



Tools and Trends in Medical Communication

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✦ By now you may be familiar with “**Ten Recommendations for Closing the Credibility Gap in Reporting Industry-Sponsored Clinical Research**” (<http://tinyurl.com/c988syk>). It’s the latest publication of the Medical Publishing Insights and Practices (MPIP) initiative, which was founded in 2008 by members of the pharmaceutical industry and ISMPP “to elevate trust, transparency, and integrity in publishing industry-sponsored studies.”

One of MPIP’s recommendations is that sponsors should “make public all results, including negative or unfavorable ones, in a timely fashion, while avoiding redundancy.” (This follows the assertion of the International Committee of Medical Journal Editors—not uncontroversial—that there is an obligation to publish negative studies.) It’s fitting, then, that MPIP has compiled a chart listing **Generalist Journals Accepting Data of Specialist Interest**. Examples of “data of specialist interest” are results that are perceived as negative or merely confirmatory. As of January, the chart lists 24 journals with details about whether they are peer-reviewed, whether they are indexed in MEDLINE, format (online and/or print), and website address. To download it, go to www.mpip-initiative.org and click the appropriate link on the home page.

✦ **PubMed has replaced the “Limits” page with a filters sidebar.** The filters appear only after the user has run a search—look at the left side of the results screen. The National Library of Medicine wants to make it more obvious to users that search results can be narrowed, and allow narrowing to be accomplished with fewer clicks. For the most part, the filters are the same as the former “Limits”: Publication dates, Species, Article types, Languages, and so on.

✦ **NIH Clinical Center Radio** produces podcasts of interest to people researching material for either a clinician or lay audience. Seven categories are available, including Grand Rounds, Medicine for the Public, Bioethics, and Biomedical Translational Research Information System lectures. RSS feeds are an option. For more information, visit <http://www.cc.nih.gov/podcast/podcasthelp.html>.

✦ **Cultural Insights: Communicating with Hispanics/Latinos** is a 23-page PDF available at <http://www.cdc.gov/healthcommunication>. It’s designed to help organizations target their advertising or health promotion efforts to this 15% of the US population. It discusses media preferences, priority health concerns, demographics, health care-seeking behaviors, traditional health beliefs and practices, and more.

✦ **Journal Selector** (<http://www.edanzediting.com>) is yet another free new tool for publication planners. Paste in the manuscript’s abstract or description and search over 18,000 journals. You can refine the results based on publication frequency, impact factor, and publishing model, including open access.

✦ **The ABC’s of Accredited CME** (<http://www.abcsocme.org>) aims to help CME planners and speakers understand that accredited CME should be based on the principles of adult learning and be independent of industry influence. Sponsored by the American Academy of Dermatology and The France Foundation, it comprises 10 slide sets with synchronized audio. Sample topics: integrating the ABMS core competencies into CME activities; designing CME to change competence, performance, and patient outcomes; developing independent, fair balanced CME; HIPAA and CME; and PowerPoint 101.

✦ **The most popular type of CME activity now** is archived online courses, according to ACCME. In 2010, the latest year for which ACCME data are available, 40% of all accredited CME activities were online. A separate figure is that 84% of physicians want to attend more CME events online, because of the ability to view content on demand, avoid the cost and inconvenience of travel, and complete a greater number of programs. That last is from a survey by ON24 and MedData Group, 2 companies that provide online CME tools. Asked what characteristics of an online presenter are most important, 61% of respondents said a non-nasal, clear voice; 42% said a funny, entertaining delivery; and 36% said a fast pace. (Hat tip: Pamela Lewis Dolan, AMA)