

WEBVTT

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00:01:37.080 --> 00:01:40.360

Karen Gainey: Thank you for agreeing to have a chat with me.

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00:01:40.360 --> 00:01:44.270

Participant 18: That's no problem. Yeah, I'm happy, happy to. I know you spoke with my colleague, (name).

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00:01:44.650 --> 00:01:45.410

Karen Gainey: Yep.

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00:01:46.430 --> 00:01:49.110

Participant 18: Yeah, so yeah, happy to help. Yeah.

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00:01:49.110 --> 00:01:57.369

Karen Gainey: Oh, (name) was brilliant. I learned a lot from her, and it was great because she was involved with a couple of different journals.

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00:01:57.370 --> 00:01:58.760

Participant 18: Actually, yes, that's right. Yeah.

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00:01:58.760 --> 00:02:07.800

Karen Gainey: Yeah, so that was really useful. So I'm just bringing up. I've made notes on your

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00:02:09.389 --> 00:02:15.550

Karen Gainey: journal. And just to remind me to ask about different things

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00:02:17.000 --> 00:02:34.370

Karen Gainey: out now, so find if I'm not prepared, I can lose my way. Very easily. Did (name) give you any kind of background on the study, so I don't want to go over things.

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00:02:34.661 --> 00:02:40.198

Participant 18: Not really. No. So yeah. So feel free to to give me your plain language. Summary of it.

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00:02:40.490 --> 00:02:43.379

Karen Gainey: You'll love it. Oh, love it!

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00:02:43.910 --> 00:02:49.519

Karen Gainey: Let's see how I go. Feel free to jog and check me, though.

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00:02:50.420 --> 00:03:10.129

Karen Gainey: so basically, this is the final study in my Phd, so what I've done is I've brought together the results of all my other studies. So I started off with a scoping review on guidelines for writing plain language, summaries in a number of journals, and.

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00:03:10.130 --> 00:03:12.280

Participant 18: So sorry is that within healthcare.

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00:03:12.730 --> 00:03:16.702

Karen Gainey: Yes, yes, health and medical journals. Yeah.

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00:03:17.800 --> 00:03:32.400

Karen Gainey: and follow that up with a compliance check or audit of the same journals to see how closely the plain language summaries in the journals matched the author guidelines

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00:03:33.451 --> 00:03:46.190

Karen Gainey: and if they said they were mandatory, did we actually find how easily did we find the summaries, etc. So those results were quite interesting and varied.

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00:03:46.440 --> 00:04:14.940

Karen Gainey: We didn't cover your journal, but I'm sure it would have been really uneventful. So they've been published under review at the moment. I've got a paper where I did a series of interviews like this with consumers who have chronic medical conditions as their high users of health information. But specifically, people who read plain language summaries from

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00:04:14.940 --> 00:04:39.040

Karen Gainey: journals, and we ask them a series of questions around why they use them what they like, what they don't like, what's useful, what they would prefer instead, how they use them, and so put all that together. And really what I'm trying to to gain from talking to

editors is well, I know what's out there. We know what people would ideally like and what they

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00:04:39.370 --> 00:04:49.839

Karen Gainey: have isolated as being the most useful part. So we want to understand that more practicalities behind the scenes at the publisher journal side.

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00:04:50.701 --> 00:05:05.459

Karen Gainey: So I guess, thinking for yourself if it's all right from the (Publisher)side, but also Beccarus that correctly, because they're quite. You've got quite that scope of experience.

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00:05:05.630 --> 00:05:09.359

Participant 18: Yeah, I can't speak because I'm up because we can't speak to the team.

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00:05:09.360 --> 00:05:09.700

Karen Gainey: Paris.

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00:05:09.700 --> 00:05:14.409

Participant 18: (Publisher) side, but I could speak from the (Publisher) side.

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00:05:14.670 --> 00:05:15.000

Karen Gainey: Yep.

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00:05:15.000 --> 00:05:22.099

Participant 18: Because (Publisher) acquired (Publisher). So yeah, and I know a little bit about (Publisher)just from.

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00:05:22.710 --> 00:05:25.249

Participant 18: you know, friends and stuff who worked there.

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00:05:26.120 --> 00:05:27.659

Karen Gainey: Yep understood.

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00:05:28.430 --> 00:05:34.470

Participant 18: Just a quick question as well. How did you find that panel, then, of consumers of plain language, summaries.

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00:05:35.340 --> 00:05:37.750

Karen Gainey: Do you mean physically? How did I find them, or what was my.

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00:05:37.750 --> 00:05:43.610

Participant 18: Yeah. How did you? How did you? Yeah, sorry. How did? Yes. Sorry. How did you actually physically find them?

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00:05:44.080 --> 00:06:11.269

Karen Gainey: Yeah, it was a couple of different methods. Initially, we found some people through some local, through our local government area, people who'd registered on consumer panels with a few of the local hospitals, and we asked for volunteers, people who wanted to be part of it, and then some word of mouth spread

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00:06:11.858 --> 00:06:39.130

Karen Gainey: there. Then I also advertised on what was then Cochrane Task Exchange, Cochrane engage and got most of the people there. So I started off doing focus groups of the people, people locally, but well, that was the intent. But Covid hit so they were all on zoom. But those people from those consumer groups were focus groups. Then when we we went internationally, it was all one on one.

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00:06:40.250 --> 00:06:48.270

Participant 18: Okay, that's good. Okay, yeah. So covered people from 5 6 different countries, including Australia. Yeah.

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00:06:48.270 --> 00:06:51.540

Participant 18: And did you say the results of that are being published?

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00:06:51.950 --> 00:06:55.669

Karen Gainey: It's under review. I've done revisions, so it's still under review.

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00:06:55.670 --> 00:06:56.050

Participant 18: Right.

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00:06:56.050 --> 00:06:57.389

Karen Gainey: Hopefully, not pretty soon.

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00:06:57.390 --> 00:06:59.420

Participant 18: Oh, that would be interesting to see that. Yeah.

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00:06:59.420 --> 00:07:12.934

Karen Gainey: Yeah, yeah, it was really interesting. But basically the what they've told us, has really been reflected, you're the 9th 18th person I'm I'm talking to

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00:07:13.784 --> 00:07:14.939

Participant 18: An editorial side.

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00:07:14.940 --> 00:07:17.329

Participant 18: Yes, yes, so really good.

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00:07:17.330 --> 00:07:35.510

Karen Gainey: So. I'm aiming for at least 20 people, but looks like I'll get a couple more really reflected in what I'm hearing from editors in terms of what they think is important as well. So what I'm really trying to explore is some of the barriers.

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00:07:35.510 --> 00:07:36.010

Karen Gainey: Yes.

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00:07:36.570 --> 00:07:42.690

Karen Gainey: And and really, those decisions that come into place, and

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00:07:42.950 --> 00:07:50.820

Karen Gainey: the level of one of the things (name) and I really talked about was the level of autonomy. Obviously.

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00:07:51.160 --> 00:07:56.759

Karen Gainey: (Publisher), the level of autonomy very different to

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00:07:57.900 --> 00:08:05.810

Karen Gainey: group, and she filled me in on the establishment of the plsp. Yes.

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00:08:05.810 --> 00:08:06.370

Participant 18: Yes.

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00:08:06.370 --> 00:08:09.686

Karen Gainey: Which was, yeah, really terrific.

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00:08:11.620 --> 00:08:24.080

Karen Gainey: but I've kind of had a a more in depth. Look at the author. Instructions for the (journal). Yeah.

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00:08:24.080 --> 00:08:26.080

Participant 18: Which aren't very extensive.

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00:08:26.240 --> 00:08:30.359

Participant 18: They don't go into minute detail. So we've

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00:08:30.970 --> 00:08:32.890

Participant 18: 2 reasons. We've sort of done that.

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00:08:33.570 --> 00:08:40.459

Participant 18: That takes quite a lot of time to come up with these guidelines. And we we've we already created them for (Publisher). And we didn't want to sort of re

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00:08:41.000 --> 00:08:42.809

Participant 18: like copy what we've done.

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00:08:42.940 --> 00:08:45.900

Participant 18: And also we didn't want to be too

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00:08:46.080 --> 00:08:52.690

Participant 18: prescriptive in how these should be structured. I mean, we do have certain structures, but we wanted them to. Really.

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00:08:53.490 --> 00:09:08.179

Participant 18: you know, follow, maybe just sort of see how this article naturally flows. I mean, there's certain required sections. But yeah, so I mean this, and you know it is something that's in my mind that I should probably write a bit more. Some instructions just need to find some time.

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00:09:08.180 --> 00:09:25.731

Karen Gainey: So, yeah, so if I'm understanding, are you? Were you thinking? Yeah. So that's really important. That distinction. Just wanting to understand your thought, your thinking, because I what I understood from (name), was things were quite deliberate.

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00:09:26.170 --> 00:09:26.870

Participant 18: Exactly. Yeah.

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00:09:26.870 --> 00:09:27.260

Karen Gainey: I don't.

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00:09:27.260 --> 00:09:28.050

Participant 18: Yeah, we deliver.

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00:09:28.050 --> 00:09:30.170

Karen Gainey: So very thoughtful.

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00:09:30.170 --> 00:09:32.749

Participant 18: Yeah, we didn't. We deliberately didn't want to have

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00:09:32.850 --> 00:09:40.959

Participant 18: you know, you know, you need this section. You know, you need this section. Now, you need this section, you know. We wanted them to sort of say, Well, you need

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00:09:41.390 --> 00:09:45.239

Participant 18: or you need, some keywords need a bit of a

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00:09:45.490 --> 00:09:49.990

Participant 18: information at the end. You know the the body of the plain language summary is up to you.

