

WEBVTT

98

00:09:27.170 --> 00:09:29.850

Karen Gainey: Thank you for agreeing to participate.

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00:09:29.850 --> 00:09:36.209

Participant 9: As I had some time to look to your website, I read.

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00:09:36.210 --> 00:09:36.740

Karen Gainey: Right.

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00:09:36.740 --> 00:09:37.609

Participant 9: Where else?

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00:09:37.720 --> 00:09:41.880

Participant 9: And I really liked them.

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00:09:42.840 --> 00:09:53.539

Participant 9: It's very, very good job. So I also tried to do some like popular medicine in (Country).

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00:09:53.780 --> 00:10:04.329

Participant 9: So I'm not only professional in university. I made several programs for school children or for

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00:10:04.380 --> 00:10:28.052

Participant 9: people which have no, doesn't have any special medical education. So we are trying to speak easily about medicine. So for me it is very new topic. Also, I am member of (Organisation) from (Country). Maybe you hear about this

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00:10:28.590 --> 00:10:37.720

Participant 9: also one of the things which is doing is popularization of health points.

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00:10:38.650 --> 00:10:46.400

Participant 9: so to speak, with people easily. What we waiting from them.

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00:10:46.920 --> 00:10:54.862

Karen Gainey: So would you mind? Because your accent is quite thick? Would you mind?

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00:10:56.311 --> 00:11:02.040

Karen Gainey: just putting the name of that in the chat. So I get the correct spelling.

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00:11:02.420 --> 00:11:05.579

Karen Gainey: Is that asking too much?

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00:11:07.150 --> 00:11:09.170

Participant 9: Oh, no! No! No! No! No!

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00:11:09.760 --> 00:11:12.069

Karen Gainey: That because that sounds very interesting.

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00:11:13.360 --> 00:11:25.839

Participant 9: So so, for for me it is some things which so popularization of health is, was all things which I done had done. I'm doing, and I think I will do.

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00:11:27.910 --> 00:11:41.930

Participant 9: So that's why. Generally, I like your project, and I read several materials. Not all. There are a lot of materials, but several I read, and they are brilliant.

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00:11:42.520 --> 00:11:43.120

Karen Gainey: Great.

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00:11:43.120 --> 00:11:50.160

Participant 9: And easy. From my point of view, the mail thing. It is easy English.

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00:11:52.750 --> 00:12:02.121

Karen Gainey: okay, great. Well, I just a reminder that I'm recording the audio of this, so I can transcribe it,

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00:12:02.760 --> 00:12:04.929

Karen Gainey: but i'm not going to

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00:12:05.622 --> 00:12:26.439

Karen Gainey: save any information that will identify you or your company or journal. So your name I'll remove all of that from the Transcript. And Zoom will automatically transcribe the interview. Just so I can use that for the data analysis. So just reminding you, we're.

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00:12:26.440 --> 00:12:30.180

Participant 9: You can. I read the information there.

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00:12:30.180 --> 00:12:30.570

Karen Gainey: Yep.

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00:12:30.570 --> 00:12:47.380

Participant 9: You will use everything we discuss it now for your research work, and I generally agree. For example, we will go for some intimate things.

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00:12:47.740 --> 00:12:51.570

Participant 9: Oh, I will say that they think, please all conclude.

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00:12:51.570 --> 00:12:57.099

Karen Gainey: Exactly. And if you want to stop any time, or you need a break, just let me know.

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00:12:57.830 --> 00:12:59.700

Karen Gainey: Okay, okay, okay.

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00:12:59.700 --> 00:13:09.689

Karen Gainey: okay, so I want to. Just it sounds like you've got a good understanding of what I'm doing, but I want to just maybe

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00:13:09.900 --> 00:13:24.059

Karen Gainey: make sure we're on the same page. If I can give you a background of why, I'm specifically asking some of these questions just very quickly. This is the last study in my Phd.

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00:13:24.240 --> 00:13:38.750

Karen Gainey: I started off doing a scoping review, looking at the excuse me, author guidelines in journals for writing plain language summaries then follow that up, looking at the

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00:13:38.750 --> 00:13:57.639

Karen Gainey: kind of looking at the compliance to compare those guidelines to actual plain language summaries in the journals to see how closely they correspond, which in some cases quite well in some other cases not so well, and.

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00:13:57.640 --> 00:14:04.369

Participant 9: Oh, sorry sorry for interrupting. I was several times a reviewer for Cochrane Review.

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00:14:04.700 --> 00:14:13.359

Participant 9: To check up abstracts for people and professional abstract, and they corresponded.

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00:14:13.855 --> 00:14:16.550

Participant 9: So I understand what you are speaking.

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00:14:16.550 --> 00:14:16.920

Karen Gainey: Process.

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00:14:16.920 --> 00:14:17.410

Participant 9: Above.

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00:14:17.410 --> 00:14:18.090

Karen Gainey: Yes, yes.

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00:14:18.090 --> 00:14:32.339

Participant 9: So I understand, and I will have also some comments. Please remind me from this translation. There are some interesting historical illustrations

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00:14:33.419 --> 00:14:38.030

Participant 9: so, but speak, and then I will remind me, I will.

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00:14:38.170 --> 00:14:45.250

Participant 9: Yeah, some examples. And there are many points to be discussed and.

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00:14:45.250 --> 00:14:45.690

Karen Gainey: Okay.

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00:14:45.690 --> 00:14:47.520

Participant 9: Today we will discard them.

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00:14:47.520 --> 00:15:11.219

Karen Gainey: Great. Then I did a series of interviews like this with people who have chronic medical conditions, who read plain language summaries and got their ideas on what was useful, what they liked, what they didn't like, what they think. They'd like to be improved.

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00:15:11.340 --> 00:15:33.539

Karen Gainey: And that's currently under review. So I put together all of that. And now trying to find out at the journal end of things with editors how decisions are made, what might be practical, what goes in at that journal side of things to kind of get a

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00:15:33.680 --> 00:15:35.090

Karen Gainey: the bigger picture.

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00:15:35.640 --> 00:15:37.820

Karen Gainey: So, bringing it all together.

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00:15:38.820 --> 00:15:45.600

Participant 9: When we made up such programs also, for example, for school children.

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00:15:45.940 --> 00:15:50.219

Participant 9: we every time ask to help us. Psychologists.

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00:15:51.550 --> 00:15:58.240

Participant 9: To bring correctly information from psychological point of view.

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00:15:59.020 --> 00:16:11.330

Karen Gainey: So I'm really just looking at the perspectives from you. When you were on the editorial, the associate editor with the

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00:16:11.610 --> 00:16:16.780

Karen Gainey: the Journal of theoretical biology and medical modeling.

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00:16:18.380 --> 00:16:25.130

Participant 9: No, no, no, no, no! So it's different stories. I am in many, many kinds.

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00:16:25.130 --> 00:16:25.520

Karen Gainey: Okay.

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00:16:25.520 --> 00:16:35.600

Participant 9: So I was. So we made where I was chair holder, (Organisation), shareholder in (University)

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00:16:35.810 --> 00:16:45.310

Participant 9: for 20 years and more, and then I moved to (Organisation). And now I'm (Organisation)

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00:16:45.830 --> 00:16:52.979

Participant 9: and in (University). We made several education

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00:16:53.871 --> 00:17:08.219

Participant 9: programs for school children, for example, obesity prevention healthick is it's provinci.

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00:17:09.050 --> 00:17:13.709

Participant 9: And when you are speaking about medical problems

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00:17:14.220 --> 00:17:27.749

Participant 9: with school children, we are at any time asked are asked to help psychologists to translate medicine in right way in right at the stating for school children.

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00:17:31.110 --> 00:17:33.329

Participant 9: Translate from (language) to (language).

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00:17:35.840 --> 00:17:39.960

Participant 9: Yeah, but translate for different point of view.

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00:17:40.180 --> 00:17:48.759

Participant 9: So it's why I will give you one interesting historical example. It is very new.

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00:17:48.920 --> 00:17:55.079

Participant 9: So whether, be it a new generation of oral contraceptives.

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00:17:55.670 --> 00:18:01.280

Participant 9: the results demonstrated reducing number of side effects.

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00:18:01.750 --> 00:18:04.710

Participant 9: But in this number

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00:18:05.080 --> 00:18:16.940

Participant 9: reducing side effects, percent of side effects or health system was twice higher than it 1st generation.

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00:18:17.530 --> 00:18:29.720

Participant 9: and journalists read only this information, and they they rule. The risk of her diseases is twice higher

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00:18:30.490 --> 00:18:32.800

Participant 9: for oral contraceptives.

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00:18:33.130 --> 00:18:36.839

Participant 9: That was problem of 1st using of them.

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00:18:37.870 --> 00:18:41.349

Participant 9: Number of abortion go growing up.

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00:18:41.580 --> 00:18:46.059

Participant 9: After this, people try to translate incorrect way.

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00:18:46.400 --> 00:18:54.210

Participant 9: because total number was reduced. The number of head disease was not higher than the 1st generation.

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00:18:55.020 --> 00:18:56.360

Participant 9: They understand.

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00:18:56.690 --> 00:19:01.320

Karen Gainey: Ye? Yes, whilst that's very interesting.

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00:19:01.320 --> 00:19:10.430

Participant 9: So sometimes you have such misunderstanding when you speak in professional language, with not professional people.

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00:19:10.820 --> 00:19:37.990

Karen Gainey: No, I understand, and that's and my thesis is on the use of plain language summaries to communicate to a wider audience. But this study particularly is just only about the use of plain language summaries with health and medical journals, and I'm speaking to health and medical journal editors.

