search criteria for the whole of Japan showed a 267% increase from 15,054 in 1989 to 40,165 in 2007 (Fig 2). Although it can be argued that the large increase in articles from Tokyo Medical University is inflated due to the low number in 1989, it is a fact that many smaller medical institutions in Japan are still producing low numbers of publications, and that in-house medical communications centers could do for these institutions what the IMCC has done for Tokyo Medical University.

We believe that one important factor in the success of the IMCC in increasing the number of

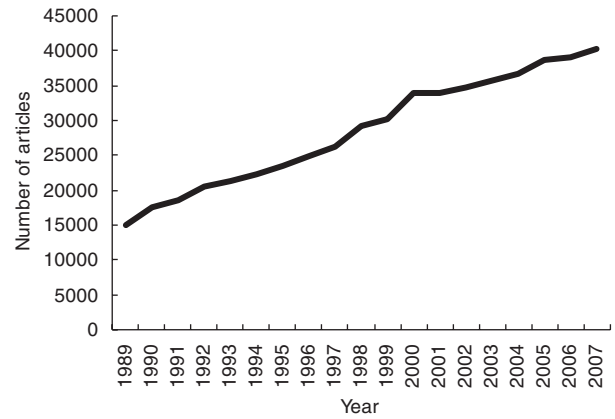


FIGURE 2. Articles from Japan in journals indexed on Medline. Data as of March 31, 2008, obtained from PubMed (<http://www.ncbi.nlm.nih.gov/sites/entrez>) using the following search criteria. Search string: Japan[ad]; limits: English.

publications from Tokyo Medical University is the assistance it provides, free of charge, to authors when the manuscript is returned with comments from the reviewers. Pierson¹ gives as the second most important reason why manuscripts are not published in respiratory care “a failure to revise and resubmit following peer review.” The reasons for this can vary. Some authors mistakenly interpret the letter of the editor-in-chief “rejecting the paper in its present form” as indicating that they have no chance to resubmit their paper. The author may also feel that the opinions of the reviewer(s) are unduly harsh. Yet another reason, particularly for those whose native language is not English, is that they do not feel confident in responding to or rebutting the comments of the reviewer in sufficiently nuanced English to satisfy the journal and the reviewer. We like to refer to this final stage of the publication process as the “last hurdle.” Correctly interpreting the implied meaning of the decision letter from the editor-in-chief and properly analyzing and replying to the comments from the reviewers is not an easy task for any author, but in particular for nonnative English speaking authors it is a task that requires even more expert advice than the writing of the manuscript. Unfortunately, most nonnative English-speaking authors are unable to access such a service, which requires a medical communications expert to “sit down” with the author and go through the comments and replies point by point. The editing agencies used by many nonnative English-speaking authors when preparing their manuscripts for first submission often prevent direct contact between language professionals and authors in order to control access to their editors. This prevents authors from accessing the person(s) who edited their final manuscript and

makes it more difficult for them to overcome the last hurdle. As a result, too many manuscripts that could eventually be published if the last hurdle is handled properly end up in a drawer and never again see the light of day, which is a loss not only for the authors' publishing careers but for science overall. It can be argued that the authors and institutions have a moral duty to make available the scientific data that are at their disposal, and that have been provided through the goodwill of the patients, who hope that the data from their situation may one day be used to help or mitigate the condition of their fellow sufferers.

We have tried to promote the idea of in-house medical communications centers not only in Japan but also in Korea and China, and widespread interest has been shown in this concept. Some of the institutions in Japan that have already set up similar types of services include Tokyo Dental College and Tokyo Women's Medical University. Interest has been expressed by other former national universities, such as Kyushu University.

Inevitably, the question revolves on the issue of economics. If the staff of the editorial service center can also provide the services listed above under the heading "Main Points To Consider," and especially the services of education in EMP at both the pre-medical school graduation and postgraduate levels, then in essence the situation is that the institution receives at least two services, if not more, for the price of one, and that makes it economically viable.

Medical schools or medical faculties within large universities in Japan are obliged to provide language training to their students, but in many cases because the backgrounds of the language teachers are not necessarily related to medicine, the students receive teaching on subjects like Shakespeare and Dickens, which, while broadening their minds to some extent, does not prepare them much for their chosen profession. Therefore, since the language staff has to be there, and has to be paid for in any event, and since in most cases the number of classes per week is not great, it would still allow salaried employees sufficient time for teaching, curriculum development, and paper editing, as well as the regular academic committee work that is always involved in any teaching facility.

One other point of great and essential importance is the input from the clinical and preclinical staff into the development of the curriculum and into the development of those teaching the EMP courses and

the other pregraduation/postgraduate courses in medical communications. One of the authors (J.P.B.) had the great fortune to be mentored by Yoshihiro Hayata, MD, FCCP, and was given the opportunity to be in direct contact with many leading figures in medical education in North America and Europe. Seeing Japanese medical academics in these situations enabled him to understand the needs of Japanese clinicians regarding medical communications and made him realize that collaboration between clinicians and language education providers is essential. Benfield and Feak² stressed the importance of input from both a language professional and an experienced peer when editing manuscripts written by nonnative English-speaking authors. We believe that in all aspects of medical communications, be it editing manuscripts, development of EMP educational materials, or healthcare interpreting, the best results are obtained if clinicians and language professionals work together in a symbiotic relationship.

TAKE-HOME MESSAGE

In order to promote the publication of data that are accumulating unpublished in many institutions throughout the world, not only in those in which the native language is not English, but also in countries in which the native language is English, in-house editorial services are essential. By having the personnel at these institutions also work academically teaching the undergraduates and postgraduate fellows concerning English for medical purposes and medical communications, it can be financially viable.

The question is not whether the institution can afford to have a medical communications center. The question is whether it can afford not to have one. So if you are in an academic medical institution and there are no multifunctional services available, talk to your administration and try to persuade them that it would be money well spent. More publications, more publicity, more funding, better careers: it makes sense.

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