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00:09:50.510 --> 00:09:53.010

Participant 18: Because it all, you know, it all would depend on the original

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00:09:53.380 --> 00:10:00.729

Participant 18: article is, the summary is summarizing so we didn't really want to do that

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00:10:01.000 --> 00:10:03.929

Participant 18: to re, yeah, to really sort of instruct people.

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00:10:05.310 --> 00:10:14.339

Participant 18: Tell them exactly how to lay out the Plsp, which is why, you know, we only we have a framework, but not guidelines as such. If that makes sense.

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00:10:14.620 --> 00:10:22.660

Karen Gainey: Yeah, it does. So that's what I was trying to understand. If it was because you had such a broad and sorry I I can't remember

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00:10:22.810 --> 00:10:29.489

Karen Gainey: what (name) said in terms of the type of articles you get, but I think there are quite a few methodological.

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00:10:29.490 --> 00:10:33.410

Participant 18: Yeah, yeah, exactly. Yeah.

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00:10:33.920 --> 00:10:37.499

Participant 18: And it's sort of quite a lot of health economics and stuff like that. So yeah.

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00:10:37.500 --> 00:10:38.059

Karen Gainey: That makes sense.

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00:10:38.180 --> 00:10:42.699

Participant 18: Yeah. So it's quite yeah. It's a bit different to sort of more your traditional clinical trial.

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00:10:43.080 --> 00:10:48.510

Participant 18: you know, when it's we. You know, we did a lot, these many people, that sort of thing. So yeah, it can be quite.

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00:10:48.510 --> 00:10:50.200

Karen Gainey: We did X, and we found X.

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00:10:50.200 --> 00:10:51.499

Participant 18: Yeah, exactly. Yeah.

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00:10:51.500 --> 00:11:12.519

Karen Gainey: Yeah. Yeah. So that's that's really kind of what I'm trying to understand is because, you know, when I started my Phd, I kind of came in thinking, oh, universal guidelines or plain language summaries is the way to go. And now I'm thinking, the complete opposite. It's extremely nuanced.

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00:11:12.520 --> 00:11:15.124

Participant 18: Yeah, I mean, there is the sort of

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00:11:15.720 --> 00:11:18.879

Participant 18: I don't know if you know about. You know, I've heard of open pharma.

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00:11:19.030 --> 00:11:24.090

Participant 18: Yeah. Yeah, so know the open farmer sort of make. The 200 have the 250 words

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00:11:24.490 --> 00:11:32.150

Participant 18: sort of summary, you know, because you know, you have the plain language abstract, which is published within a normal article, and then you also have the plsp.

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00:11:33.620 --> 00:11:36.609

Participant 18: So it's sort of that 2 50 word

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00:11:38.290 --> 00:11:42.489

Participant 18: summary, which I think is sort of the universal guideline.

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00:11:42.490 --> 00:11:43.880

Karen Gainey: You know, in terms of.

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00:11:43.880 --> 00:11:46.049

Participant 18: Writing a plain language. Summary.

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00:11:46.250 --> 00:11:49.980

Participant 18: But yeah, but for the rep for the others. Again, again, it's difficult to.

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00:11:50.530 --> 00:11:59.649

Participant 18: you know. But then some journals then have gone off that, and some have even said, like, you know, 120 words, which is very hard, very hard to summarize you. Yeah.

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00:12:00.070 --> 00:12:00.740

Karen Gainey: So that's all.

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00:12:00.740 --> 00:12:03.340

Participant 18: Too short, I think, because then you sort of

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00:12:04.180 --> 00:12:10.739

Participant 18: you're assuming that the audience already knows quite a lot about a subject.

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00:12:10.980 --> 00:12:14.900

Participant 18: You can't really get enough detail across. Yeah, it's very tricky.

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00:12:15.550 --> 00:12:35.690

Karen Gainey: It is. Yeah. One of the things that the consumers told us they wanted was actionable information. Because one of the way reasons that we're using the summaries was to inform decisions about the medical care, either finding out about a new treatment option or therapy.

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00:12:35.840 --> 00:12:42.329

Karen Gainey: and they're wanting to use the plain language summary to either, say, Well, should I read the rest of the manuscript? Is this for me?

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00:12:42.330 --> 00:12:43.330

Participant 18: Yeah, is.

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00:12:43.330 --> 00:12:55.390

Karen Gainey: Targeted at me relevant to me? Or is this something I could bring up in the next time I'm seeing my trading practitioner or a combination. All of that. This is something that I should explore.

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00:12:55.710 --> 00:12:56.430

Participant 18: Yeah.

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00:12:56.430 --> 00:13:03.860

Participant 18: I suppose the the tricky thing is, if you're sort of you know, you've got a plain number summary. Say, discussing, you know, a major phase, 3 study.

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00:13:04.100 --> 00:13:08.730

Participant 18: And you know, it's really positive outcome. You know, you know, 95%

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00:13:09.340 --> 00:13:12.160

Participant 18: survival rate cured it. Blah blah.

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00:13:12.450 --> 00:13:17.479

Participant 18: you still got to wait, like, you know, a year for that drug to then become available in your country.

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00:13:17.480 --> 00:13:17.940

Karen Gainey: Yeah.

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00:13:17.940 --> 00:13:41.959

Participant 18: And then another year or so for it to then be reimbursed by whoever's paying for it. So you know you could have that, you know, but I suppose it is a tool. Then then, you know, then, whoever the physician is treating, that patient could then look at what can I try, you know. Can I get that patient then, on a trial where they can get access to it, or an expanded access program, or something like that? So I suppose that you know there's 2 ways about that as long as I suppose the end consumer knows.

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00:13:43.140 --> 00:13:51.260

Participant 18: you know. That's this, almost like the drug process that they can't just go want this drug. And it's like, I've never heard of this drug.

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00:13:51.260 --> 00:13:52.240

Karen Gainey: Expectations.

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00:13:52.240 --> 00:13:53.879

Participant 18: Yes. Exactly. Yeah. Yeah.

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00:13:53.880 --> 00:13:54.440

Karen Gainey: Yeah.

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00:13:54.600 --> 00:14:05.440

Karen Gainey: well, it's interesting. Out of the 19 people I spoke to 18 had a minimum of a bachelor degree education with 3, having postgraduate.

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00:14:05.440 --> 00:14:05.980

Participant 18: Yeah.

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00:14:06.281 --> 00:14:14.709

Karen Gainey: So I know we can't. I could can't infer health literacy from that, because we did measure it. But they were what we'd call, I guess, informed consumers.

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00:14:14.710 --> 00:14:16.230

Participant 18: Yes, yes.

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00:14:16.480 --> 00:14:17.300

Karen Gainey: Yeah.

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00:14:17.300 --> 00:14:23.190

Participant 18: But then I suppose that's almost the I mean I it's really difficult to know

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00:14:23.450 --> 00:14:27.330

Participant 18: who the who the audience for pls is or should be, because

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00:14:27.500 --> 00:14:29.160

Participant 18: if you've got to the stage in.

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00:14:29.160 --> 00:14:31.049

Karen Gainey: We're all blended. Yes.

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00:14:31.050 --> 00:14:35.050

Participant 18: Yeah, if you ever got to the stage where in your healthcare journey, as they say.

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00:14:35.250 --> 00:14:57.380

Participant 18: you know, you've read all the patient information you've gone to your patient organizations. You've read like the you know, for us the NHS Guide stuff, you know the information on the NHS website. You've then gone to a patient organizations. More information you then think, oh, maybe then, I now need to look for other sources. You know. You know you've got a Reddit and but then, if you're so, you'll be on your journey to where? To that place that you are looking at

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00:14:57.670 --> 00:15:08.320

Participant 18: the latest publications. Then you're already quite informed, anyway, even if you don't have a bachelor where you're already. Not so that's where the sort of that's where I see those play numbers. They're not a starting point.

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00:15:08.450 --> 00:15:13.340

Participant 18: because they show up so much. So many questions. Yeah, yeah.

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00:15:13.340 --> 00:15:17.980

Karen Gainey: Yeah. Well, I guess that's that's exactly where I've landed. And yeah.

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00:15:17.980 --> 00:15:18.790

Participant 18: Yeah, and.

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00:15:19.150 --> 00:15:45.799

Karen Gainey: One of the things I'm asking people is, and finding different answers is, Where do you see the audience for the plain language summaries for your journal, and I forget what she she wrote. What she said, but I think I mean, what I did find was, everyone had an idea, and again it was. It's in most cases quite a deliberate

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00:15:48.990 --> 00:15:53.350

Karen Gainey: whether it's expressed in the author instructions or not. There's been some thought.

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00:15:54.340 --> 00:16:07.729

Karen Gainey: who are these 4, whether it's the general public, whether it's everyone which could include policymakers, other health professionals, other non expert researchers.

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00:16:07.730 --> 00:16:08.440

Participant 18: Yeah.

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00:16:08.440 --> 00:16:17.209

Karen Gainey: Quite a broad range of interest holders. Or is it more patients? Consumers seems to really depend on the scope.

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00:16:17.740 --> 00:16:18.120

Participant 18: Yeah.

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00:16:18.120 --> 00:16:20.359

Karen Gainey: Other topics. They're covered.

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00:16:20.360 --> 00:16:26.969

Participant 18: Yeah, I do think so. Especially with the planet, the Plsp, the the fuller publication of publications.

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00:16:27.340 --> 00:16:31.720

Participant 18: You do have to have us. They do have to be framed as a sort of catch, all

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00:16:31.980 --> 00:16:48.289

Participant 18: to be used for patients, but also policymakers, and also, even, you know, time, you know, we always say time constrained Hcps as well. You just want to get, you know, scan, and not because they can, really, because they're quite visual, you know, really be able to get all the the nitty gritty of the publication rather than

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00:16:48.390 --> 00:16:57.720

Participant 18: you know, having to go through the original article. Like all the graphs, the P. Numbers are, you know that that sort of thing. So I think you know, I mean, whilst it would be great to be able to have

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00:16:58.240 --> 00:17:01.750

Participant 18: different levels of plain language summaries just the resource. Yeah.