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00:19:38.190 --> 00:19:45.670

Karen Gainey: So it was in that capacity. I wanted to have that conversation from your experience in that capacity.

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00:19:46.890 --> 00:20:00.310

Participant 9: Okay, okay, so you don't solve the global problem. You are just looking for simple summaries. What problems we have with simple summaries? Yes.

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00:20:00.790 --> 00:20:02.580

Karen Gainey: Well for this interview.

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00:20:03.470 --> 00:20:05.199

Participant 9: Yeah. Okay. Okay.

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00:20:05.200 --> 00:20:07.730

Karen Gainey: I wish I could solve the big problem.

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00:20:08.180 --> 00:20:11.439

Participant 9: Okay, that's okay. Okay, I understand your task.

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00:20:11.440 --> 00:20:12.009

Karen Gainey: That's my.

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00:20:12.010 --> 00:20:12.740

Participant 9: For global.

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00:20:12.740 --> 00:20:17.150

Karen Gainey: That's my no, no, no, no, that's my fault, that's my life.

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00:20:17.290 --> 00:20:25.719

Karen Gainey: I decided to do my Phd. Because I saw so much misinformation in patient groups.

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00:20:25.720 --> 00:20:27.420

Participant 9: And misunderstanding.

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00:20:27.420 --> 00:20:33.229

Participant 9: Yes, and information and understanding. There are 2 problems.

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00:20:33.410 --> 00:20:34.140

Karen Gainey: Definitely.

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00:20:34.140 --> 00:20:36.180

Participant 9: So. It's easy.

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00:20:36.180 --> 00:20:38.199

Participant 9: Yes, yes, I can also.

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00:20:38.200 --> 00:20:39.450

Karen Gainey: I agree.

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00:20:39.450 --> 00:20:43.220

Participant 9: From from school months.

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00:20:43.390 --> 00:20:50.129

Participant 9: Please describe me in simple words. What is trigonometric function.

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00:20:50.130 --> 00:20:50.970

Karen Gainey: Hmm.

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00:20:51.150 --> 00:20:56.629

Participant 9: But think that I imagine that I don't know math at all.

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00:20:57.940 --> 00:21:10.190

Participant 9: I don't have any math education. Please describe for me in simple words, what is trigonometric function? And it will be very, very difficult task.

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00:21:11.390 --> 00:21:12.100

Karen Gainey: Can I ask.

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00:21:12.100 --> 00:21:19.690

Participant 9: To understand some information. You have to have some basic information.

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00:21:19.690 --> 00:21:22.000

Participant 9: Hello, basic education.

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00:21:23.220 --> 00:21:29.679

Participant 9: And it is problem of misunderstanding. So when you are speaking.

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00:21:30.480 --> 00:21:31.710

Participant 9: Here she is!

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00:21:32.020 --> 00:21:33.390

Karen Gainey: Here she is.

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00:21:33.710 --> 00:21:34.989

Karen Gainey: She likes to be the center of.

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00:21:34.990 --> 00:21:35.480

Participant 9: Take.

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00:21:35.480 --> 00:21:36.960

Karen Gainey: And I apologize.

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00:21:37.470 --> 00:21:38.670

Karen Gainey: There you are.

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00:21:38.670 --> 00:21:57.179

Participant 9: So when you're speaking about some problems, medical problems or medical issues, then what people understand sometimes depending, not from what you are speaking about, but it's dependent on what in their minds.

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00:21:58.020 --> 00:22:08.090

Karen Gainey: Yep, I'm curious. Why, what was the decision to involve a psychologist specifically.

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00:22:09.590 --> 00:22:14.550

Participant 9: That's why, when we worked with school children, we involved psychologists.

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00:22:15.290 --> 00:22:17.440

Participant 9: Maybe for you it will be also

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00:22:17.670 --> 00:22:26.389

Participant 9: useful. Maybe they will answer you how people understanding your information

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00:22:26.610 --> 00:22:34.460

Participant 9: because we medical people, we have medical education, and

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00:22:34.640 --> 00:22:38.899

Participant 9: for us some things are very simple.

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00:22:39.210 --> 00:22:50.999

Participant 9: but maybe usual people will understand this very difficult, or will understand some simple information, as the misinformation.

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00:22:51.270 --> 00:22:52.070

Karen Gainey: Yeah.

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00:22:52.340 --> 00:23:00.670

Karen Gainey: where I work with the Sydney health Literacy lab that was set up by a group of psychologists. Actually.

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00:23:02.218 --> 00:23:05.011

Karen Gainey: that's not my background. But

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00:23:05.690 --> 00:23:18.569

Karen Gainey: There's so I quite understand that I was just curious what your thoughts were on. Why, that was what led you down that down that path.

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00:23:18.680 --> 00:23:27.289

Karen Gainey: So so I understand. The journal. You were an editor with is

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00:23:27.510 --> 00:23:33.549

Karen Gainey: (Publisher) stopped publishing that a couple of years ago that right.

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00:23:33.550 --> 00:23:37.890

Participant 9: Yeah, it was (Journal).

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00:23:38.601 --> 00:23:55.170

Participant 9: So I was one of the founders of the Journal. So idea was from (name). He was Professor of (University). So, but he died.

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00:23:55.330 --> 00:23:59.470

Participant 9: I think, about 15 years ago.

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00:24:00.120 --> 00:24:28.299

Participant 9: We received the problem with money. So (publisher). Wanted a lot of money for publishing of journal, and the project, as it was, was not receiving so much, so much money.

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00:24:28.570 --> 00:24:37.369

Participant 9: and we decided to close the journal. So it was only question of financial.

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00:24:37.560 --> 00:24:38.000

Karen Gainey: Right.

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00:24:38.000 --> 00:24:42.500

Participant 9: But before it was closed it was too.

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00:24:43.280 --> 00:24:44.020

Participant 9: We do?

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00:24:44.360 --> 00:24:45.050

Karen Gainey: Yeah.

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00:24:45.050 --> 00:24:46.230

Participant 9: So.

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00:24:46.860 --> 00:24:47.850

Karen Gainey: Yeah, understood?

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00:24:47.850 --> 00:24:50.280

Participant 9: One of the leading journals.

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00:24:50.470 --> 00:24:58.509

Karen Gainey: Yeah, yeah, I had a I had a look it was hard to find, but because it's still archived

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00:24:58.740 --> 00:25:03.406

Karen Gainey: on the (Publisher) site. But I couldn't find

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00:25:04.860 --> 00:25:13.509

Karen Gainey: anything. I was trying to find some author instructions and some other details, and they don't have that.

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00:25:13.620 --> 00:25:18.409

Karen Gainey: They haven't kept that so I couldn't find anything.

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00:25:18.410 --> 00:25:21.080

Participant 9: Okay, it was very, very big project.

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00:25:21.380 --> 00:25:21.720

Participant 9: Yeah.

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00:25:21.720 --> 00:25:32.539

Participant 9: So I started as more as (subject). But now I'm more in public health.

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00:25:32.540 --> 00:25:33.300

Karen Gainey: Right?

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00:25:34.120 --> 00:25:38.030

Karen Gainey: Are you, editor anywhere else at the moment.

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00:25:38.030 --> 00:26:01.120

Participant 9: So I'm a member of some editorial boards. But now more in (Country) I don't remember. There was some dentistry journal in (Country). I don't know. Is it now active or not? Because for many years I didn't receive from them any information. It was something like the

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00:26:02.138 --> 00:26:17.310

Participant 9: preventive dentistry, because I really made a lot of programs for school children and nursing for preventing dentistry.

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00:26:17.660 --> 00:26:28.040

Participant 9: But for me now it is not interesting, and I'm very active member of (Journal), but it is (language).

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00:26:28.980 --> 00:26:29.660

Karen Gainey: Right.

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00:26:29.660 --> 00:26:40.349

Participant 9: It is (language) published, but it is also indexing in Scopus, in science direct, and some pubmed.

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00:26:40.640 --> 00:26:45.560

Participant 9: And also it is interesting, but it is about q. 3 q. 4.

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00:26:47.480 --> 00:26:47.980

Karen Gainey: Okay.

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00:26:47.980 --> 00:26:52.689

Participant 9: So. But I'm very active member of this journal.

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00:26:53.350 --> 00:27:07.119

Participant 9: The (Journal) of also it is (language) journal which is indexing in Scopus and some local (language) journals which are not indexing in Scopus.

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00:27:07.690 --> 00:27:12.379

Karen Gainey: Gosh, thank you for fitting me in. You're obviously very busy.

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00:27:13.550 --> 00:27:21.660

Participant 9: And sometimes sometimes. So this it depends on the articles which are sending on.

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00:27:21.840 --> 00:27:28.599

Participant 9: So I usually black review.

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00:27:28.780 --> 00:27:37.990

Participant 9: So usually I said that this article cannot be published in any way, because.

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00:27:37.990 --> 00:27:38.550

Karen Gainey: Right.

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00:27:40.350 --> 00:27:41.000

Karen Gainey: Yeah.

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00:27:41.000 --> 00:27:43.890

Participant 9: It's so.

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00:27:44.590 --> 00:27:56.129

Participant 9: But the last article for which I was a review from prophylactic medicine, I made a lot of detailed comments.

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00:27:56.480 --> 00:28:04.700

Participant 9: and the authors checked more of them, and after this I recommended to be published.

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00:28:06.740 --> 00:28:14.780

Karen Gainey: Do any of the journals publish a plain language? Summary or a patient summary or something like that.

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00:28:15.690 --> 00:28:27.690

Participant 9: So prophylactic medicine have a simple they indexing in pub met only professional.

