



Letter to the Editor AMJ 2010, 3, 12.

1. Plagiarism: prevention and detection

Corresponding Author:

Santosh Rai
MBBS, MS, FMIS
Assistant Professor, Dept. of Surgery,
Rural Medical College, Pravara Institute of
Medical Sciences (Deemed University), Loni,
Maharashtra, India. Pin- 413 736
Email-santosh_win@yahoo.com
Contact- +91-9503232263

Dear Editor,

Plagiarism, a form of serious scientific misconduct is quickly becoming part of our educational culture with the advent of internet. Google and the various other search engines which once used to be a sole source of information database for scientific researchers has now been caught in the glimpse of a few who have been using this gift of science erroneously and iniquitously. Modern plagiarism has taken many new forms; now it's not just cut, copy and paste, but cut, copy, paste with a little rephrasing. The factors that influence students to plagiarize are their poor research skills, high parental pressure regarding attainment of good grades in school/college, poor time management skills, encouragement from their peers to indulge in such type of demeaning and demoralizing activities. For a few it's just money, fame, power, promotion in the institution or an itch to establish their superiority over their contemporary researchers and thus establish themselves in the league of leading scientists involved in some frontline research activity. However, for most of them, the basic problem lies in the lack of awareness of the issues and those who do know are seldom aware of the seriousness of the offence and the possible consequences which await them.

The most imperative steps towards preventing plagiarism are those taken to address its causes. The strategies aimed in reducing plagiarism should be addressed towards becoming aware of the reasons as to why plagiarism occurs, to identify its different yet diversified forms and lastly to integrate plagiarism prevention techniques like anti plagiarism software's etc. into the system. There are many established governing bodies like ORI, USA and Committee On Publication Ethics (COPE), UK to keep a check on plagiarism. Sadly, India still does not have any formal government mechanisms either in higher education or R&D sectors despite the most celebrated case known in 1985¹. Lessons of dexterity and competence should be learnt from these proficient agencies to tackle the spread of this misconduct locally. All the parties involved in the dissemination of scientific knowledge

definitely have a role to play in the prevention, detection, and investigation of plagiarism. Goggle as today is probably the most popular search engine for plagiarizing articles as well as an effective tool to detect the same. Just as the local health workers working in primary health centers (PHCs), sub-centers (SC) promoting health and serving the needs of majority of the population, similarly the concept of introducing volunteers or local/ amateur researchers for scrutinizing and surveying every single article that has been sent for publication/ submission as a part of degree criteria etc should be introduced. The senior editors due to lack of time often do not dissect a research article to the depths with thorough relevant search of similar article and thus missing on the point of plagiarism. However by recruiting young and dynamic researchers, this problem can be tackled to some extent. In the past detection of plagiarism was merely coincidental; however the advent of powerful new software technologies can now systematically search through millions of articles available online and select those with matching patterns of text^{2,3}. These steps can lead to the detection of particularly egregious cases and the discovery of repeat offenders³. For journal editors to enhance the impact and prestige of their scientific magazine, it is utmost necessary for their team to adopt such prevention techniques into their system. Research institutions, funders, professional organisations and regulatory agencies should aim to cultivate a scientific environment defined by integrity, in order to serve the public interest. Even with the best possible interventions to eradicate plagiarism, it will never be possible to eliminate unethical practices in the research conduct, recording and reporting of science anywhere in the world; but could at best minimize their incidence. If prompt measures are not taken every time when an article is found plagiarized, the day is not far when this scourge would affect every aspect of science and making a mockery of research.

Sincerely,

Santosh Rai¹, Piyush Kalakoti², Syed M M Aarif², Sankalp Yadav², Manika Sharma³, Rishi Jain¹, Gaurav Kalra¹, Deepak Singh², Shikha Shrivastava²,

¹Dept. of Surgery; ²-Medical student
Rural Medical College, Pravara Institute of Medical
Sciences (Deemed University), Loni, Maharashtra, India

³-Student,
International Institute of Health Management Research,
New Delhi, India.