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00:17:02.770 --> 00:17:03.579

Participant 18: But she.

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00:17:05.540 --> 00:17:07.890

Karen Gainey: Oh, you're just freezing a little bit. There.

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00:17:09.660 --> 00:17:12.880

Karen Gainey: there you go! No, that's it. I just missed the last bit of what you.

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00:17:12.880 --> 00:17:19.289

Participant 18: Oh, sorry. I'm just saying that they yeah, that they really just are should be like a catch, all for a broad audience

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00:17:19.390 --> 00:17:24.789

Participant 18: rather than you know specifically for patients. I think that's why they used to be called like patient lay summaries.

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00:17:25.180 --> 00:17:29.929

Participant 18: And now they're plain language summaries, which is, you know, saying that they're not just for patients.

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00:17:31.200 --> 00:17:36.690

Karen Gainey: Right? And is that, has that got anything to do with the fact that they're indexed and searchable.

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00:17:36.810 --> 00:17:43.299

Karen Gainey: that you want, that you think they they should target or or be

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00:17:43.600 --> 00:17:49.789

Karen Gainey: so. Word accessible is not really the word, but aimed at a broad audience or.

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00:17:49.790 --> 00:17:56.130

Participant 18: Yeah. I also think that they purposely are called plain language summaries, you know, and not have the patient

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00:17:56.310 --> 00:17:59.979

Participant 18: in words for compliance reasons. You know A, you know.

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00:18:00.640 --> 00:18:05.620

Participant 18: you know. So in the Uk, you can't directly promote anything to patients.

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00:18:05.950 --> 00:18:09.099

Participant 18: So if you say it's, it's if you say

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00:18:09.810 --> 00:18:15.249

Participant 18: what the article what the plain language summary is doing rather than who it's specifically for

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00:18:15.480 --> 00:18:22.639

Participant 18: that, you know. So it's not a patient lay summary. It's a plain language summary, which happens to be handy for patients.

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00:18:22.860 --> 00:18:34.390

Participant 18: But you know, because it's just and also pharma companies, they get a bit sort of itchy when you start doing direct to consumer. I mean in the Us. It's fine. But in the Uk, specifically, you can't promote

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00:18:34.770 --> 00:18:38.610

Participant 18: to patients. So it's just to try and sort of avoid any compliance issues.

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00:18:39.250 --> 00:18:41.500

Karen Gainey: You know you're the 1st person who said that.

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00:18:41.835 --> 00:18:42.170

Participant 18: Yeah.

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00:18:42.170 --> 00:18:42.590

Karen Gainey: Know it.

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00:18:43.780 --> 00:18:47.759

Karen Gainey: That makes complete sense, because it's the same here in Australia.

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00:18:47.760 --> 00:18:49.250

Participant 18: Yeah, yeah.

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00:18:49.760 --> 00:18:52.399

Karen Gainey: Course, makes sense. Because we yeah. So my health kit.

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00:18:52.400 --> 00:18:53.940

Karen Gainey: And to you also.

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00:18:54.230 --> 00:19:02.500

Participant 18: Yeah, because I'm working on a project at the minute with a few other publishers, we're trying to sort of what we want to do is is launch a repository

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00:19:03.120 --> 00:19:12.320

Participant 18: where we can put all plain language summaries in this specific, so rather than having to find them on pubmed, however, they actually on a specific repository.

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00:19:12.550 --> 00:19:19.030

Participant 18: And we're and it's through a 3rd party. But you know, patient Pfmd, patient focused.

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00:19:19.740 --> 00:19:20.240

Karen Gainey: No.

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00:19:20.240 --> 00:19:21.710

Participant 18: Business development.

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00:19:21.900 --> 00:19:23.340

Karen Gainey: Someone's told me about this.

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00:19:23.340 --> 00:19:24.210

Participant 18: Yeah.

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00:19:24.210 --> 00:19:24.640

Participant 18: A night.

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00:19:24.640 --> 00:19:25.390

Participant 18: Yeah.

203

00:19:25.390 --> 00:19:27.529

Karen Gainey: It was open. Pharma.

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00:19:28.210 --> 00:19:31.599

Participant 18: No. Okay. Cool. Pfmdf, yeah.

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00:19:31.600 --> 00:19:34.849

Karen Gainey: To tell me more about that, or is that.

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00:19:35.950 --> 00:19:43.370

Karen Gainey: Yeah, I don't know hard, but I've been itching to hear about this, because that's something

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00:19:43.470 --> 00:19:49.570

Karen Gainey: I thought should happen a few years ago. So I was so excited to hear about it

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00:19:49.830 --> 00:19:50.550

Karen Gainey: I didn't really.

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00:19:50.550 --> 00:19:52.450

Participant 18: Yeah, so we so we've.

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00:19:52.450 --> 00:19:52.910

Karen Gainey: Great.

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00:19:52.910 --> 00:20:04.930

Participant 18: It's still at the early stages, but making like a PIs repository. And I mean, we're so we're not stuck. But at the minute we're still sort of very much in the early stages, but trying to write a brief, because obviously

212

00:20:05.450 --> 00:20:08.160

Participant 18: I'll send a link to this Pfmd.

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00:20:08.160 --> 00:20:09.350

Karen Gainey: Be right, Joe. Thank you.

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00:20:09.350 --> 00:20:11.710

Participant 18: I've just put it in the in the chat here.

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00:20:11.710 --> 00:20:12.630

Karen Gainey: Okay, so.

216

00:20:12.630 --> 00:20:18.409

Participant 18: Obviously there, you know, there's patient focused medicines development. They're called. But we're trying to sort of make sure that the scope

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00:20:18.870 --> 00:20:34.030

Participant 18: removes the word patient, even though for patients, because it's just the whole compliance thing. So it's trying to figure out the wording for just to start with the scope of the project. That's the tricky before we even get into developing that.

218

00:20:35.900 --> 00:20:37.830

Participant 18: yeah, developing that repository.

219

00:20:38.110 --> 00:20:43.370

Karen Gainey: Okay, wow, that's amazing. I've never seen this before.

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00:20:44.600 --> 00:20:46.680

Participant 18: So I think, yeah.

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00:20:47.100 --> 00:20:51.319

Karen Gainey: Is the little tag I've seen that elsewhere.

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00:20:51.510 --> 00:20:52.610

Participant 18: Yeah.

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00:20:53.300 --> 00:20:56.740

Karen Gainey: On a, on a resource.

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00:20:57.250 --> 00:21:00.770

Participant 18: Yeah. So they do engagement. It's really for.

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00:21:00.770 --> 00:21:02.150

Karen Gainey: Yes, patient engagement.

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00:21:02.150 --> 00:21:06.030

Participant 18: So, farmer. And yeah, but it's yeah. They're pretty good.

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00:21:06.700 --> 00:21:08.160

Karen Gainey: Might have been envision.

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00:21:08.760 --> 00:21:10.070

Karen Gainey: Are you.

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00:21:10.705 --> 00:21:16.619

Participant 18: Well, that's an agent. That's just a medical communications agency. I think they do bits with Pfdm. As well.

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00:21:17.230 --> 00:21:23.909

Karen Gainey: Yeah, it might have been in conjunction with it just looks familiar. Maybe it's it's just similar. It's.

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00:21:23.910 --> 00:21:24.590

Participant 18: Yeah.

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00:21:24.590 --> 00:21:25.810

Karen Gainey: I didn't move that.

233

00:21:26.180 --> 00:21:28.159

Karen Gainey: Oh, this is fantastic!

234

00:21:29.570 --> 00:21:35.069

Karen Gainey: Oh, wow! Terrific! Sorry! I'm just getting in. I'll look at that later. I'm getting.

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00:21:36.960 --> 00:21:40.115

Karen Gainey: Oh, that's great. And so who would be

236

00:21:40.670 --> 00:21:46.219

Karen Gainey: if you're able to to tell me how that might work? Are you looking to?

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00:21:47.410 --> 00:22:00.450

Karen Gainey: I guess. Where's the starting point is that kind of for (Publisher). And are you thinking it's for something that authors would submit a pls. To, or journals.

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00:22:00.450 --> 00:22:01.110

Participant 18: It's yeah.

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00:22:01.110 --> 00:22:01.650

Participant 18: Him, too.

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00:22:01.650 --> 00:22:05.669

Participant 18: What? Yes, exactly. That journals would feed into. So they've published

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00:22:06.107 --> 00:22:25.729

Participant 18: like either an article that has the play number summary the abstract alongside the article, or one of the standalone plsp, and that will just feed into that repository, so that you know, because because they're quite tricky to find them on pubmed. So it would just be finding them having that that place where they're all there.

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00:22:26.316 --> 00:22:38.619

Participant 18: So if somebody, you know, hopefully, we can build it so that you know it's got good SEO, and it's really discoverable. And then it's just it'll just be getting the word out there. I think we might be starting with a in a couple of pilot areas, to begin with.

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00:22:38.950 --> 00:22:53.759

Participant 18: you know, maybe like sort of oncology, or even sort of slightly refining. It's like lung cancer, breast cancer, and then and then sort of seeing how that works within that area and then building it out that way. So we want to try and get it, as you know, as easy as possible for people to use.

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00:22:54.320 --> 00:22:58.029

Karen Gainey: Yeah, well, definitely, let me know when it's when you've got something, and I can.

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00:22:58.030 --> 00:22:58.430

Participant 18: No.