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00:28:28.891 --> 00:28:33.150

Participant 9: Summary, but for original research

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00:28:34.420 --> 00:28:41.770

Participant 9: they publish all types of articles, but for original researchers they have also plain abstract.

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00:28:42.100 --> 00:28:46.220

Participant 9: So for reviewers, not, for example.

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00:28:47.280 --> 00:28:48.270

Karen Gainey: So

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00:28:48.750 --> 00:29:09.040

Karen Gainey: when we're talking about the plain language summary or a lay summary. Just so, we're understanding, because it might. I know some of speaking to other people in Europe. Some of the terms are very different. What I'm talking about is the summary that's written just for, like a non scientific

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00:29:09.040 --> 00:29:23.309

Karen Gainey: sorry. A non-expert that's written, you know, usually without jargon or scientific or technical terms, aimed at a more general audience. That sort of summary.

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00:29:24.190 --> 00:29:24.960

Participant 9: Yeah, yeah.

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00:29:24.960 --> 00:29:26.180

Karen Gainey: Would you mean to.

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00:29:26.930 --> 00:29:29.659

Participant 9: So for this journal.

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00:29:30.459 --> 00:29:52.280

Participant 9: When you want to publish a regional research. Yes. So only for regional research, you need to publish a simple summary. You have to make a summary about 2, 2, or 4 points, 2, 3, 4 points.

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00:29:53.280 --> 00:30:01.080

Participant 9: With very simple language, what you received in this article.

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00:30:03.680 --> 00:30:08.459

Participant 9: Very, very simple and original points.

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00:30:09.140 --> 00:30:09.950

Karen Gainey: Right.

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00:30:09.950 --> 00:30:14.259

Participant 9: Or what is generally new in your article.

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00:30:14.750 --> 00:30:18.880

Karen Gainey: Right, and then yep.

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00:30:19.070 --> 00:30:25.359

Participant 9: So for for prophylaxis medicine. Yeah. Many times when I was reviewed.

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00:30:25.720 --> 00:30:31.989

Participant 9: we had many times to correct this brief, simple summary.

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00:30:32.530 --> 00:30:34.979

Karen Gainey: What were the issues you were finding.

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00:30:36.210 --> 00:30:38.529

Participant 9: So the 1st thing.

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00:30:39.352 --> 00:30:47.419

Participant 9: They are writing general things. So it is big prevalence of diabetes.

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00:30:48.060 --> 00:30:49.690

Karen Gainey: Right? Okay.

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00:30:50.490 --> 00:31:03.239

Participant 9: So I think it is the most general problem. There is a 1st point they're writing the thing which is not interesting for not professionals. First.st

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00:31:03.240 --> 00:31:03.680

Karen Gainey: Yes.

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00:31:03.680 --> 00:31:20.390

Participant 9: And which is also well known or diabetes, is a lot of illness. Lots of years, many hospitalizations, so.

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00:31:20.860 --> 00:31:21.220

Karen Gainey: Yes.

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00:31:21.220 --> 00:31:22.470

Participant 9: Not interested.

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00:31:22.630 --> 00:31:23.420

Karen Gainey: Yes.

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00:31:23.690 --> 00:31:28.870

Karen Gainey: Who do you think reads these summaries? Do you have a sense of who might be reading them?

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00:31:31.300 --> 00:31:42.009

Karen Gainey: Do you have an idea of who reads these summaries? Is it patients with these kind of diseases? Or is it doctors? Or.

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00:31:42.876 --> 00:31:46.149

Karen Gainey: you know, for a range of people.

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00:31:46.930 --> 00:31:52.510

Participant 9: So I think that in this genre, yeah, in this genre.

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00:31:52.510 --> 00:31:53.110

Karen Gainey: Yep.

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00:31:53.110 --> 00:31:59.840

Participant 9: What we are discussing on meeting of Members Board.

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00:31:59.840 --> 00:32:00.170

Karen Gainey: Yep.

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00:32:00.170 --> 00:32:11.720

Participant 9: So the main information is for people which are just near to medicine. So, for example, pharmacy workers.

296

00:32:12.080 --> 00:32:12.880

Karen Gainey: Gotcha.

297

00:32:13.000 --> 00:32:16.550

Participant 9: Students, of early courses.

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00:32:16.700 --> 00:32:17.475

Karen Gainey: Yes,

299

00:32:19.285 --> 00:32:25.730

Participant 9: For example, specific article for obesity, best routine.

300

00:32:25.840 --> 00:32:32.919

Participant 9: But you are writing summary which will understand doctors of all specialties.

301

00:32:32.920 --> 00:32:36.940

Karen Gainey: Yes, yes, or physiotherapist, or something like this.

302

00:32:36.940 --> 00:32:37.730

Participant 9: Yeah, yeah, yeah.

303

00:32:37.730 --> 00:32:38.150

Karen Gainey: Gotcha.

304

00:32:38.150 --> 00:32:42.190

Participant 9: So. But it is policy of this journal.

305

00:32:42.740 --> 00:32:44.860

Karen Gainey: Right? Okay, understood?

306

00:32:44.860 --> 00:32:51.349

Participant 9: So I don't think that our journal

307

00:32:51.880 --> 00:33:17.289

Participant 9: in articles which is published the general articles are published. Information is interesting for real patients, because it is more questions of organization, of prophylactic health, or a long monitoring of chronic diseases or risk factors.

308

00:33:17.570 --> 00:33:17.910

Participant 9: Right?

309

00:33:17.910 --> 00:33:26.540

Participant 9: This journal you will not find new recommendations of treatment, of arterial hypertension.

310

00:33:26.750 --> 00:33:27.280

Karen Gainey: Understood.

311

00:33:27.280 --> 00:33:28.740

Participant 9: Position of Journal.

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00:33:29.110 --> 00:33:29.909

Karen Gainey: That makes sense.

313

00:33:30.780 --> 00:33:33.919

Participant 9: Yeah, maybe for other journals.

314

00:33:34.110 --> 00:33:34.860

Karen Gainey: Yes.

315

00:33:35.120 --> 00:33:42.279

Participant 9: It will be useful to make abstract, which are reoriented for patients.

316

00:33:42.280 --> 00:33:42.750

Karen Gainey: Yes.

317

00:33:42.750 --> 00:33:48.609

Participant 9: Dependent on journal policy of kind of articles. You are publish.

318

00:33:49.390 --> 00:33:58.649

Karen Gainey: Yes, and that comes back. I'm guessing, to the scope of the journal, and, as you said, the type of articles that are written

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00:33:59.416 --> 00:34:07.949

Karen Gainey: and who? Who? The the type of topics, and how complex and what sort of

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00:34:10.739 --> 00:34:12.889

Karen Gainey: Sorry I've lost the word.

321

00:34:13.655 --> 00:34:23.139

Karen Gainey: I think I understand what you're saying. Anyway, they're not like active treatments or things that patients can find useful or things they can

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00:34:23.389 --> 00:34:25.520

Karen Gainey: take something from directly.

323

00:34:26.350 --> 00:34:31.009

Participant 9: Yeah, yeah, so that's more for medical professionals. Journal.

324

00:34:31.010 --> 00:34:32.050

Participant 9: Yes, I'm just.

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00:34:32.456 --> 00:34:35.300

Participant 9: We are trying to understand. The information

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00:34:35.600 --> 00:34:39.639

Participant 9: is published understanding. But by huge

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00:34:39.900 --> 00:34:44.900

Participant 9: society of medicine and near Medicine.

328

00:34:44.909 --> 00:34:53.349

Karen Gainey: Yes, and do those summaries have a particular heading, or like a term you use for them

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00:34:53.849 --> 00:34:54.959

Karen Gainey: a label.

330

00:34:57.560 --> 00:35:02.130

Participant 9: It's published an article as separated.

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00:35:02.250 --> 00:35:03.699

Karen Gainey: There are points.

332

00:35:04.380 --> 00:35:14.390

Karen Gainey: and do they have a heading at the top like some journals call them key messages or highlights, or

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00:35:14.710 --> 00:35:15.380

Karen Gainey: key Point.

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00:35:15.380 --> 00:35:16.660

Participant 9: Old highlights.

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00:35:16.660 --> 00:35:17.410

Karen Gainey: Put highlights.

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00:35:17.410 --> 00:35:17.830

Participant 9: Alright!

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00:35:17.830 --> 00:35:20.629

Karen Gainey: Okay. Yep. Yep. Okay.

338

00:35:20.630 --> 00:35:24.730

Participant 9: So, and also.

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00:35:25.787 --> 00:35:49.870

Participant 9: You see, this journal is published both in Pdf, electronically and on paper, and sometimes we are very limited in money. So we are trying to make it very compactly. And this situation you put highlights. Anyway, you have free plays.

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00:35:50.020 --> 00:35:50.400

Karen Gainey: Sure.

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00:35:50.400 --> 00:35:53.230

Participant 9: But when you have enough money.

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00:35:53.230 --> 00:35:53.650

Karen Gainey: Yes.

343

00:35:53.650 --> 00:35:56.560

Participant 9: We have put in it separately.

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00:35:56.560 --> 00:35:57.330

Participant 9: Yes, and.

345

00:35:58.420 --> 00:36:01.090

Karen Gainey: And online. It's much easier.

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00:36:03.580 --> 00:36:07.049

Participant 9: So so it depends on.

347

00:36:07.050 --> 00:36:08.590

Karen Gainey: Yes, yes.

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00:36:08.590 --> 00:36:14.020

Participant 9: The idea was that it will be separated information

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00:36:14.310 --> 00:36:18.579

Participant 9: for people who are not professional.

