Avoiding Pitfalls in Medical Editing

Presentation by Katharine O’Moore-Klopf, ELS
• Medical editing conventions
• Terminology and jargon
• Word pileups and hyphenation havoc
• Patient-friendly language
• Statistics

• Reference lists
• Vital sections of the *AMA Manual of Style*
• Necessary reference works
• How to move into medical editing
• Where to find clients

Our focus here today
• Original research reports
• Case studies
• Product reviews
• Medical book reviews

Medical Editing
Conventions

Types of Journal Articles

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Medical Editing
Conventions

Research Article Format: IMRAD
• Beginning, middle, and an end
• Tight writing
• No reference citations
• Abbreviations or not?

Medical Editing
Conventions

Abstracts

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• Don’t duplicate info from the text
• Is it really a table?
• Can readers understand the table without looking at the text?

• Simplify
• Check the math
• Give credit

Medical Editing Conventions

Tables
• Don’t duplicate info from the text
• Is it really a figure?
• Can readers understand the figure without looking at the text?
• Check the axes

• Provide a key
• Protect study participants’ privacy
• Color or black and white?
• Give credit

Medical Editing
Conventions

Figures
• Normal or abnormal tests?
• *Article* versus *manuscript*
• *Assure*, *ensure*, or *insure*?
• *Due to* versus *owing to*
• *Classic* versus *classical*
• *Die of* or *die from*?
• *Disc* or *disk*?

• *Dose* or *dosage*?
• Full terms or casual shortened versions?
• *Regime* or *regimen*?
• Normal patients?
• Other preferred usages
• Consider readability by audience
• Get rid of clichés
• *In order to* versus *to*
• *Upon* versus *on*
• *Above and below* as location markers
• Euphemisms versus plain

Terminology and Jargon

Fillers, Clichés, and Euphemisms
• Avoid too many ideas in a single sentence
• Fixes

Word Pileups and Hyphenation Havoc

Adjectival Pileup
• Don’t hyphenate unless required for clarity
• Don’t hyphenate multiword anatomic terms as modifiers.

Word Pileups and Hyphenation Havoc
• A patient is not a case
• *Study participant* versus *subject*
• Don’t equate people with their diseases or disabilities
• Psychologists and psychiatrists treat *clients*, not *patients*

• Diseases, not patients, are diagnosed
• *Sex* = physical maleness or femaleness; *gender* = how people represent their identity

**Patient-Friendly Language**

**Part 1**
• Manage cases; treat patients
• Have a disease, not suffer from a disease
• Treatments fail; patients don’t fail treatments

• Don’t use elderly, middle-aged, or young; define age groups
• Use inclusive language
• Avoid stereotypes

Patient-Friendly Language

Part 2
• Data in figures and tables that don’t match data in text
• Math errors in finding the mean of a set of numbers
• Errors in reporting the number of study group participants
• Rounding errors
• Mixing data sets when 2 kinds of statistics are analyzed for the same groups

Statistics

Mistakes Authors Make
Statistics

Terms to Learn

- Analysis of variance
- Chi-square test
- Confidence interval
- Correlation coefficient
- Degrees of freedom
- Dependent variable
- Dose–response relationship
- Hazard rate
- Independent variable
- Intent-to-treat analysis
- Kaplan-Meier method
- Mann-Whitney test
- Multivariate analysis
- Nomogram
- Odds ratio
- P value
- Relative risk
- Standard deviation
- Standard error
- Standard error of the mean
- t-test (aka Student’s t-test)
• **Humanities style**, from *Chicago Manual of Style*, 16th edition


• **AMA style**, from the *AMA Manual of Style*, 10th edition
Reference Lists

Guidelines Within *AMA Manual of Style*
• “International Committee of Medical Journal Editors Uniform Requirements for Manuscripts Submitted to Biomedical Journals” (Vancouver style): http://www.nlm.nih.gov/bsd/uniform_requirements.html
• California Digital Library Online Catalog, at http://melvyl.cdlib.org
• Library of Congress Online Catalogs: http://catalog.loc.gov/
• Google Scholar: https://scholar.google.com

Reference Lists
Where to Go When Reference Entries Are Incomplete
• Chapter 3: on references
• Chapter 11: proper usage
• Chapter 14, section 14.11: abbreviations for clinical, technical, and other common terms
• Chapter 14, section 14.12: units of measure
• Chapter 15: specialized terminology
• *Dorland’s Illustrated Medical Dictionary*, 31st edition
• *Mathematics Into Type*, updated edition
• Medical spelling-checker software: *Stedman’s Medical/Pharmaceutical Spellchecker*, Inductel, Spellex
• *Stedman’s Medical Dictionary*, 28th edition

Necessary Reference Works
• Read medical journals
• Read medical materials written for the general public
• Study the *AMA Manual of Style*
• Take a medical terminology course; search online for these.
• Take anatomy and physiology courses (find them online) or read textbooks in these areas.
• Join the American Medical Writers Association ([http://www.amwa.org](http://www.amwa.org)) and take its certification courses
• Take online courses from the Drug Information Association ([http://www.diahome.org/DIAHOME/Education/FindEducationalOffering.aspx](http://www.diahome.org/DIAHOME/Education/FindEducationalOffering.aspx))
Where to Find Clients

• Join the American Medical Writers Association (AMWA; http://www.amwa.org)
• Join the Council of Science Editors (CSE; http://www.councilscienceeditors.org)
• Study the Toolkit for New Medical Writers: http://www.amwa.org/toolkit_new_med_writers
• Take medical writer Emma Hitt’s 6-week course: http://www.hittmedicalwriting.com/coach.html
• Read the blog post “How to Find Medical Editing Freelance Work”: http://editor-mom.blogspot.com/2011/09/how-to-find-medical-editing-freelance.html

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