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00:22:58.430 --> 00:23:06.509

Karen Gainey: My end, because I don't know if you know I'm affiliated with the Sydney Health Literacy lab, and.

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00:23:06.510 --> 00:23:07.230

Participant 18: Yeah.

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00:23:07.540 --> 00:23:34.890

Karen Gainey: We've got a we call the Shell Editor. That's a tool that's used for you. Put a piece of writing in, and it'll give you outputs such as use of language, complex language, jargon, person, centered language, and a whole other things. So it's useful for those. So there's a lot of interest around readability, plain language, and health literacy, but also a big focus on different cohorts.

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00:23:35.100 --> 00:23:36.100

Participant 18: Yeah, okay.

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00:23:36.100 --> 00:23:44.680

Karen Gainey: Yeah, so there's definitely networks that would be really interested in that sort of that sort of repository.

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00:23:45.110 --> 00:23:48.540

Participant 18: Okay, yeah, yeah, that would be great.

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00:23:48.540 --> 00:23:51.052

Karen Gainey: Yeah, that would be really interesting.

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00:23:53.080 --> 00:24:09.789

Karen Gainey: how do you? What do you? I guess I'm just thinking of how you would define a plain language, summary thinking of, or would you only look at the plsp for that sort of repository?

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00:24:10.300 --> 00:24:18.870

Participant 18: No, it'd be the the plain language summaries as well, so they'd be the so for instance, on the car, on other websites. When you.

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00:24:18.970 --> 00:24:33.060

Participant 18: when you publish, you know a journal article, you have the the abstract, the scientific abstract, and I'm sure you've noticed that publishers now are having the plain

language summary as a separate abstract underneath that main abstract. So we'd be pulling in those

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00:24:33.300 --> 00:24:37.789

Participant 18: abstracts as well. So it would have you know the plsp, and

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00:24:38.080 --> 00:24:42.250

Participant 18: that plain language abstract, that plain language. Summary, abstract. Yeah, yeah.

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00:24:42.250 --> 00:24:42.870

Karen Gainey: Yep.

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00:24:43.360 --> 00:24:51.590

Karen Gainey: so would you. How would you treat something like with the (Publisher) journals? They tend to have highlights or.

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00:24:51.590 --> 00:24:52.570

Participant 18: Yeah.

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00:24:52.830 --> 00:24:54.500

Karen Gainey: Which is key points.

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00:24:54.500 --> 00:25:03.099

Participant 18: Yeah, I think probably what we're going to have to do if we decide is we'll just have. So this, we're working this. This is a sort of a cross publisher.

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00:25:03.737 --> 00:25:11.580

Participant 18: Alliance. So it's (Publisher). It's (Publishers X, Y & Z).

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00:25:11.810 --> 00:25:15.059

Karen Gainey: But specifically the journals within (Publisher).

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00:25:15.060 --> 00:25:15.440

Karen Gainey: Yes.

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00:25:15.440 --> 00:25:20.909

Participant 18: So what we'll do to begin with is just gonna have the plain language summaries from those publishers.

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00:25:21.140 --> 00:25:22.960

Karen Gainey: Yes, makes sense.

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00:25:22.960 --> 00:25:27.070

Participant 18: Other publishers, because even if you talk to (Publisher).

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00:25:27.710 --> 00:25:31.420

Participant 18: different journals would have different policies. So we'd need to just then

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00:25:32.020 --> 00:25:34.340

Participant 18: or another, bring other people on board, as well.

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00:25:34.980 --> 00:25:42.280

Karen Gainey: Yeah, I think. And I know with sage, they have. They support plsp in a bunch of their journals.

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00:25:42.280 --> 00:25:43.770

Participant 18: Have you spoken to (name)?

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00:25:44.250 --> 00:25:46.319

Participant 18: Yes, I have. Yeah, yes, yes. Yeah.

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00:25:46.320 --> 00:25:48.389

Karen Gainey: Yeah, he was terrific. Yeah.

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00:25:48.660 --> 00:25:58.820

Karen Gainey: And what I'm really picking up is that these kind of initiatives are really driven by passion and

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00:25:59.170 --> 00:26:01.610

Karen Gainey: the desire of people. They don't.

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00:26:01.610 --> 00:26:02.500

Participant 18: Yep.

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00:26:02.500 --> 00:26:04.590

Karen Gainey: They don't just appear.

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00:26:04.590 --> 00:26:07.587

Participant 18: No, exactly. Yeah. It's because it takes a lot.

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00:26:07.920 --> 00:26:08.360

Karen Gainey: Yeah.

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00:26:08.360 --> 00:26:14.179

Participant 18: Of, because, you know, to even convince, you know, because scientific journals, you know the traditional.

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00:26:14.980 --> 00:26:22.850

Participant 18: you know, for doctors, for physicians, for Hcps to trying to sort of think, well, actually, you need to get that different audience.

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00:26:23.250 --> 00:26:26.409

Participant 18: I think, is tricky. I think that's why some

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00:26:26.530 --> 00:26:30.590

Participant 18: journals don't do them as well, because, especially if they sell that advertising.

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00:26:31.160 --> 00:26:33.560

Participant 18: Yep, they have. You know, the

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00:26:33.770 --> 00:26:41.530

Participant 18: all the you know. You see all the websites with the prescription information on the top that you know, because it's directly they want to get in front of doctors to prescribe the drug.

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00:26:41.730 --> 00:26:47.699

Participant 18: So if they're getting patients, it's just that's why they don't publish these art stories.

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00:26:48.280 --> 00:26:49.420

Participant 18: Because it's yeah. That's right.

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00:26:49.420 --> 00:26:51.260

Participant 18: Attracting the right audience.

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00:26:51.850 --> 00:26:57.575

Karen Gainey: Right? Yeah. I was talking with somebody earlier today. My time and

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00:26:58.790 --> 00:27:09.159

Karen Gainey: he's a deputy editor in chief with a journal that's owned by a medical society, but uses (Publisher) as their.

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00:27:09.160 --> 00:27:10.110

Participant 18: Right.

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00:27:10.110 --> 00:27:17.869

Karen Gainey: Portal and, unlike most (Publisher) journals, they use the term plain language summaries.

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00:27:17.870 --> 00:27:18.820

Participant 18: Right.

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00:27:18.820 --> 00:27:28.000

Karen Gainey: Quite different. But that was a negotiation and an initiative from the journal editors. Yeah, yeah, yeah.

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00:27:28.000 --> 00:27:36.729

Karen Gainey: they had to prove that that was worthwhile from a business perspective for (Publisher) to allow them to do that. Yeah.

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00:27:38.560 --> 00:27:42.960

Karen Gainey: And one of the things I'm I'm trying to understand are

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00:27:43.860 --> 00:27:54.821

Karen Gainey: with when it comes to well, actually, let me just backtrack, because there's 1 thing I wanted to try and understand with your journal.

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00:27:56.480 --> 00:28:04.799

Karen Gainey: the difference between. So I saw 3 different terms. And I I understand what one of them is.

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00:28:05.060 --> 00:28:28.450

Karen Gainey: I saw. I hope you can help me understand. I saw terms, plain language, summary, abstract, supplementary, plain language, summary, and then plain language, summary publication, and it's only the final one I know what that actually refers to. So you're able to understand the distinction.

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00:28:28.720 --> 00:28:34.639

Participant 18: Yeah. So the plain language, summary abstract is that when I sort of mentioned

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00:28:35.020 --> 00:28:54.780

Participant 18: earlier about you have the scientific article, it has the scientific, abstract, and then underneath that you have the plain language summary, so that gets pulled through into pubmed as well. So if you have a you might come across something. You have the abstract and then the plain language summary. So that's the abstract. That's where that's you know, typically the 250 word summary.

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00:28:55.660 --> 00:28:58.569

Karen Gainey: So that I mean, we're additional pls.

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00:28:58.570 --> 00:29:07.940

Participant 18: Yes, that's it. Yeah. Yeah. So we now make it mandatory for authors to include that plain language summary, the abstract, plain language summary.

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00:29:08.390 --> 00:29:13.790

Participant 18: So then, the supplementary plain language summaries, that's where, in addition.

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00:29:14.260 --> 00:29:18.819

Participant 18: somebody might want to do, maybe more like an infographic.

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00:29:19.270 --> 00:29:26.480

Participant 18: a bit of a solar plain language summary, so they can then publish that as a supplementary materials to

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00:29:27.060 --> 00:29:31.260

Participant 18: the original article, and then the next step.

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00:29:31.560 --> 00:29:39.360

Participant 18: if they want, is to go even further and do the plain land memory of publication, which is again is a much longer version.

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00:29:39.960 --> 00:29:44.220

Participant 18: and it's published in as a standalone article in the Journal.

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00:29:44.490 --> 00:29:51.129

Participant 18: Oh, a. A journal, yeah, and we can. And the plain language summary of publications that we publish

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00:29:51.450 --> 00:29:58.969

Participant 18: can be from other journals originally published. So say somebody publishes an article in another (topic) Journal.

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00:29:59.180 --> 00:30:04.170

Karen Gainey: With the irrelevant permissions, we can then publish it as the Plsp. In our journal.

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00:30:04.770 --> 00:30:09.180

Karen Gainey: Yes, great. So one mandatory and 2 options.

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00:30:09.180 --> 00:30:11.740

Participant 18: Yes, exactly. Yeah, depending on the level of detail.

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00:30:12.290 --> 00:30:14.359

Participant 18: Oh, and yeah, exactly.

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00:30:14.360 --> 00:30:18.200

Karen Gainey: Yeah, great. And so with the

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00:30:19.090 --> 00:30:20.340

Participant 18: The.