350

00:36:19.160 --> 00:36:29.160

Participant 9: Or directly in this topic, to make information understandable for everybody who are just near.

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00:36:29.400 --> 00:36:32.091

Karen Gainey: Yeah, okay, do you mean

352

00:36:33.380 --> 00:36:43.990

Karen Gainey: patients as well, like a patient version, or trying to expand this one to make it easy for patients as well as medical people.

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00:36:45.060 --> 00:36:48.289

Participant 9: No, no, only for people from medicine and.

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00:36:48.290 --> 00:36:49.920

Karen Gainey: I need the medicine. Yeah.

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00:36:49.920 --> 00:36:58.460

Participant 9: It was proper. It was discussed at several times on individual board members meeting.

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00:36:58.740 --> 00:37:01.119

Karen Gainey: Okay. So a lot of thoughts.

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00:37:01.590 --> 00:37:07.080

Participant 9: Yeah. So several times a year editorial boards are meeting.

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00:37:07.660 --> 00:37:11.529

Participant 9: So, and some questions are discussed.

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00:37:12.150 --> 00:37:14.629

Participant 9: The question of highlights

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00:37:14.780 --> 00:37:24.919

Participant 9: was several times discussed, and position of editorial board and of the journal is that it is for medical

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00:37:25.460 --> 00:37:28.150

Participant 9: people all just need medicine.

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00:37:28.290 --> 00:37:30.310

Participant 9: The disposition of journal.

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00:37:30.570 --> 00:37:33.570

Karen Gainey: Yes, that makes sense. Do any of the other.

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00:37:47.270 --> 00:38:10.710

Participant 9: You can find results of 20 years treatment of arterial deper-tension in international study which is taking part particularly in (Organisation). You can find results of risk factor monitorings in different regions of (Organisation).

368

00:38:11.070 --> 00:38:22.589

Participant 9: You can find new creations of organization, of treatment patients with chronic diseases and something like this.

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00:38:23.770 --> 00:38:32.319

Participant 9: But you will not find what to do to a concrete patient. It is not for this genre.

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00:38:32.590 --> 00:38:33.340

Karen Gainey: Yes.

371

00:38:33.830 --> 00:38:41.210

Karen Gainey: do you do. You? Are you on the board with some journals that do have summaries that are for patients?

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00:38:42.400 --> 00:38:43.190

Participant 9: No.

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00:38:43.190 --> 00:38:51.914

Karen Gainey: No, okay, okay. So there any any differences with the ones the journals that your

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00:38:52.670 --> 00:39:04.689

Karen Gainey: you are associated with on. So I'm just trying to understand the decisions that are that go into deciding

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00:39:07.160 --> 00:39:11.000

Karen Gainey: And you've explained that one very well.

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00:39:11.510 --> 00:39:12.640

Karen Gainey: What?

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00:39:13.150 --> 00:39:16.380

Karen Gainey: What? How the decisions are made

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00:39:16.940 --> 00:39:30.649

Karen Gainey: in terms of what to call the summary, who it's aimed at all of these things. So you've explained that very well that the editorial board have sat down and thought

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00:39:31.580 --> 00:39:37.629

Karen Gainey: thought about who is likely to read it, and who's it aimed at, and then worked it

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00:39:37.760 --> 00:39:43.640

Karen Gainey: from there. And that sounds very logical. So I'm just trying to understand if

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00:39:43.780 --> 00:39:58.939

Karen Gainey: that process was the same with other journals you've been associated with, or if it's been different, because I know all journals and publisher relationships can be quite different. So I'm just trying to understand how it all.

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00:39:58.940 --> 00:40:00.870

Participant 9: Every journal have. It's.

383

00:40:01.200 --> 00:40:02.190

Participant 9: Policy.

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00:40:02.190 --> 00:40:04.400

Karen Gainey: Yeah, right, right.

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00:40:04.570 --> 00:40:14.080

Participant 9: Even even in one publishing house policy of 2 journals of this publishing house can be different.

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00:40:14.080 --> 00:40:15.110

Karen Gainey: Really.

387

00:40:16.090 --> 00:40:30.329

Participant 9: Yeah, I. So, for we have the most bigger publishing a house in (Country) which is called it published not only journals, but also books

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00:40:30.640 --> 00:40:49.129

Participant 9: and for (journal). I'm editorial board for 2 journals, one of them infection diseases, problems, questions and features, and another evidence bands, gastroenterology.

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00:40:49.420 --> 00:40:50.220

Karen Gainey: Okay.

390

00:40:51.140 --> 00:41:06.240

Participant 9: And when we are speaking about infection diseases, problems. So the policy of journal was that they have

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00:41:06.500 --> 00:41:17.060

Participant 9: some short summaries of new publishing all over the world which are oriented for patients.

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00:41:17.060 --> 00:41:20.880

Karen Gainey: Okay, that's interesting.

393

00:41:22.680 --> 00:41:37.300

Karen Gainey: do you? What? Because the other, that's I is a difference that that's a broader type of topic, whereas the gastroenterology. One is quite niche and quite

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00:41:37.480 --> 00:41:41.709

Karen Gainey: focused or specialized. Is that the difference? Or is that what.

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00:41:41.710 --> 00:41:45.279

Participant 9: But in gastroenterology I'm only as evidence based.

396

00:41:45.800 --> 00:41:47.730

Participant 9: Okay? Okay.

397

00:41:48.640 --> 00:41:53.870

Karen Gainey: Do you know what the what the reasoning might be for having summaries for patients.

398

00:41:53.870 --> 00:41:58.359

Participant 9: So. So I'm only a critic for every what is best.

399

00:41:58.360 --> 00:41:59.060

Karen Gainey: Understand.

400

00:41:59.060 --> 00:42:06.930

Participant 9: Evidence-based medicines in positions from Cochrane. So I'm not gastroenterology, doctor.

401

00:42:07.050 --> 00:42:13.530

Participant 9: What I can say is this article evidence based on the.

402

00:42:13.530 --> 00:42:15.559

Karen Gainey: Yes, yes, understand?

403

00:42:16.240 --> 00:42:18.019

Participant 9: It is enough.

404

00:42:18.420 --> 00:42:23.029

Participant 9: So I cannot discuss any questions about gastroenterology details.

405

00:42:23.410 --> 00:42:25.430

Participant 9: No, that no, I understand.

406

00:42:26.230 --> 00:42:31.699

Participant 9: So my my position is only to say, is it evidence-based or not?

407

00:42:31.700 --> 00:42:32.270

Karen Gainey: Yeah.

408

00:42:32.740 --> 00:42:37.590

Participant 9: And corresponds to what we called evidence-based or not.

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00:42:38.110 --> 00:42:38.810

Karen Gainey: Yep.

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00:42:39.610 --> 00:42:41.900

Karen Gainey: So, yeah, so.

411

00:42:43.710 --> 00:42:48.919

Participant 9: And in infection diseases. My rule was prevention.

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00:42:49.950 --> 00:42:53.310

Participant 9: So, and working more in prevention.

413

00:42:53.530 --> 00:42:54.170

Karen Gainey: Prevention.

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00:42:54.170 --> 00:43:00.829

Participant 9: Were made for school children appreciation program for influenza, for example.

415

00:43:00.990 --> 00:43:01.790

Karen Gainey: Right.

416

00:43:02.920 --> 00:43:04.510

Karen Gainey: It's more public health.

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00:43:05.410 --> 00:43:13.789

Participant 9: Yeah, yeah, it is public health. But it is also prevention. So and you have a lot of questions of prevention.

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00:43:13.950 --> 00:43:17.100

Participant 9: Okay, I cannot speak about vaccination.

419

00:43:17.440 --> 00:43:17.770

Karen Gainey: Yeah.

420

00:43:17.770 --> 00:43:24.759

Participant 9: But I can speak about organization, questions of prophylaxis, of infectious diseases.

421

00:43:24.760 --> 00:43:27.779

Karen Gainey: Yes, yeah, of course.

422

00:43:28.360 --> 00:43:29.739

Karen Gainey: So what do you.

423

00:43:29.740 --> 00:43:41.149

Participant 9: Why, in such, sometimes in such different journals. But when I was asking to become a member, I said, I will ask only on such questions.

424

00:43:41.550 --> 00:43:42.020

Karen Gainey: Yeah.

425

00:43:42.020 --> 00:43:43.790

Participant 9: If you want to see me.

426

00:43:44.110 --> 00:43:49.189

Karen Gainey: That's good because you're not operating outside of your expertise.

427

00:43:52.510 --> 00:43:53.300

Karen Gainey: So that's.

428

00:43:53.300 --> 00:44:11.910

Participant 9: So and that is 2 journals from one publishing house. (journal) only original or reviews articles about gastroenterology programs, not more

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00:44:12.140 --> 00:44:19.370

Participant 9: without any information for patients or people who are not gastroenterologists.

430

00:44:19.370 --> 00:44:21.560

Karen Gainey: Yes. Okay. So.

431

00:44:22.020 --> 00:44:29.739

Participant 9: Infection diseases, blah, blah, blah, and use problems and features.

432

00:44:31.833 --> 00:44:39.869

Participant 9: You have about 10% of journal like international news.

433

00:44:40.170 --> 00:44:50.309

Participant 9: where are high lines from which are translated to (language) from leading infection diseases. (Country).

434

00:44:51.500 --> 00:44:53.660

Karen Gainey: Okay, and.

435

00:44:53.660 --> 00:45:00.110

Participant 9: This information is more oriented for patients or not. Medical professionals.

