



New medical writing course in Copenhagen: Increasing chances of publication for non-native speakers

By Christine Møller

As assistant editor of *APMIS* (*Acta Pathologica, Microbiologica et Immunologica Scandinavica*), I have seen many PhD students struggle to write their first manuscripts and then send them off to journals in eager anticipation. I have, of course, also read the reviewers' comments with requests for language revision.

Coates et al. discussed whether articles written in English by non-native speakers are rejected purely on scientific grounds or whether there is an element of linguistic discrimination in editors' publishing decisions [1]. Their research on the role of language error—grammatical, structural and lexical—in rejection rates found that badly written papers correlated with a high rejection rate. Benfield and Howard reviewed 50 original articles about lung cancer, of which 27 were from countries where English was not the native language, and 23 were from other countries where English was the native language [2]. They found that, during the peer review process, 20 of the 27 papers prompted comments from reviewers about grammar, word choice and inappropriate style, whereas only 8 of the 23 papers attracted such comments. They concluded that it is necessary to make clear to editors and reviewers that non-native speakers bear an 'added burden' and need help when preparing scientific papers in English.

In my experience, it takes detailed correction of three or four manuscripts, including helpful comments, before students with good language abilities become reasonably proficient. Over the years, I collected examples of typical errors made by non-native speakers (mostly Scandinavians) and tried to establish a pattern. The next step was to organize courses to create awareness of typical Danish errors.

I discussed my ideas with Mogens Holst Nissen, Associate Professor at the Institute of International Health, Immunology and Microbiology and Director of the Graduate School of Immunology, The University of Copenhagen. He agreed that such courses would be very valuable. Consequently, in June 2006 we held two 2-day medical writing courses at the Panum Institute, with 20 participants in each group. Most were PhD students from Panum, the University Hospital, or other hospitals in the Copenhagen area. The courses were free of charge for registered PhD students and gave points towards successful completion of their PhD programme. (A limited number of places were available for fee-paying participants.)

We aimed to devise an all-round course covering many different aspects and to make it as interesting and varied as possible. Our course focused on syntax, vocabulary, grammar, punctuation and style in the context of medical writing, and also on the editorial process in general. Two communication consultants from the UK dealt mainly with aspects of style. Other areas covered by Danish contributors (in English) were the role of the editor and the principles involved in designing good figures and tables. I presented examples of errors of grammar and usage made by Danish authors who publish in *APMIS*.

The course included the following:

- Preparing to write accurately and readably
- Sentence structure, length and complexity, information load
- Premodification of nouns (avoiding long strings of modifiers)
- Choice of words (scientific terminology; familiar rather than pretentious words)
- Verbs (active and passive)
- Punctuation (including commas and hyphens)
- Designing tables and figures
- Common errors of grammar and usage made by Danish writers
- How editors see medical writing

My background as a Liberal Studies lecturer in the UK and my interest in teaching English as a foreign language helped me in classifying typical errors made by Danes. Because I have now lived and worked for many years in Denmark—and speak fluent Danish—I have a good appreciation of native language interference.

Most errors made by Danish PhD students fall into categories well recognized by language teachers. Danes have problems with the agreement of subject and verb in English, e.g. 'The reason for the amplifications are uncertain'. Native speakers sometimes fail to spot errors of agreement, but it is especially difficult for Danes writing in English as Danish has only one form of the verb for 'is/are' ('er') and 'was/were' ('var'); there is no distinction between singular and plural, and thus no possibility of error in a Danish sentence. Danes run into difficulties with number and verb agreement in long English sentences with several elements between the subject and the verb, as in this inelegant sentence: 'The varying resistance during 32 months among *K. pneumoniae* from one of these patients

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(Table 2 and 3, patient number 2) support this theory'. There are, of course, other problems with this sentence apart from incorrect agreement of the verb. Microsoft's grammar checker picks up some of the problems but not all of them.

The different word order in English and Danish sentences also causes difficulties. Even when the word order should be the same, Danes sometimes expect English to be different, resulting in a sentence such as 'In none of these cases a primary focus could be identified' instead of 'In none of these cases could a primary focus be identified'. In English, the subject goes in front of the verb—but when the sentence begins with a negative adverbial (such as 'only' or 'never'), the order is reversed: the subject goes *after* the verb. In Danish, the verb always goes in front of the subject when a sentence begins with an adverbial—negative or otherwise. Another example of interference is the use of strings of modifiers in the following manner: 'the in Sweden accepted species-related sensitivity groups'. This is obviously not acceptable in English.

Danes frequently misplace commas in English, e.g. 'Cultures that approached confluency in 2–4 days, were subcultured'. Although comma usage varies between native English speakers and is controversial, the error in this sentence is fundamental because there should not be a comma between subject and verb no matter how long the subject is. Most course participants—and here we are talking about the younger generation—rather unexpectedly said they were continuing to use the 'old' system of placing commas in Danish texts as opposed to converting to the 'new' system. The 'new' system is closer to common English placement, although not exactly the same. When I spoke to the 'Sprognævn' (Danish Language Council), I was told that no one had the faintest idea where to place commas in either the old or new system! [3, 4]. This was because of declining standards and because teachers in schools did not know the rules themselves. Does this sound familiar?

To my great amusement the trivial examples that sparked off most controversy were these: 'a MIC of < 0.5 mg/ml', 'an uniform agar depth of approximately 4 mm', and 'it might be used as a ultrastructural marker'. When I tried out my presentation on members of my former institute, they too were intrigued by whether it should be 'a' or 'an', and why. Even people who had just come along to be polite suddenly woke up and became quite heated when we discussed the use of the indefinite article—and stayed behind at the end to continue the discussion.

This is the first time Mogens Holst Nissen and I have arranged these courses at Panum. The feedback from the evaluation forms was positive. We were, however, surprised that several students from each group wrote that they thought there had been too many breaks. The courses were intense and demanding for both speakers and students, and we thought that regular breaks (a 20-minute coffee break and a shorter 10-minute break during the morn-

ing session, for example) were essential.

The PhD office at Panum often receives requests from students for medical writing courses. There was a waiting list for the recently held courses even though they were only advertised online and were not in the official catalogue, and we anticipate an even greater demand in the future as word gets around. We therefore plan further courses in June 2007. These will incorporate more interactive exercises and group work, and there will be fewer breaks! Students will also be asked to bring along examples of their own work for discussion.

This was a new venture and a fascinating experience. I enjoyed listening to the different speakers, meeting the students, and hearing their responses to the material I presented in my session. The specific problems of language and usage provided an excellent starting point.

Now I would like to find out more. I would be very interested to hear from others who organize medical writing courses for non-native speakers, especially about their ways of activating students and involving them fully in the learning process.

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3. Dansk Sprogævn (Danish Language Council). Tema: Nyt komma. *Nyt fra Sprogævn* 2001/2:1-14 (in Danish).
4. Lund J. Sprogpolitik. *Nyt fra Sprogævn* 2004/2:3-10 (in Danish).

Mad about numbers

I am increasingly seeing examples of the following: 'Development trials used a cast iron moulding plate with five (5) cavities', or, 'A total of two hundred and twenty-one (221) patients were enrolled'. My problem this time is not 'a total of' to avoid the digit at the beginning of the sentence¹: it is the nonsense of writing out numbers and then giving digits in brackets. I appreciate this is a convention in legal documents (although I never understood why). Aren't plain old digits good enough?

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1. Reeves A. Myths about English. *TWS* 2006;15(1):22