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00:30:20.700 --> 00:30:28.750

Karen Gainey: Say, the 2 options, the infographic and the Plsp. Who does the infographic.

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00:30:29.320 --> 00:30:38.390

Participant 18: It would, probably because these are very much driven by the Pharma industry, and they would probably pay.

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00:30:38.760 --> 00:30:43.059

Participant 18: or a medical writer to help the authors.

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00:30:43.200 --> 00:30:52.559

Participant 18: because you know the the original article. When Pharma sponsor any research or publication, it usually involves a medical writer. So they then pay that medical

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00:30:53.270 --> 00:30:55.149

Participant 18: plain language. Summary as well.

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00:30:55.910 --> 00:30:57.780

Participant 18: Right? Yeah. Actually, that.

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00:30:58.130 --> 00:31:06.180

Karen Gainey: Does ring a bell. (name) probably said that because that's built into the the cost of the study.

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00:31:06.180 --> 00:31:07.740

Participant 18: Yes. Exactly. Yeah.

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00:31:08.080 --> 00:31:08.810

Karen Gainey: Yeah, yeah.

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00:31:08.810 --> 00:31:13.749

Participant 18: And when we have publishing, I have been involved with the publishing of

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00:31:14.620 --> 00:31:18.189

Participant 18: plain language of publications that are just driven by academic authors.

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00:31:19.490 --> 00:31:27.490

Participant 18: The quality needed. It needed a lot of a lot of rewriting and and stuff like that, because it's such a scale writing in plain language.

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00:31:27.490 --> 00:31:28.010

Karen Gainey: Yeah.

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00:31:28.486 --> 00:31:29.440

Participant 18: Yeah. So

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00:31:29.650 --> 00:31:39.360

Participant 18: it's generally the pharmacy, the pharma industry, sponsored research that is published. Plain average summary of publications. And the standalone pls piece. Yeah.

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00:31:39.750 --> 00:31:44.419

Karen Gainey: Yeah, so that that's interesting. And echoes what I've heard elsewhere.

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00:31:44.420 --> 00:31:44.750

Participant 18: Yeah.

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00:31:44.750 --> 00:31:52.790

Karen Gainey: Can you think of what stood out to you as being problematic when authors write a plsp.

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00:31:53.740 --> 00:31:54.650

Participant 18: They!

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00:31:54.650 --> 00:31:55.430

Karen Gainey: Friends.

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00:31:55.960 --> 00:32:08.150

Participant 18: They don't write in plain language. They don't follow plain language principles, you know. They don't write voice. They don't know necessarily how to do a figure

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00:32:08.390 --> 00:32:09.930

Participant 18: other than a graph.

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00:32:10.230 --> 00:32:19.749

Participant 18: Okay? Which so they don't know how to convey what they're saying in an image or an infographic, which is what we? I mean, so we can help them do that.

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00:32:19.870 --> 00:32:23.089

Participant 18: Yeah. But you know, it takes a lot of resources from our side.

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00:32:24.610 --> 00:32:30.380

Participant 18: And it's so it's yeah. And it's just yeah. I suppose it's

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00:32:31.040 --> 00:32:43.359

Participant 18: just it's just making helping them, you know, translate their article into plain language. That's what they find hard, because they're so you know, indoctrinated how to write a scientific article. They've been trained how to write a scientific article.

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00:32:43.680 --> 00:32:45.949

Participant 18: then sort of putting down on paper

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00:32:46.850 --> 00:32:51.519

Participant 18: how you would speak to a patient in on paper is very different thought process for them.

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00:32:51.520 --> 00:32:53.290

Karen Gainey: It really is. Yeah, and.

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00:32:53.290 --> 00:33:02.179

Participant 18: And I read it. There was an article I can't remember who it was by. This is a few years ago, where, you know, there was somebody saying, you should actually write down, write your outline of your article in plain language.

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00:33:02.310 --> 00:33:07.266

Participant 18: and then write the scientific article which I thought was, yes, that's exactly what you should do.

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00:33:08.710 --> 00:33:10.230

Participant 18: Yeah, yeah.

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00:33:10.750 --> 00:33:17.780

Karen Gainey: Yeah. So what I'm trying to understand is it more the language, or is it the content or bit of both?

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00:33:17.780 --> 00:33:20.049

Participant 18: I think it's yeah, all of it. Yeah, yeah.

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00:33:20.050 --> 00:33:20.830

Karen Gainey: Of it.

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00:33:21.170 --> 00:33:28.309

Participant 18: Yeah, even, you know, I know that we, you know, because even with the pharmaceutical sponsored studies, you get

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00:33:28.730 --> 00:33:33.420

Participant 18: a medical writer helping them write the play, you know, you know they come up with this perfect plain language.

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00:33:35.430 --> 00:33:36.320

Participant 18: but then it

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00:33:36.450 --> 00:33:51.829

Participant 18: the author for their comments, or back to this, and then they start introducing non plain language elements, so that when it then gets submitted to us, the peer reviewers go wait a minute. This is far too complicated, because the authors think.

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00:33:52.050 --> 00:33:58.149

Participant 18: oh, it's really important to include all the different p-values in this. And it's like, Well, it's not. You need to just put across what

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00:33:58.480 --> 00:34:03.799

Participant 18: it means rather than the actual. P, you know, because only I'm trying to explain what a p-value means.

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00:34:03.910 --> 00:34:10.209

Participant 18: Yeah, in a partnership like, well, this isn't really necessary to include that. Yeah. So I think it.

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00:34:10.560 --> 00:34:11.330

Karen Gainey: Yeah.

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00:34:11.330 --> 00:34:11.830

Participant 18: It's just.

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00:34:11.830 --> 00:34:12.290

Karen Gainey: Yeah.

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00:34:12.290 --> 00:34:13.609

Participant 18: Yeah, that part. Yeah.

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00:34:13.610 --> 00:34:15.780

Karen Gainey: Overcoming that indoctrination.

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00:34:15.780 --> 00:34:17.290

Participant 18: Yeah, exactly.

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00:34:17.530 --> 00:34:21.642

Karen Gainey: Yeah. And so how do you find with the

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00:34:22.570 --> 00:34:31.840

Karen Gainey: The peer review of the plsp's? Because I think, talking to (name), she said, there were some consumers or patient consultation.

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00:34:32.219 --> 00:34:35.479

Participant 18: Yes, that's right. Yeah. So they generally peer review them.

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00:34:36.125 --> 00:34:41.849

Participant 18: Just to make sure that the article sort of reflects

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00:34:42.089 --> 00:34:59.059

Participant 18: the original publication. You know that they've not sort of cherry picked any of the data or misrepresented any of the data, and that actually, it is written in the, in plain language in a way that they can understand, you know, because they are, you know, even if even if it's a patient reviewer

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00:34:59.299 --> 00:35:12.109

Participant 18: doesn't have experience with the you know the therapeutic area. They still know how to read a plain out. They know what to expect from a plain language summary. So it's having them review, you know, for their experience, because there are also these

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00:35:12.957 --> 00:35:16.619

Participant 18: patient reviewers also have a lot of experience

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00:35:16.889 --> 00:35:20.109

Participant 18: in reviewing these types of articles. They know what they should look like.

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00:35:20.520 --> 00:35:25.649

Karen Gainey: Yes, do they have they tend to have any common types of feedback.

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00:35:25.960 --> 00:35:29.990

Karen Gainey: or is it mainly just when the authors interfere.

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00:35:30.780 --> 00:35:35.320

Participant 18: It's May. Yeah, it's mainly sort of, you know. Oh, I don't think this figure helps, or

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00:35:35.430 --> 00:35:42.080

Participant 18: I think this could be better written, or you've added a bit too much complexity here that you know. That's those are sort of the comments that we get.

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00:35:42.360 --> 00:35:45.154

Participant 18: Yeah, okay. So more fine tuning.

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00:35:45.620 --> 00:35:46.400

Participant 18: Exactly. Yeah.

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00:35:46.400 --> 00:35:50.675

Karen Gainey: Big chunks of this is not useful?

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00:35:51.550 --> 00:35:55.207

Karen Gainey: yeah, no. This this is really awesome.

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00:35:56.510 --> 00:35:59.920

Karen Gainey: I'm really interested that I mean, I love

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00:36:00.030 --> 00:36:13.059

Karen Gainey: that you make the PIs mandatory one edit. But I'm really curious about the decision. One editor said to me that

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00:36:13.300 --> 00:36:33.099

Karen Gainey: they deliberately chose not to make them mandatory because they found that it impacted the completion of submissions in the portal. They found they had a lot of incompletes when they were mandatory, a very different type of journal, but wondering if

386

00:36:33.560 --> 00:36:38.860

Karen Gainey: what your thoughts are on that, because it's very deliberate. Again.

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00:36:38.860 --> 00:36:40.469

Participant 18: Yeah, I think

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00:36:40.810 --> 00:36:47.079

Participant 18: I guess I mean, I guess you know, as editors, we want to try and make authors life as easy and Po as easy as possible.

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00:36:47.230 --> 00:36:48.290

Participant 18: So if

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00:36:48.440 --> 00:37:03.729

Participant 18: if they felt that that was a barrier, then, you know, that's their prerogative. But you know we put it in our guidelines. So people who submit to our journal should know that they need to submit a plane. It shouldn't be like brand new information when they come to submit. Oh.

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00:37:04.160 --> 00:37:07.259

Participant 18: if they follow the guidelines, they should know

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00:37:07.650 --> 00:37:12.089

Participant 18: what to prepare. So yeah, I think it's kind of.

393

00:37:12.420 --> 00:37:14.090

Participant 18: I think you just have to bite the bullet.

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00:37:15.030 --> 00:37:15.820

Karen Gainey: Hmm.