436

00:45:00.740 --> 00:45:03.169

Karen Gainey: Right? Yep, okay,

437

00:45:05.910 --> 00:45:09.218

Karen Gainey: And do you find that

438

00:45:10.290 --> 00:45:17.410

Karen Gainey: authors tend to do a good job doing those summaries, or do

439

00:45:17.630 --> 00:45:30.315

Karen Gainey: you have to send them back to get them like, are they usually written at a like you mentioned before? They're not always at the right level, or what you would want

440

00:45:31.090 --> 00:45:33.509

Karen Gainey: How do you find the ones for that journal?

441

00:45:34.840 --> 00:45:49.589

Participant 9: So I think that to make simple summary you need cooperation of 3 people review and editor.

442

00:45:51.410 --> 00:45:56.620

Participant 9: Only in this corporation you will receive good, simple, abstract.

443

00:45:59.660 --> 00:46:01.268

Karen Gainey: Do you have any

444

00:46:01.840 --> 00:46:06.939

Karen Gainey: consumers who provide input on the patient summaries.

445

00:46:09.706 --> 00:46:12.439

Participant 9: I have not made up

446

00:46:12.600 --> 00:46:22.479

Participant 9: patient summaries for many, many years, so I'm all making summaries for just near to Medicine area.

447

00:46:22.930 --> 00:46:31.015

Karen Gainey: No, I, for the journal. Does the journal have any patients that consult or

448

00:46:32.020 --> 00:46:37.699

Participant 9: Yeah, I don't know. I don't have such experience, so I cannot comment your idea.

449

00:46:37.700 --> 00:46:39.220

Karen Gainey: Okay, that's okay. I understand.

450

00:46:42.888 --> 00:46:52.980

Participant 9: About 20 years ago we tried to make simple information about HIV,

451

00:46:53.280 --> 00:47:04.289

Participant 9: and we try to cooperate with people who are living with HIV community of people and discuss with them.

452

00:47:04.820 --> 00:47:08.119

Participant 9: Is it useful or not?

453

00:47:10.050 --> 00:47:14.189

Participant 9: But I did not like this cooperation.

454

00:47:14.990 --> 00:47:24.329

Participant 9: So only they wanted to. They wanted they wanted to receive money for any consultation about.

455

00:47:24.610 --> 00:47:26.980

Karen Gainey: Oh, okay.

456

00:47:26.980 --> 00:47:31.390

Participant 9: And I did not receive any productive work.

457

00:47:31.830 --> 00:47:32.320

Karen Gainey: Okay.

458

00:47:32.320 --> 00:47:36.369

Participant 9: But it. It was only my once experience.

459

00:47:36.370 --> 00:47:37.110

Karen Gainey: Okay.

460

00:47:38.040 --> 00:47:38.660

Karen Gainey: Okay.

461

00:47:38.660 --> 00:47:44.180

Participant 9: And so maybe it depends on society. Maybe.

462

00:47:44.180 --> 00:47:44.500

Karen Gainey: Yeah.

463

00:47:44.500 --> 00:47:47.109

Participant 9: Depends on many other factors, but.

464

00:47:47.110 --> 00:47:47.690

Karen Gainey: Yeah.

465

00:47:48.950 --> 00:47:53.280

Participant 9: I have a more negative experience than positive.

466

00:47:53.630 --> 00:47:54.700

Karen Gainey: Understood.

467

00:47:55.590 --> 00:48:01.610

Karen Gainey: So in that case the expectations were not what you were hoping for.

468

00:48:02.370 --> 00:48:03.230

Participant 9: Yeah.

469

00:48:03.230 --> 00:48:03.630

Karen Gainey: Yeah.

470

00:48:03.630 --> 00:48:06.639

Participant 9: So so full.

471

00:48:08.930 --> 00:48:17.320

Participant 9: I did not. When I worked with psychologist, I really received feedback.

472

00:48:17.460 --> 00:48:18.000

Karen Gainey: Hmm.

473

00:48:18.000 --> 00:48:28.510

Participant 9: Was big discussions, and it was transformation of some materials, and it was feedback from 1st lessons.

474

00:48:29.220 --> 00:48:30.680

Participant 9: And sir, on.

475

00:48:31.050 --> 00:48:31.800

Karen Gainey: Right.

476

00:48:31.800 --> 00:48:32.830

Participant 9: Yeah, well.

477

00:48:33.310 --> 00:48:43.730

Participant 9: and when I worked with these people all from my point of view, only one thing they wanted. They wanted to receive money for their job, and

478

00:48:44.270 --> 00:48:49.569

Participant 9: just correct a little to demonstrate that they had worked.

479

00:48:49.880 --> 00:48:54.810

Participant 9: But it was not real work, as I understand.

480

00:48:55.150 --> 00:49:01.339

Karen Gainey: I see I see. Yes, that makes a difference.

481

00:49:02.400 --> 00:49:03.130

Participant 9: Yeah.

482

00:49:03.130 --> 00:49:04.679

Karen Gainey: Yeah, sure.

483

00:49:06.760 --> 00:49:10.872

Karen Gainey: Can I? What do you think about

484

00:49:11.980 --> 00:49:15.539

Karen Gainey: Let me just check. There was something I wanted to ask you.

485

00:49:19.670 --> 00:49:22.994

Karen Gainey: Oh, have you come across with your journals?

486

00:49:23.800 --> 00:49:36.649

Karen Gainey: the use of artificial intelligence, generative, artificial intelligence, to produce patient summaries and those things? And do you have any thoughts on that area.

487

00:49:38.740 --> 00:49:44.090

Participant 9: So I did not use artificial interior.

488

00:49:44.390 --> 00:49:52.379

Participant 9: and in the journals in which I am member of editorial board also is not used.

489

00:49:53.290 --> 00:49:59.740

Participant 9: But I have my friend in New York.

490

00:50:00.480 --> 00:50:06.450

Participant 9: Which is very active with artificial intelligence.

491

00:50:06.830 --> 00:50:10.370

Participant 9: He is working directly with island mask

492

00:50:10.800 --> 00:50:19.080

Participant 9: on artificial intelligence, and one of his platforms which he was developed now his Platform

493

00:50:19.510 --> 00:50:38.029

Participant 9: Island mask. So this, my friend, is sometimes speaking about that about 5, 10 years, and you will not need general practitioners. All the role of general practitioners will take a difficult intellect.

494

00:50:38.980 --> 00:50:46.050

Karen Gainey: How do you think that'll impact academic journal publishing.

495

00:50:48.450 --> 00:50:53.189

Participant 9: So I only heard about.

496

00:50:53.970 --> 00:51:06.420

Participant 9: as I remember, (journal X). When the members of a digital board said that they will not more work.

497

00:51:06.570 --> 00:51:11.269

Participant 9: They received a lot of problems with a difficult Internet.

498

00:51:11.750 --> 00:51:14.169

Participant 9: It is only one thing I heard.

499

00:51:14.350 --> 00:51:24.249

Participant 9: I cannot give you any other comments, because I don't have any experience from my point of view. And

500

00:51:24.440 --> 00:51:27.249

Participant 9: I really had network

501

00:51:27.460 --> 00:51:41.429

Participant 9: with artificial Internet. But I know some people which, for example, are trying to make to learn artificial Internet to know written guinea grams.

502

00:51:42.350 --> 00:51:48.870

Participant 9: Cutties or something like this, but it is something not mine.

503

00:51:49.040 --> 00:51:54.450

Participant 9: I can discuss results, but I cannot discuss progress.

504

00:51:54.710 --> 00:51:57.320

Participant 9: The results we have.

505

00:51:57.620 --> 00:51:59.110

Participant 9: I don't like.

506

00:51:59.660 --> 00:52:10.129

Karen Gainey: Gotcha understood. Yeah. Okay, what do you think the future might be for these kind of patient summaries?

507

00:52:11.250 --> 00:52:13.709

Karen Gainey: What? What would you like them to be.

508

00:52:15.354 --> 00:52:16.240

Participant 9: So.

509

00:52:16.240 --> 00:52:23.039

Karen Gainey: So what I mean is, do you think they should stay the way they are? Or is there any way they could be improved or not.

510

00:52:23.170 --> 00:52:25.080

Karen Gainey: your thoughts in the future.

511

00:52:25.471 --> 00:52:30.959

Participant 9: Please understand me in the right way. I was growing up in (Country).

512

00:52:31.680 --> 00:52:33.149

Participant 9: Sorry could you say that again?

513

00:52:33.150 --> 00:52:35.799

Participant 9: I was growing up in (Country)

514

00:52:35.800 --> 00:52:37.040

Karen Gainey: Sure. Yeah, that's okay.

515

00:52:37.040 --> 00:52:45.730

Participant 9: And (Country). Yeah. And in (Country)we had several popular journals.

516

00:52:46.000 --> 00:52:46.330

Karen Gainey: Yeah.

517

00:52:46.330 --> 00:52:54.240

Participant 9: Which war oriented justice for people who are not professional.

518

00:52:54.560 --> 00:52:54.930

Karen Gainey: Yeah.

519

00:52:54.930 --> 00:52:59.770

Participant 9: So we had journal, science, and life.

520

00:53:00.030 --> 00:53:04.030

Participant 9: We had journal chemistry and live. We had.

521

00:53:04.370 --> 00:53:08.419

Participant 9: you know, quant with popular math and physics.

522

00:53:08.650 --> 00:53:13.969

Participant 9: and, for example, we had journal which called Health.

523

00:53:14.710 --> 00:53:29.840

Participant 9: Yeah, that was proper journal of medicine where medical doctors or near medical doctors discussed actual problems for patients.

524

00:53:30.220 --> 00:53:37.029

Participant 9: And for this journal, from 1 point of view, the reviewer was medical, professional.

525

00:53:37.190 --> 00:53:44.340

Participant 9: Yeah, just saying that this recommendation for treatment of arterial hypertension are correlated.

526

00:53:44.340 --> 00:53:45.050

Karen Gainey: Yes.

527

00:53:45.050 --> 00:53:46.050

Participant 9: 2.

528

00:53:46.220 --> 00:53:57.499

Karen Gainey: Actual recommendation of Minister of Public Health, for example, and from other point of view it was review, simple man.

529

00:53:58.180 --> 00:54:05.569

Participant 9: Usually right, and said, Yes, I understand 1, 2, 3, or I don't understand, and.

530

00:54:05.570 --> 00:54:05.990

Karen Gainey: Yes.

531

00:54:05.990 --> 00:54:08.220

Participant 9: From my point of view, such

532

00:54:08.450 --> 00:54:11.539

Participant 9: kind of organization is the best.

533

00:54:11.910 --> 00:54:16.039

Karen Gainey: Yes, understand, I can. I can.

534

00:54:16.220 --> 00:54:21.489

Karen Gainey: I don't want to be biased. I can understand the value in that. Yes.

535

00:54:21.490 --> 00:54:22.830

Participant 9: I understand generally.

Participant 9: the money stopped, and these journals close the main.

544

00:55:27.030 --> 00:55:27.530

Karen Gainey: Right.

545

00:55:27.530 --> 00:55:48.350

Participant 9: So it was a activity for some people who work in. For example, you are the doctor, but if you will go to factory and make election or actual medical appointment, it will be understandable. You will receive relevant money.

546

00:55:48.490 --> 00:55:50.719

Participant 9: and it was a system.

547

00:55:50.720 --> 00:55:51.900

Karen Gainey: Hmm, hmm.

548

00:55:51.900 --> 00:55:56.650

Participant 9: Was like a system of popularization, of science.

549

00:55:57.790 --> 00:56:02.819

Participant 9: And a lot of budget from state was spent for this girl.

550

00:56:03.050 --> 00:56:08.310

Participant 9: and in (Country) you don't see such money from state.

551

00:56:09.870 --> 00:56:11.986

Karen Gainey: So that would have been

552

00:56:14.220 --> 00:56:19.299

Karen Gainey: That was was that in the seventies and eighties.

553

00:56:21.180 --> 00:56:27.810

Participant 9: So it was 97. The last was in nineties, 18.th

554

00:56:27.810 --> 00:56:29.480

Karen Gainey: Yeah, yeah, okay.

555

00:56:29.480 --> 00:56:32.339

Participant 9: And after this everything was closed.

556

00:56:32.340 --> 00:56:35.039

Karen Gainey: Was closed. Yeah. And were those journals.

557

00:56:35.040 --> 00:56:40.310

Participant 9: But but the some materials still know if I find some old materials.

558

00:56:40.310 --> 00:56:40.720

Karen Gainey: Yeah.

559

00:56:40.720 --> 00:56:46.569

Participant 9: In the Internet, for example, or in library, some of them still extra.

560

00:56:46.570 --> 00:56:51.600

Karen Gainey: I bet. Yeah, it'd be hard to find, but they would be out there.

561

00:56:51.910 --> 00:56:55.349

Karen Gainey: Yeah. And were they things that could be available.

562

00:56:55.350 --> 00:57:06.769

Participant 9: So, for example, it was very useful form to to drive short information with pictures.

563

00:57:07.320 --> 00:57:07.840

Karen Gainey: Oh, yeah.

564

00:57:07.840 --> 00:57:14.010

Participant 9: Them on a wall with a little text, information, more pictures.

565

00:57:14.010 --> 00:57:14.520

Karen Gainey: Okay.

566

00:57:14.520 --> 00:57:15.540

Participant 9: And some.

567

00:57:16.110 --> 00:57:23.150

Karen Gainey: Yeah. Okay, cause some journals do that. Now. They have a like an infographic. They're starting.

568

00:57:23.150 --> 00:57:24.959

Participant 9: I know I know.

569

00:57:25.810 --> 00:57:34.459

Participant 9: About 2 2 years ago I had to make infographic summary for my articles, I think, into journals.

570

00:57:34.460 --> 00:57:36.490

Karen Gainey: Yeah, yeah. Yeah.

571

00:57:38.700 --> 00:57:39.700

Karen Gainey: How did you go?

572

00:57:40.241 --> 00:57:44.570

Participant 9: Yeah, I. I made this for several journals.

573

00:57:44.570 --> 00:57:45.480

Karen Gainey: Yeah, yeah.

574

00:57:45.480 --> 00:57:49.670

Participant 9: Time for me. It was for the 1st time for me it was very difficult

575

00:57:50.255 --> 00:57:57.959

Participant 9: so our article was approved, and I received, if you want to be published, you have to make graphical upstream.

576

00:57:58.340 --> 00:57:59.040

Karen Gainey: Oh, right!

577

00:57:59.040 --> 00:58:03.680

Participant 9: What I wrote to my colleague, one of quarters to taxes

578

00:58:04.698 --> 00:58:14.929

Participant 9: from (University). Very simple, and after she demonstrated, I understand, that it was in my childhood.

579

00:58:15.240 --> 00:58:16.639

Karen Gainey: Yeah, yeah.

580

00:58:17.180 --> 00:58:18.110

Participant 9: That off the.

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00:58:18.110 --> 00:58:18.900

Karen Gainey: Oh, interesting!

582

00:58:18.900 --> 00:58:24.039

Participant 9: The next article, and for me it was very easy to make a graphical Ops.

583

00:58:24.570 --> 00:58:35.130

Karen Gainey: Great, great. And and so I'm so interested. Thank you for sharing that about these journals. Were they available to the ordinary person?

584

00:58:36.660 --> 00:58:45.080

Karen Gainey: Were they able to to get these journals? Or did you have to be a doctor to get them? Did the those journals

585

00:58:45.660 --> 00:58:46.840

Karen Gainey: from the.

586

00:58:47.080 --> 00:58:51.889

Participant 9: So also, if you so oh, so the problem

587

00:58:52.780 --> 00:59:02.559

Participant 9: for (Country) is that there is only very little amount of doctors which can read English.

588

00:59:02.690 --> 00:59:06.810

Participant 9: and we are discussing English language journals.

589

00:59:06.810 --> 00:59:07.470

Karen Gainey: Yeah.

590

00:59:08.300 --> 00:59:09.730

Karen Gainey: So no, I mean the.

591

00:59:09.730 --> 00:59:10.130

Participant 9: From.

593

00:59:11.540 --> 00:59:13.630

Participant 9: I prefer to publish

594

00:59:13.740 --> 00:59:22.699

Participant 9: in journals which are published to open its ends. Yeah. So after publishing, you can see all.

595

00:59:23.150 --> 00:59:25.570

Karen Gainey: Yeah, information yeah.

596

00:59:25.570 --> 00:59:28.750

Participant 9: You know, there are 2 types of publishing.

597

00:59:28.750 --> 00:59:29.180

Karen Gainey: Yeah.

598

00:59:29.180 --> 00:59:30.979

Participant 9: I prefer open accent.

599

00:59:30.980 --> 00:59:31.920

Karen Gainey: Access yeah.

600

00:59:31.920 --> 00:59:38.739

Participant 9: But for for many (population) it is closed, due to language.

601

00:59:39.120 --> 00:59:40.670

Karen Gainey: Yeah, yeah.

602

00:59:41.070 --> 00:59:47.190

Karen Gainey: The ones from the (Country). Were they available to anyone?

603

00:59:47.670 --> 00:59:49.660

Karen Gainey: Those journals you spoke of.

604

00:59:49.660 --> 00:59:59.299

Participant 9: In in. (Country) there were, there was a lot of journals, International, which were translated to (language).

605

00:59:59.880 --> 01:00:05.609

Karen Gainey: So I mean those ones from the seventies and eighties, like the Health Journal, and those ones.

606

01:00:05.610 --> 01:00:06.280

Participant 9: Yeah.

607

01:00:06.280 --> 01:00:07.730

Karen Gainey: Could anyone get those.

608

01:00:07.730 --> 01:00:22.239

Participant 9: At least at least raise abstract, at least abstracts. You received for it. There was a special institute of Scientific information

609

01:00:22.880 --> 01:00:36.729

Participant 9: which every month, I think, published abstracts or (language) translated abstracts from leading journals for all specialties.

610

01:00:37.040 --> 01:00:40.300

Karen Gainey: Understood. And anyone could get that.

611

01:00:41.290 --> 01:00:44.080

Participant 9: It was state program.

612

01:00:44.640 --> 01:00:48.220

Participant 9: Yep, gotcha payment program.

613

01:00:48.220 --> 01:00:48.860

Karen Gainey: Wow!

614

01:00:48.860 --> 01:00:50.770

Participant 9: So state gap.

615

01:00:50.940 --> 01:00:51.560

Karen Gainey: Wow!

616

01:00:51.560 --> 01:01:01.599

Participant 9: So after. Yeah, after this, everybody can read short information, for example, from one set from cell

617

01:01:03.720 --> 01:01:04.390

Karen Gainey: Wow!

618

01:01:04.390 --> 01:01:10.180

Participant 9: In it was a state program of translation to (language)

619

01:01:10.390 --> 01:01:13.610

Karen Gainey: Okay, that's so interesting.

620

01:01:13.820 --> 01:01:17.350

Karen Gainey: Do you think that would work today?