395

00:37:16.080 --> 00:37:24.229

Participant 18: And just, you know, as long as you put it in the guidelines, and rather than enforce it, and then go. Oh, we need to change our guidelines if you already, if you tell people.

396

00:37:24.350 --> 00:37:32.920

Participant 18: But this is what we're doing now, you know there will be those manuscripts that are still, you know, that might not quite fit within that sort of timeframe of implementation, but.

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00:37:33.370 --> 00:37:33.770

Karen Gainey: Hmm.

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00:37:33.770 --> 00:37:37.409

Participant 18: I think you just have to. I think people people, I mean.

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00:37:37.790 --> 00:37:56.768

Participant 18: if if an author will need, should be able to explain that article in plain language they should be able to talk to. You know their partner door to try. You know, family member who might not be familiar about their article they just published. So then they should be able to write it down. That's my theory.

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00:37:57.090 --> 00:38:01.530

Karen Gainey: Yeah. And again, that seems to come from your

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00:38:02.648 --> 00:38:08.629

Karen Gainey: not just passion, but the way in which you prioritize certain elements.

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00:38:08.630 --> 00:38:09.910

Participant 18: Yes. Exactly. Yeah.

403

00:38:09.910 --> 00:38:16.120

Karen Gainey: And have said, This is the hard line we've we've put. This is mandatory and.

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00:38:16.120 --> 00:38:16.600

Participant 18: Yeah.

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00:38:17.600 --> 00:38:20.600

Karen Gainey: Non negotiable as.

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00:38:20.600 --> 00:38:25.619

Participant 18: Yeah, exactly. Yeah. And because the I mean our journal, for instance, does have a broader.

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00:38:26.020 --> 00:38:33.229

Participant 18: You know that broad audience is not just clinicians. It's is the policy makers that sort of thing. So we did feel, it was important to.

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00:38:33.410 --> 00:38:40.729

Participant 18: you know, to have those summaries just to make the articles, and they're very complex, some of them, just to make, you know, to really make them understandable.

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00:38:41.620 --> 00:39:00.059

Karen Gainey: Yes, that. Yeah, I understand. No, that's that's helpful. There was something else I wanted to ask that that you do differently to what I've heard, and I want to understand, and it's slipped my mind as we're talking. That was one of them.

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00:39:00.420 --> 00:39:03.090

Karen Gainey: Oh, gosh!

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00:39:06.490 --> 00:39:08.799

Karen Gainey: It is, I think around. Peer review.

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00:39:12.090 --> 00:39:15.170

Karen Gainey: Yes, I think yes, I think that was

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00:39:16.200 --> 00:39:23.979

Karen Gainey: with with some of the people I've spoken to. The way you treat

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00:39:26.090 --> 00:39:31.112

Karen Gainey: I think probably sage is probably an exception also.

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00:39:32.730 --> 00:39:40.629

Karen Gainey: The way you treat the plain language summaries in the Peer review process seems to be very different

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00:39:41.480 --> 00:40:02.310

Karen Gainey: in terms of again prioritizing its importance and having some having a stakeholder end. User review them as well, was again, was that very purposeful? Or was that something that (Publisher) we're doing. And you've taken it on or can explain.

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00:40:02.310 --> 00:40:03.590

Participant 18: Yeah, yes.

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00:40:06.030 --> 00:40:13.031

Participant 18: yeah. So it is that sort of aspect. So we did feel that for the, for the the abstract, plain language summaries.

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00:40:14.430 --> 00:40:17.770

Participant 18: We? We felt that they're not that, you know. Just traditional peer review

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00:40:18.260 --> 00:40:27.391

Participant 18: could was sufficient for those. Because we also, you know, (name)'s got a lot of experience in these as well. So she reviews them alongside the

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00:40:28.010 --> 00:40:33.699

Participant 18: the traditional peer reviews. We felt that that was a sufficient level of of peer review for these as well, yeah.

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00:40:33.700 --> 00:40:34.330

Karen Gainey: Yep.

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00:40:34.440 --> 00:40:35.500

Participant 18: Yeah.

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00:40:35.730 --> 00:40:42.300

Karen Gainey: It's just with many journals. It seems to be very much a

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00:40:42.530 --> 00:40:47.269

Karen Gainey: I think it comes down to. Yes, that's what I want to ask.

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00:40:47.380 --> 00:40:58.380

Karen Gainey: where, how do you accommodate these different types of summaries? So if I talk about if I say the word pls, I'm talking about the

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00:40:58.880 --> 00:41:00.890

Karen Gainey: plain language, summary, abstract.

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00:41:00.890 --> 00:41:01.730

Participant 18: Yes. Yeah.

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00:41:01.730 --> 00:41:08.967

Karen Gainey: Yeah, so I just use that very generically. I'm almost. I'm almost done.

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00:41:09.928 --> 00:41:19.650

Karen Gainey: how does that kind of work in the submission portal is, has that got its own field? Or is that embedded, as in the.

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00:41:19.650 --> 00:41:24.660

Participant 18: Oh, shit I we've got a very basic submission portal, I don't think.

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00:41:25.410 --> 00:41:32.660

Participant 18: is it? I can't. I'm I'm not entirely sure. (name) sort deals with that aspect. I know it's definitely within the word document, but I'm not sure if it's a

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00:41:32.760 --> 00:41:37.529

Participant 18: section yet in our submission portal. I don't think it is.

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00:41:38.650 --> 00:41:39.060

Karen Gainey: Just in.

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00:41:39.060 --> 00:41:44.210

Participant 18: Yeah, I don't. Yeah, yeah. I don't think it is at the moment, but it might be something that we

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00:41:44.680 --> 00:41:48.070

Participant 18: we could get built into it just takes a while.

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00:41:48.940 --> 00:41:51.197

Karen Gainey: Yeah. Yeah. Okay,

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00:41:58.250 --> 00:41:59.230

Karen Gainey: So

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00:42:00.670 --> 00:42:11.129

Karen Gainey: just looking at the other different options, have you had any anyone ask about audio summaries or anything audio based.

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00:42:16.360 --> 00:42:19.110

Participant 18: I don't think so.

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00:42:20.050 --> 00:42:29.520

Participant 18: No, I know that. A dis does quite a lot of those, and I think (Publisher)started doing them now. But I don't think that we've had anyone interested.

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00:42:30.170 --> 00:42:32.210

Participant 18: I mean, we could. We can do it

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00:42:32.971 --> 00:42:37.459

Participant 18: but we just don't think we've had anything anyone interested, I mean from from for me.

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00:42:37.840 --> 00:42:40.619

Participant 18: I don't. I am not a podcast listener.

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00:42:40.890 --> 00:42:47.380

Participant 18: I think that plain language summaries, if somebody needs to go beyond the 2 50 words. They really need to be visual.

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00:42:48.690 --> 00:42:51.290

Participant 18: think they lend themselves more to videos.

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00:42:52.560 --> 00:42:56.559

Participant 18: Rather than audio, but that, you know. But if somebody did want to do that, then we can.

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00:42:57.590 --> 00:43:02.100

Participant 18: We can doing that. But it's just nobody's done it yet. Yeah.

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00:43:02.100 --> 00:43:03.180

Karen Gainey: Hasn't come up.

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00:43:03.180 --> 00:43:04.550

Participant 18: Yeah, exactly. Yeah.

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00:43:04.990 --> 00:43:11.679

Karen Gainey: Yeah. And that's, I suppose, the beauty of your your company. You've got that level of ability to be very.

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00:43:11.680 --> 00:43:14.650

Participant 18: Yeah. Yes. Exactly. Yeah. Yeah.

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00:43:14.650 --> 00:43:22.259

Karen Gainey: And move quite quickly. So with the Repository House. Non-text based summaries.

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00:43:22.260 --> 00:43:28.989

Participant 18: I think that's the plan. Yes, I think that's the plan to do. Yeah, we probably would need to need some form of text.

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00:43:30.240 --> 00:43:30.580

Karen Gainey: And we.

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00:43:31.440 --> 00:43:38.490

Participant 18: Just to help with the SEO and indexing and stuff like that, you know, to make it discoverable. But I think it the the plan would be to have that as well. Yeah.

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00:43:38.930 --> 00:43:40.953

Karen Gainey: Yeah, yeah, do you?

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00:43:42.885 --> 00:43:56.680

Karen Gainey: have you any thought around? Or I should ask in calling the summaries plain language summaries was that was that deliberate or something that was from (Publisher).

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00:43:57.370 --> 00:44:02.009

Participant 18: I can't remember. I think it definitely wasn't us that coined that I think it was.

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00:44:03.210 --> 00:44:09.579

Participant 18: I can't remember where we we found we that came from, I think. Yeah, I think we did used to call them lay summaries.

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00:44:09.920 --> 00:44:10.870

Participant 18: Yeah. And then

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00:44:10.870 --> 00:44:16.170

Participant 18: there was the sort of more sort of build up of plane. I think it was probably in vision.

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00:44:16.370 --> 00:44:30.759

Participant 18: the the agency that started it, that then it was the sort of the you know. The term plain language summary was coined, and it was like, well, actually, let's move to using that so that it was more of a you know, an industry wide, you know, consensus on the on the term.

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00:44:31.280 --> 00:44:32.510

Karen Gainey: Gotcha. Yep.

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00:44:32.510 --> 00:44:33.559

Participant 18: Yeah, yeah.

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00:44:33.910 --> 00:44:39.589

Karen Gainey: Yeah. People that spoke to us had various opinions about different terms.

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00:44:39.590 --> 00:44:41.050

Participant 18: Yeah, yeah.

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00:44:41.360 --> 00:44:42.470

Karen Gainey: Yeah, yeah.