621

01:01:17.860 --> 01:01:18.220

Karen Gainey: That's why.

622

01:01:18.220 --> 01:01:24.659

Participant 9: In those time (journal X and Y) was published in (language).

623

01:01:25.200 --> 01:01:26.109

Karen Gainey: Oh, yeah.

624

01:01:26.550 --> 01:01:29.040

Karen Gainey: So (Country) was one of the 1st

625

01:01:29.170 --> 01:01:33.849

Karen Gainey: languages, probably that journals were translated into.

626

01:01:35.480 --> 01:01:37.200

Participant 9: I don't know.

627

01:01:37.200 --> 01:01:37.670

Karen Gainey: Yeah.

628

01:01:37.670 --> 01:01:42.210

Participant 9: But I remember some numbers of science and ancient (language).

629

01:01:42.850 --> 01:01:49.480

Participant 9: I don't know. They translate it all or not, but there were some publications.

630

01:01:50.660 --> 01:01:55.600

Karen Gainey: It makes sense, I mean, as a country. You have such a history.

631

01:01:55.600 --> 01:02:04.819

Participant 9: For the same problem. I think you will receive in French speaking countries. That is, yeah, very big region

632

01:02:04.960 --> 01:02:07.669

Participant 9: for the world. Spanish.

633

01:02:08.090 --> 01:02:08.510

Karen Gainey: Yeah.

634

01:02:08.510 --> 01:02:09.149

Participant 9: Can't listen!

635

01:02:09.150 --> 01:02:09.610

Karen Gainey: Yes.

636

01:02:09.610 --> 01:02:16.300

Participant 9: Or something like China, India, Japan.

637

01:02:16.300 --> 01:02:17.519

Karen Gainey: South America.

638

01:02:18.210 --> 01:02:24.930

Participant 9: And South America is Latin or Portugalian. Speaking.

639

01:02:24.930 --> 01:02:30.309

Karen Gainey: Yeah, yeah, yeah, that's very interesting.

640

01:02:30.310 --> 01:02:38.579

Participant 9: From 1 point of view of today, international medical language is English.

641

01:02:38.780 --> 01:02:39.360

Karen Gainey: Yes.

642

01:02:39.360 --> 01:02:51.670

Participant 9: But there are too many local languages in countries with huge amount of people which are not English readers.

643

01:02:51.670 --> 01:02:54.230

Karen Gainey: Yes, yes.

644

01:02:55.390 --> 01:03:00.140

Karen Gainey: Do you have any thoughts on how? On solutions?

645

01:03:00.980 --> 01:03:03.380

Karen Gainey: She sounds like you think a lot about these.

646

01:03:03.380 --> 01:03:07.949

Participant 9: Any solution. I can't say that we just have such problem.

647

01:03:08.260 --> 01:03:10.789

Participant 9: Yeah, the big one, not only for (Country).

648

01:03:11.010 --> 01:03:13.320

Karen Gainey: It's a big one. Yeah, yeah.

649

01:03:13.320 --> 01:03:17.090

Participant 9: Generally big. One problem all over the world.

650

01:03:17.540 --> 01:03:22.570

Karen Gainey: It is, and those of us in the English speaking world, I think, forget

651

01:03:22.800 --> 01:03:27.850

Karen Gainey: that not everyone speaks English as their 1st language, and that's

652

01:03:28.300 --> 01:03:30.590

Karen Gainey: something I put my head up to.

653

01:03:31.350 --> 01:03:49.110

Participant 9: We are not speaking about English as the first. I said that I read some materials on your website for me, English is not mother language. For me materials are understandable for me. It's simple English.

654

01:03:49.110 --> 01:03:49.440

Karen Gainey: Yeah.

655

01:03:49.880 --> 01:03:54.220

Participant 9: Them, maybe not in details. But I can understand.

656

01:03:54.480 --> 01:03:55.150

Participant 9: But yeah.

657

01:03:55.150 --> 01:03:55.510

Karen Gainey: Good enough.

658

01:03:55.510 --> 01:04:00.200

Participant 9: Will give to main people in my country the.

659

01:04:00.200 --> 01:04:02.889

Karen Gainey: Oh, that's exactly right. Yeah, that's the difference.

660

01:04:02.890 --> 01:04:04.929

Participant 9: It will be not useful.

661

01:04:04.930 --> 01:04:08.260

Karen Gainey: Exactly. Yeah, yeah, that's right.

662

01:04:08.570 --> 01:04:10.059

Karen Gainey: That's the difference.

663

01:04:10.260 --> 01:04:11.200

Karen Gainey: Yeah.

664

01:04:11.200 --> 01:04:13.159

Participant 9: That is the difference.

665

01:04:13.160 --> 01:04:14.850

Karen Gainey: Yeah, yeah.

666

01:04:15.190 --> 01:04:17.439

Participant 9: And it is a very big problem.

667

01:04:17.730 --> 01:04:20.050

Karen Gainey: Yeah, yeah.

668

01:04:20.050 --> 01:04:31.120

Participant 9: So, for example, you have a (population) based data collection of medical journal, very big.

669

01:04:31.420 --> 01:04:34.159

Participant 9: which I'm not translated to English.

670

01:04:34.620 --> 01:04:35.060

Karen Gainey: Yeah.

671

01:04:35.060 --> 01:04:44.279

Participant 9: Think about only 10% in the scene in earlier, and else ever spent a lot of money

672

01:04:44.420 --> 01:04:46.120

Participant 9: for translation.

673

01:04:46.400 --> 01:04:54.530

Participant 9: Hmm, no, they're spending a lot of money, but only about 10%, as I think, are translated already.

674

01:04:54.970 --> 01:04:55.760

Karen Gainey: Yeah.

675

01:04:57.230 --> 01:04:58.010

Participant 9: No.

676

01:04:58.010 --> 01:05:05.130

Participant 9: Several times I helped, as a member of cocaine to people, for example, from Double Beach, or to take.

677

01:05:05.450 --> 01:05:08.039

Participant 9: Information from (language).

678

01:05:08.040 --> 01:05:08.420

Karen Gainey: Right.

679

01:05:08.420 --> 01:05:09.410

Participant 9: Insurance.

680

01:05:09.410 --> 01:05:10.210

Karen Gainey: Right.

681

01:05:10.420 --> 01:05:12.199

Participant 9: Yeah, I saw that was one of your.

682

01:05:12.200 --> 01:05:14.689

Participant 9: They are very useful.

683

01:05:14.690 --> 01:05:15.020

Karen Gainey: Yeah.

684

01:05:15.020 --> 01:05:17.399

Participant 9: They are not understandable for them.

685

01:05:17.890 --> 01:05:18.320

Karen Gainey: Yes.

686

01:05:18.320 --> 01:05:28.069

Participant 9: Same problem with China, with Portugal and other other languages. There are too many

687

01:05:28.220 --> 01:05:33.569

Participant 9: scientific societies all over the world, and medical societies.

688

01:05:34.340 --> 01:05:34.750

Karen Gainey: Yeah.

689

01:05:34.750 --> 01:05:41.460

Participant 9: Okay when you will, came to Israel. I think all medical workers are new English.

690

01:05:42.150 --> 01:05:43.020

Karen Gainey: Okay.

691

01:05:43.820 --> 01:05:51.030

Participant 9: Because only 25% of medicals received education in country.

692

01:05:51.570 --> 01:05:51.910

Participant 9: Yeah.

693

01:05:51.910 --> 01:06:04.740

Participant 9: not enough medical institutes. Medical Institute in Tel Aviv is just the copy of American Institute, and the main education is in English.

694

01:06:05.330 --> 01:06:05.760

Participant 9: Oh.

695

01:06:05.760 --> 01:06:16.849

Participant 9: the University in Berkshire. The part of education is in English because they are not. They don't have some specialists inside the country.

696

01:06:16.850 --> 01:06:17.430

Participant 9: Oh, wow!

697

703

01:06:37.630 --> 01:06:40.879

Participant 9: Maybe in local countries of Europe

704

01:06:41.190 --> 01:06:50.490

Participant 9: are also the same situation, and as smaller counter is, then more people can speak English.

705

01:06:51.560 --> 01:06:59.860

Participant 9: So when you come to (Country) or (Country), it's very difficult to find anyone to speak how to go

706

01:07:00.230 --> 01:07:10.760

Participant 9: or what does it write it in menu? It is very difficult to understand sometimes, but when you are in (Country),.

707

01:07:10.910 --> 01:07:17.963

Participant 9: or (Country), or (Country),, there are everybody speaking English.

708

01:07:18.580 --> 01:07:22.649

Karen Gainey: Yes, some countries more so than others. Yes.

709

01:07:22.850 --> 01:07:27.470

Karen Gainey: and I was speaking to somebody, an editor from (Country),

710

01:07:27.580 --> 01:07:34.079

Karen Gainey: who was pointing out that some medical jargon doesn't translate very well

711

01:07:34.300 --> 01:07:37.439

Karen Gainey: into other languages. So that can be a problem.

712

01:07:40.330 --> 01:07:45.580

Karen Gainey: There's no version of certain words in in some languages.

713

01:07:47.750 --> 01:07:52.369

Participant 9: I don't know such problem in medicine.

714

01:07:52.500 --> 01:07:57.250

Participant 9: but it is very big problem in literature.

715

01:07:59.705 --> 01:08:06.600

Participant 9: Zoom, if you will see, apply separation, translation.

716

01:08:06.760 --> 01:08:15.729

Participant 9: All our translations prefer (language) or (language), or in not English.