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00:44:42.470 --> 00:44:55.990

Participant 18: Yeah, I think there's there's been. Obviously, there's various publications out there which have all the, you know. It's like a hundred different terms. Because you know, you have the clinical, because then you know the are you familiar with the the clinical trial regulation in Europe?

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00:44:56.280 --> 00:44:57.160

Karen Gainey: Yes.

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00:44:57.160 --> 00:44:58.009

Participant 18: Yes, so that.

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00:44:58.010 --> 00:45:00.270

Karen Gainey: I'm not very familiar with it, but I know.

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00:45:00.270 --> 00:45:01.140

Participant 18: But you know of it. Yeah.

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00:45:01.140 --> 00:45:01.510

Karen Gainey: Cyclical.

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00:45:01.510 --> 00:45:05.330

Participant 18: Clinical clinical trial lay summaries. I think maybe.

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00:45:05.630 --> 00:45:06.230

Karen Gainey: They are.

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00:45:06.230 --> 00:45:07.349

Participant 18: So many different terms.

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00:45:07.350 --> 00:45:09.129

Karen Gainey: The word light, isn't it? Yeah.

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00:45:09.130 --> 00:45:09.760

Participant 18: Yeah.

480

00:45:09.760 --> 00:45:10.340

Karen Gainey: Yeah.

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00:45:10.710 --> 00:45:16.250

Participant 18: But they are specifically, though, to give to to tell people who took part in the study

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00:45:17.300 --> 00:45:19.260

Participant 18: what the outcome of the study was.

483

00:45:19.899 --> 00:45:24.690

Participant 18: That's why. So they are specifically intended for patients, whereas the plain numbers summaries are.

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00:45:24.810 --> 00:45:27.349

Participant 18: you know, not just for patients.

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00:45:28.120 --> 00:45:39.130

Karen Gainey: Yes, it was interesting. One of my, the second person I spoke to is from Europe and a European journal, and said that the word patient is what they prefer.

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00:45:39.660 --> 00:45:40.690

Participant 18: Right.

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00:45:41.040 --> 00:45:44.679

Karen Gainey: They didn't have recognition of the term plain language.

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00:45:44.990 --> 00:45:46.480

Participant 18: Okay, that's interesting.

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00:45:46.480 --> 00:45:53.759

Karen Gainey: So, yeah, that's why I'm really interested in whether that's an outlier, or that's.

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00:45:53.760 --> 00:45:59.057

Participant 18: Yeah, I don't. Yeah, I don't know. I think that's probably an outlier.

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00:45:59.560 --> 00:46:02.369

Karen Gainey: Yeah, that's what's in the case. Yeah.

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00:46:02.370 --> 00:46:03.340

Participant 18: Yeah, yeah.

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00:46:03.340 --> 00:46:05.004

Karen Gainey: It's just interesting.

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00:46:05.560 --> 00:46:08.890

Participant 18: Because if you do call it patient, lay summary, you're almost immediately.

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00:46:09.830 --> 00:46:14.349

Participant 18: You're not. You're not well, you are saying what it's for, but you're also sort of saying who it's not. For.

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00:46:15.290 --> 00:46:27.719

Participant 18: Listen, you know I'm not a patient. This isn't for me. Then, whereas it, you know it could be for you. Yeah. Yeah. So rather than rather than saying who you know, having, you know, as a sad thing, I said before saying who it's for, it. Just be what it is.

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00:46:28.350 --> 00:46:29.570

Karen Gainey: Some yes.

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00:46:30.100 --> 00:46:33.739

Participant 18: The big difference of the person versus the audience.

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00:46:33.910 --> 00:46:35.240

Karen Gainey: Yeah, yeah.

500

00:46:35.770 --> 00:46:36.570

Karen Gainey: Yeah.

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00:46:37.457 --> 00:46:44.569

Karen Gainey: What are your thoughts on the use of generative AI tools for producing summaries?

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00:46:44.570 --> 00:46:46.410

Karen Gainey: That's that's interesting.

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00:46:46.410 --> 00:46:47.819

Participant 18: I don't know. Unfortunately.

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00:46:47.990 --> 00:46:51.626

Participant 18: No, that's fine. I'm part of another research project where

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00:46:52.420 --> 00:46:54.957

Participant 18: we have worked with a few people.

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00:46:55.470 --> 00:47:02.720

Participant 18: And the person who led it has generated like they've done an experiment where we've generated.

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00:47:02.910 --> 00:47:09.489

Participant 18: We've taken 2 articles and written plain language summaries of the 2 articles, and it's been various. It's been AI, various AI tools

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00:47:09.730 --> 00:47:11.869

Participant 18: and medical writers.

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00:47:12.160 --> 00:47:18.870

Participant 18: So then, this for each article produced like 9 different summaries, and you had to try and guess. Was this written by AI or a medical writer?

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00:47:19.210 --> 00:47:21.376

Participant 18: Nobody could figure it out.

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00:47:21.810 --> 00:47:22.440

Karen Gainey: You can.

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00:47:22.440 --> 00:47:27.321

Participant 18: Michelle, who was AI, you know, was not AI. So yeah, it was.

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00:47:28.330 --> 00:47:33.760

Participant 18: it was. Yeah, really interesting. It's a really. So that we've got some. Have you heard of? You know you're familiar with (conference).

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00:47:33.990 --> 00:47:37.639

Participant 18: Yeah. So we've presenting that we present that.

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00:47:37.640 --> 00:47:39.320

Karen Gainey: So many great posters.

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00:47:39.320 --> 00:47:44.637

Participant 18: Yeah, we're doing a bit of a further analysis for the annual meeting in in May.

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00:47:44.950 --> 00:47:46.680

Karen Gainey: Mish might have mentioned this.

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00:47:46.680 --> 00:47:48.190

Participant 18: Yeah.

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00:47:48.190 --> 00:47:48.650

Karen Gainey: No.

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00:47:48.650 --> 00:47:59.540

Participant 18: I can't remember if he's involved in it. I don't think he is, but anyway, it's a really interesting project. But I, to be honest, I think that they are a very AI is the perfect starting point

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00:47:59.890 --> 00:48:14.060

Participant 18: to create your play number summary. You then have to take what the output is, and then put your own. Put it into your own words, or, you know, take it as a framework and and be like, actually, I wouldn't say that. Or, yeah, that's a really good way of saying that. Or you know, something like that.

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00:48:14.060 --> 00:48:15.030

Karen Gainey: Yeah, yeah.

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00:48:15.030 --> 00:48:16.725

Participant 18: So I think,

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00:48:17.410 --> 00:48:26.099

Participant 18: yeah, I think it's done, and I think it should be should be, and we don't specifically say you should use it, but we also don't say you can't use it. So yeah.

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00:48:26.100 --> 00:48:31.329

Karen Gainey: Yes, so would you put that in the character category of it just needs to be declared.

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00:48:32.520 --> 00:48:38.420

Participant 18: I think. Yeah, I think it would be. Yes, it would need to be declared, I think.

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00:48:38.770 --> 00:48:41.479

Participant 18: But I don't think people should. There's always. There's a bit of a

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00:48:42.190 --> 00:48:51.440

Participant 18: a sense that you know. If you if you do use AI to do any medical writing, you're cheating, I don't think it should be, it should be seen as that. So it's almost like AI is

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00:48:51.740 --> 00:48:57.889

Participant 18: end user. And they're just helping you write it better. Right? Yeah, yeah.

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00:48:58.370 --> 00:49:01.779

Karen Gainey: And and in a way we use grammarly or prowritingaid.

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00:49:01.780 --> 00:49:04.450

Participant 18: Yeah, exactly. Yeah, yeah, exactly.

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00:49:04.450 --> 00:49:05.830

Karen Gainey: That tool, isn't it?

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00:49:06.300 --> 00:49:06.950

Karen Gainey: Yeah.

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00:49:08.030 --> 00:49:13.470

Karen Gainey: Has that paper that you were just talking about? Has that been published yet? Where it's.

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00:49:13.734 --> 00:49:17.709

Participant 18: There's an I'll try and see if I can find the link to the abstract.

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00:49:17.970 --> 00:49:19.840

Karen Gainey: Oh, that'd be brilliant. Yeah.

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00:49:21.740 --> 00:49:24.359

Participant 18: Yeah, let me see, and I can let me just see quick.

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00:49:26.230 --> 00:49:31.769

Karen Gainey: Who did you have trying to guess where the summary came from?

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00:49:32.410 --> 00:49:35.660

Participant 18: There were various.

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00:49:37.590 --> 00:49:40.950

Participant 18: There was a pet. So it was various patients.

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00:49:43.469 --> 00:49:48.299

Participant 18: but yeah, patients. And there was somebody from a pharmaceutical company.

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00:49:49.495 --> 00:49:56.809

Participant 18: Somebody from a patient. Yeah. Patient. An agency. Various different people.

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00:49:57.110 --> 00:49:58.180

Karen Gainey: Wow! That's stupid!

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00:49:58.180 --> 00:49:58.950

Participant 18: Yeah.

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00:49:59.890 --> 00:50:01.430

Karen Gainey: That's so interesting.

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00:50:02.210 --> 00:50:05.468

Participant 18: Have you? I'm gonna send you this link. This is all the

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00:50:06.090 --> 00:50:09.020

Participant 18: the (professional organisation) posted, and I'm not sure if you've seen them.

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00:50:10.584 --> 00:50:12.949

Participant 18: These were from the European meeting.

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00:50:13.700 --> 00:50:16.390

Participant 18: I think. Let me just send a link. So that has.

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00:50:17.060 --> 00:50:17.510

Participant 18: How about that?

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00:50:17.510 --> 00:50:20.360

Participant 18: All the different? There's quite a few for plain language summaries.

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00:50:21.950 --> 00:50:24.139

Participant 18: Oh, here we go! Is this, is it.

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00:50:24.820 --> 00:50:32.740

Karen Gainey: Oh, and this is 25, said, examining the time and effort, saving utility.

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00:50:33.340 --> 00:50:34.729

Participant 18: This is the.

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00:50:35.150 --> 00:50:36.930

Karen Gainey: AI tool for.

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00:50:37.440 --> 00:50:42.540

Participant 18: It was a multi stakeholder assessment. I've just sent the link to the poster here.

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00:50:43.170 --> 00:50:46.189

Participant 18: AI and human generated pls, yeah.

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00:50:46.490 --> 00:50:48.080

Karen Gainey: Which poster number.

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00:50:48.590 --> 00:50:49.950

Participant 18: That was number 8.

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00:50:50.420 --> 00:50:51.879

Karen Gainey: Yeah, that's the one.

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00:50:51.880 --> 00:50:52.630

Participant 18: Yeah.

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00:50:52.960 --> 00:50:56.759

Karen Gainey: Oh, oh, number 8. Sorry I was looking at number 6. Okay.

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00:50:56.760 --> 00:50:57.860

Participant 18: Okay. Yeah.

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00:50:58.510 --> 00:51:02.620

Karen Gainey: Yep, okay, brilliant. I'll have a look at that.

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00:51:03.350 --> 00:51:07.619

Karen Gainey: Yeah, no, I don't think I've got anything from Europe. 2025.

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00:51:07.620 --> 00:51:13.769

Participant 18: Yeah. So they're the most recent. That might be, yeah, there's a few different things on pls, I think.

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00:51:14.270 --> 00:51:15.160

Participant 18: is sanction.

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00:51:16.740 --> 00:51:18.769

Karen Gainey: Oh, there's always a lot of post.

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00:51:18.770 --> 00:51:19.330

Participant 18: Yeah.

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00:51:19.330 --> 00:51:23.279

Karen Gainey: Frustrated because I want a full paper on all of these and these issues.

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00:51:23.280 --> 00:51:26.260

Participant 18: Yeah, exactly. Yeah.

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00:51:26.260 --> 00:51:31.699

Karen Gainey: Oh, that's no, that's great, Joe, I guess. Just to wrap up. Where do you?

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00:51:32.070 --> 00:51:37.860

Karen Gainey: Where do you think, or where would you like the future of this area to go.

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00:51:39.510 --> 00:51:42.390

Participant 18: I suppose

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00:51:43.060 --> 00:51:50.890

Participant 18: I think it would be great if every single journal ever had. And I'm not talking about healthcare, you know, in, you know. Yeah.

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00:51:52.290 --> 00:51:55.429

Participant 18: Physics anywhere like that had a plain language.

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00:51:55.640 --> 00:51:57.739

Participant 18: had a plain language summary just to help.

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00:51:58.080 --> 00:52:01.339

Participant 18: you know, everybody be able to to read it.

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00:52:01.720 --> 00:52:09.639

Participant 18: So even if it means, you know, rather than having it written by the author. There's some sort of AI tool that you know gets plugged into a website.

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00:52:10.120 --> 00:52:22.529

Participant 18: and you know and it can. You know you could have the journal article and then alongside. It's a different tab. It's like this is, you know, AI generated plain language. Summary of this article, I mean, that would be the easiest way to do it

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00:52:22.790 --> 00:52:25.349

Participant 18: as long as you know that they could be that it's

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00:52:25.790 --> 00:52:34.830

Participant 18: you know, that it is Ni AI generated. So you take the I don't think I mean. I don't think it would be hallucin to have hallucinations, but it might not be completely accurate.

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00:52:35.040 --> 00:52:36.530

Participant 18: I think that would be.

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00:52:37.230 --> 00:52:42.689

Participant 18: That would be an I think that would be an easy way to go. We, you know should be how AI could be used.

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00:52:42.830 --> 00:52:45.699

Participant 18: That's what I think should happen personally.

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00:52:45.700 --> 00:52:50.499

Karen Gainey: Yeah, yeah. Okay, and obviously, your repository.

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00:52:51.010 --> 00:52:53.310

Participant 18: Well, yeah, I mean well, I mean, if if that

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00:52:53.530 --> 00:52:58.859

Participant 18: tool did exist and it wouldn't make the repository necessary. But I.

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00:52:58.860 --> 00:53:02.009

Karen Gainey: Or it can be part of the whole bigger.

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00:53:02.440 --> 00:53:04.779

Participant 18: Yes. Exactly. Yeah. Yeah. Yeah.

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00:53:04.780 --> 00:53:08.220

Karen Gainey: Yeah, I'm so excited for that repository, I can't tell you.

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00:53:08.800 --> 00:53:11.360

Karen Gainey: And then somebody involved in it. That's good.

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00:53:11.360 --> 00:53:15.790

Participant 18: Yeah, it's taken such a lot of development. But hopefully, it'll yeah.

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00:53:15.790 --> 00:53:19.589

Participant 18: yeah, the bit of in particular to keep going this year. So yeah.

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00:53:19.590 --> 00:53:22.259

Karen Gainey: Yeah, between that and open pharma, things are kind.

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00:53:22.260 --> 00:53:22.580

Participant 18: Yeah.

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00:53:22.580 --> 00:53:25.519

Karen Gainey: Coming together a lot more. So.

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00:53:25.520 --> 00:53:26.670

Participant 18: Exactly. Yeah.

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00:53:26.670 --> 00:53:28.539

Karen Gainey: Well, thank you so much for your time.

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00:53:30.810 --> 00:53:37.630

Karen Gainey: so much experience, anything we haven't covered, you think is important for me to know or consider.

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00:53:39.550 --> 00:53:40.919

Participant 18: No, I don't.

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00:53:41.960 --> 00:53:46.870

Participant 18: I don't think so. No, I think that's probably everything. Yeah.

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00:53:48.420 --> 00:53:49.100

Karen Gainey: All right.

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00:53:49.580 --> 00:53:51.551

Participant 18: And I mean, do you know

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00:53:53.230 --> 00:53:58.919

Participant 18: have you spoken to any of the sort of like the the people who are familiar with plain language, summaries in the Uk.

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00:54:00.080 --> 00:54:00.910

Karen Gainey: Yes,

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00:54:01.740 --> 00:54:03.650

Participant 18: Like? Do you know, Trishna.

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00:54:04.920 --> 00:54:13.990

Karen Gainey: Me. Just have a look at. Let me bring up my spreadsheet. Who I've spoken to. Can you say that name again, if you don't mind.

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00:54:13.990 --> 00:54:19.299

Participant 18: (name).

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00:54:20.669 --> 00:54:24.659

Karen Gainey: That rings a bell with someone I've reached out to

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00:54:25.384 --> 00:54:28.930

Karen Gainey: but not got a response from. Let me see.

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00:54:28.930 --> 00:54:29.490

Participant 18: Bye.

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00:54:38.350 --> 00:54:49.419

Participant 18: Yeah. Well, she I mean she was one of the co-authors on that poster, the AI poster. So I'd recommend, if you you know, if you wanted to speak, she's more well, she's a patient, but who is very sort of well known

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00:54:51.080 --> 00:54:56.929

Participant 18: within her interest in plain damage summaries. And so the whole patient engagement, so she might be.

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00:54:56.930 --> 00:54:57.250

Karen Gainey: Don't!

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00:54:57.250 --> 00:55:06.759

Participant 18: To speak from a different, even though she's not from the you know the editor Angle. Just the general plain language. If you, if you're interested in that as well.

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00:55:07.190 --> 00:55:12.870

Karen Gainey: Yeah, I definitely am. Unfortunately for ethics, I'm limited to editors.

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00:55:12.870 --> 00:55:14.210

Participant 18: Right? Of course. Yeah.

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00:55:14.210 --> 00:55:21.620

Karen Gainey: Yeah. But if you feel she's got something to offer more generally because I'm about to write up my thesis.

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00:55:21.620 --> 00:55:22.450

Participant 18: Yeah.

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00:55:22.670 --> 00:55:26.379

Karen Gainey: That would be yeah, amazing. If you think

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00:56:19.350 --> 00:56:25.299

Karen Gainey: Yeah, I love to just know who's doing what in the field, because it's growing at the moment

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00:56:25.300 --> 00:56:28.249

Karen Gainey: it's such a great time to be involved so much.

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00:56:28.250 --> 00:56:33.267

Karen Gainey: Yeah, so yeah, thank you. Again. That's brilliant.

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00:56:34.730 --> 00:56:41.379

Karen Gainey: all right. Would you like me to send you information about the shell Editor? Would that be of interest? Yeah.

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00:56:41.380 --> 00:56:43.379

Participant 18: Yes, that would be great. Yeah, thank you. Yeah.

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00:56:43.380 --> 00:56:46.710

Karen Gainey: I will send you that and some papers that go with it.

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00:56:46.930 --> 00:56:49.250

Karen Gainey: so keen to hear what you think.

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00:56:50.280 --> 00:57:02.700

Karen Gainey: and I ask everybody I forgot to mention at the beginning. Would you like to get a copy of the Transcript to check your responses for context and make sure you're happy with.

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00:57:02.940 --> 00:57:07.099

Participant 18: No, I'm fine. Yeah, no, that's that's fine. Yeah, I don't need to. Yeah.

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00:57:07.350 --> 00:57:11.229

Karen Gainey: Perfect. All right. Well, I'll let you go and

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00:57:12.030 --> 00:57:14.730

Karen Gainey: This has been absolutely brilliant.

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00:57:14.920 --> 00:57:16.589

Participant 18: Okay. Thank you very much.

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00:57:16.590 --> 00:57:17.930

Karen Gainey: Good rest of the day.