717

01:08:17.270 --> 01:08:29.640

Participant 9: So for literature. Even with speaking about poems, it is very difficult, and that does not correspond in languages. They're very, very different.

718

01:08:30.840 --> 01:08:31.410

Karen Gainey: Oh! So!

719

01:08:31.410 --> 01:08:36.370

Participant 9: And science in science, and I don't have such problems.

720

01:08:36.750 --> 01:08:41.100

Participant 9: So I have both articles in (language) and in English.

721

01:08:41.319 --> 01:08:41.639

Karen Gainey: Yeah.

722

01:08:41.640 --> 01:08:54.190

Participant 9: When I write English, but but when I write in English articles I started them to write in English, because it is different construction of sentence.

723

01:08:54.649 --> 01:08:55.259

Karen Gainey: Yes.

724

01:08:55.279 --> 01:08:57.699

Participant 9: Different types of money.

725

01:08:57.960 --> 01:08:58.490

Karen Gainey: Yes.

726

01:08:58.490 --> 01:09:06.219

Participant 9: And sometimes when I read several articles in (language) I say it's direct translation. It's not (language).

727

01:09:07.000 --> 01:09:07.740

Karen Gainey: Yeah.

728

01:09:07.740 --> 01:09:09.470

Participant 9: English and (language).

729

01:09:09.470 --> 01:09:11.829

Karen Gainey: Yeah, right? Cause the way the center.

730

01:09:11.830 --> 01:09:14.850

Participant 9: Understandable, but it is.

731

01:09:16.450 --> 01:09:18.090

Karen Gainey: Not quite right.

732

01:09:18.210 --> 01:09:22.629

Participant 9: I wore good gum.

733

01:09:22.970 --> 01:09:23.450

Karen Gainey: Yeah.

734

01:09:23.450 --> 01:09:26.390

Participant 9: Something like this. So you can understand.

735

01:09:26.399 --> 01:09:29.719

Karen Gainey: It out. But it's not quite right. Yeah.

736

01:09:29.720 --> 01:09:31.290

Participant 9: But that is not correct.

737

01:09:31.290 --> 01:09:32.580

Karen Gainey: Yeah, understood?

738

01:09:32.580 --> 01:09:47.240

Participant 9: And so it is. 1st my point. So, and also my point. When I write articles in English, I use somebody as coalters of native English.

739

01:09:48.710 --> 01:09:59.329

Participant 9: People sometimes. Then I write my idea some things people correct it. Sometimes they ask, what did you mean?

740

01:10:00.916 --> 01:10:01.530

Karen Gainey: yeah.

741

01:10:01.530 --> 01:10:03.809

Participant 9: After this I'll explain.

742

01:10:03.810 --> 01:10:04.460

Karen Gainey: Yeah.

743

01:10:04.460 --> 01:10:12.940

808

01:14:18.660 --> 01:14:19.000

Karen Gainey: Good.

809

01:14:19.000 --> 01:14:26.670

Participant 9: So, my, thank you for you, because also for me, it was very easy to understand. Here.

810

01:14:26.670 --> 01:14:36.900

Karen Gainey: Oh, good! I'm pleased, and thank you for your time. Was there anything else you thought we should cover that we haven't covered

811

01:14:37.340 --> 01:14:39.799

Karen Gainey: about the patient summaries.

812

01:14:40.740 --> 01:14:45.649

Karen Gainey: I mean, you've you've covered so much. I really appreciate your time.

813

01:14:46.000 --> 01:14:46.725

Karen Gainey: And

814

01:14:47.870 --> 01:14:55.080

Karen Gainey: yeah, thank you again for replying and organizing.

830

01:16:15.770 --> 01:16:21.059

Karen Gainey: Well, thank you again. I really appreciate it, and you take care.

831

01:16:21.060 --> 01:16:29.159

Participant 9: As a final comments for me. It will be very interesting to cooperate with your organization in future.

832

01:16:29.340 --> 01:16:30.400

Karen Gainey: Yeah, sure.

833

01:16:30.400 --> 01:16:32.289

Participant 9: So, yeah.

834

01:16:32.290 --> 01:16:35.680

Karen Gainey: Did I send you to our website?

835

01:16:36.770 --> 01:16:39.639

Participant 9: You sent me your website.

836

01:16:39.640 --> 01:16:40.350

Karen Gainey: Good.

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01:16:40.350 --> 01:16:49.599

Participant 9: So let's let things about the ways of cooperation, because you are really doing the things which I did in (Country)

838

01:16:49.710 --> 01:16:52.809

Participant 9: many things are parallel.

839

01:16:53.060 --> 01:16:54.240

Participant 9: Wow! That's great.

840

01:16:54.240 --> 01:16:59.830

Participant 9: I'm more I'm more doing for near medical.

841

01:17:00.010 --> 01:17:00.540

Karen Gainey: Yeah.

842

01:17:00.540 --> 01:17:03.840

Participant 9: But general idea is the same.

843

01:17:03.840 --> 01:17:04.300

Karen Gainey: Yeah.

844

01:17:04.300 --> 01:17:11.110

Participant 9: Translate specific information for more huge people.

845

01:17:11.720 --> 01:17:19.529

Karen Gainey: Yeah, yeah. Well, our group does a lot of things with, shared decision making

846

01:17:19.660 --> 01:17:35.010

Karen Gainey: and work with people with low health literacy and all sorts of different groups. So anyway, you can see on the website, there's a lot of different projects.

847

01:17:35.010 --> 01:17:35.570

Participant 9: No.

848

01:17:35.570 --> 01:17:38.150

Karen Gainey: Yeah, yeah, so keep in touch.

849

01:17:38.150 --> 01:18:07.289

Participant 9: So let's look for future ways for cooperation. So I'm open to be cooperated with you because I knew what is simplification of information, and I made a lot of these. I have some experience of not good decisions. Sometimes we had to correct our materials.

850

01:18:07.780 --> 01:18:13.480

Karen Gainey: Did you find on the website a tool called The Shell editor?

851

01:18:15.350 --> 01:18:16.680

Participant 9: No, I think not.

852

01:18:17.538 --> 01:18:22.050

Participant 9: Send you a link just looked for several published materials.

853

01:18:22.050 --> 01:18:23.339

Karen Gainey: I'll send you a link.

854

01:18:23.340 --> 01:18:32.080

Participant 9: That you. I just looked that you have received a lot of grants. I looked

855

01:18:32.360 --> 01:18:37.360

Participant 9: that you have some interest in international publications.

856

01:18:37.960 --> 01:18:38.560

Karen Gainey: Yeah.

857

01:18:39.142 --> 01:18:45.550

Participant 9: The good international publications. And I just look for several simple

858

01:18:45.950 --> 01:18:52.860

Participant 9: publications and really informatic, simple and useful.

859

01:18:53.300 --> 01:19:08.460

Karen Gainey: Great well. A few of the researchers in the lab developed a tool that can be used to help with developing a written information in plain language.

860

01:19:08.900 --> 01:19:29.670

Karen Gainey: so I'll send you a link to that, and it's got very simple instructions on how to use it. But you just copy and paste the text into the editor, and it'll give you things like the reading level. Have you used passive.

861

01:19:29.750 --> 01:19:43.629

Karen Gainey: passive language or active language jargon, complex language, and give you a lot of statistics? It can be very useful. So yeah.

862

01:19:45.310 --> 01:19:51.769

Participant 9: Great tool so for me is a

863

01:19:52.280 --> 01:20:08.170

Participant 9: is not so difficult, active, passive, but as oh, just a moment.

864

01:20:11.790 --> 01:20:17.270

Participant 9: Constructions are like reading book, or reading book.

865

01:20:17.800 --> 01:20:18.120

Karen Gainey: Yeah.

866

01:20:18.120 --> 01:20:21.890

Participant 9: I don't remember how it called in English, but

867

01:20:22.010 --> 01:20:41.850

Participant 9: such constructions, or the book had written differentiation in time of these constructions, for for me at something like which is not in my mind at all, because in (Country) we don't have such constructions at all.

946

01:26:54.870 --> 01:27:00.209

Karen Gainey: okay, okay, thank you so much. Again, for your time. I really appreciate it.

947

01:27:00.210 --> 01:27:03.550

Participant 9: Have a good, have a have a good evening, and let's.

948

01:27:03.550 --> 01:27:03.940

Karen Gainey: 2.

949

01:27:03.940 --> 01:27:07.940

Participant 9: Like for look for future cooperation. I think.

950

01:27:07.940 --> 01:27:08.360

Karen Gainey: Yeah.

951

01:27:08.360 --> 01:27:14.059

Participant 9: Thank you for that. If you have some more questions, you I'm open.

952

01:27:14.430 --> 01:27:15.500

Participant 9: Oh, yeah.

953

01:27:16.130 --> 01:27:25.740

Karen Gainey: Sure. And I I wanted to ask would you like a copy of the Transcript to check or clarify anything in.

954

01:27:25.740 --> 01:27:29.070

Participant 9: Okay, okay, you like that, please, sir. Yeah, sure.

955

01:27:29.070 --> 01:27:35.450

Karen Gainey: I can do that. Yeah, no problem. I'll send that in the next day or 2 for you. Just the raw.

956

01:27:35.550 --> 01:27:36.840

Karen Gainey: raw copy.

957

01:27:37.950 --> 01:27:38.640

Participant 9: Okay.

958

01:27:38.640 --> 01:27:46.010

Karen Gainey: That's okay. And if there's anything you want to clarify or check you can send it back to me. Yeah.

959

01:27:46.390 --> 01:27:49.120

Participant 9: Okay, oh, perfect.