References

1. Satyanarayana K. Plagiarism: a scourge afflicting the Indian science. *Indian J Med Res* 2010; 131: 373-376
2. Cross M. Policing plagiarism. *BMJ* 2007; 335(7627):963-4.
3. Errami M, Garner H. A tale of two citations. *Nature* 2008; 451(7177):397-9.

2. Consumers Preferences of Oral Solid Dosage Forms

Corresponding Author:

Inas Rifaat Ibrahim, M.Sc. Candidate,
Discipline of Social and Administrative
Pharmacy,
School of Pharmaceutical Sciences, Universiti
Sains Malaysia,
11800 Penang,
Malaysia.
Email: phm.enas@yahoo.com

Dear Editor,

Preferences of oral solid dosage forms (OSDF) in the modern pharmaceuticals seem to be the field in which the data is scarce. This type of pharmaceutical formulations constitutes about two-thirds of the prescribed medicines and due to their convenient use; they are the preferred route of administration for both physicians and consumers now a day. (1) Beyond the direct pharmacological effect of medicines; preferences toward the general appearance of OSDF has an impact on treatment acceptance and may influence the recovery and detract adherence with the prescribed treatment. The general appearance of OSDF comprises evaluation of attributes like color, shape, size, and taste.

In the present pilot study, self-administered questionnaires were distributed among consumers while purchasing their medicines at community pharmacies in Baghdad, the capital of Iraq. Consumers were conveniently recruited from community pharmacies with regard to the geographical areas of the city; North, South, West, East, and Centre. Samples of different OSDF were shown to the consumers on a black pad to determine their preferences toward a particular form. The research obtained approval from Syndicate of Iraqi pharmacists. Sampling frame was defined as any consumer visiting community pharmacy in Baghdad to purchase medicine; above age 18; and not too ill to complete the questionnaire. Given the fact that consumers are the end users of medicines and their preferences may influence comply with treatment, findings from this study would help the pharmaceutical industries in developing a successfully and friendly product.

Of the 60 consumers who participated in the study, 35 (58.3%) were males. The mean age of the all participants was 40.2 (± 14.36). The study revealed that 25 (41.7%) of consumers preferred capsule to be their oral solid medication, also capsule perceived to be the easiest form in swallowing. Consumers were asked to report reasons for the preferences of a particular OSD. It was noticed that previous experience was the most documented reason by 46 (76.7%) of consumers. The media was the other reason by 7 (11.7%); family and friends was documented by 6 (10.0%); and finally the pharmacist effect 1 (1.7%).

With regard to the colour attribute of OSDF; 25 (40%) of consumers preferred coloured OSDF. The most preferred colours were green, blue, red, and orange. However, 22 (38.3%) preferred the non-coloured OSDF and 13 (21.7%) did not matter the colour of OSDF. For the shape attribute of OSDF; round shape was preferred by 21 (35%), oval was preferred by 14 (23.3%), and 25 (41.7%) did not matter the shape attribute. None of the consumers preferred the diamond shape. For the size attribute; the medium size was preferred by 31 (51.7%), small size 13 (21.7%), and big size 2 (3.3%). While, 14 (23.3%) of consumers did not matter the size of OSDF. For the taste of OSDF; two thirds of consumers 40 (66.7%) preferred their oral solid medication to be without any taste, sweet taste was preferred by 16 (26.7%), bitter taste was preferred by 3 (5%), and 1 (1.7%) of the consumers preferred orange taste.

Overall, the highest rated important attributes for the consumers to be considered by the pharmaceutical industries was the formulation design of OSDF, followed by size, colour, shape, and taste.

According to the results of this pilot study, the preferred OSDF is capsule. The ideal dosage form should be coloured, round in shape, medium in size, and without any taste. Preferences toward OSDF should be considered by health care providers in treatment adherence programs. These findings can help the pharmaceutical industries to understand consumers' preferences in manufacturing a successful and friendly product.

ACKNOWLEDGEMENTS

We would like to thank all the pharmacists who allowed the researchers to interview consumers at their own pharmacies in Baghdad. Further, we would like to thank all the participants for their time to fill up the questionnaires. Financial support for this study was provided by Universiti Sains Malaysia (USM-RU-PRGS).

Sincerely,

Inas Rifaat Ibrahim^{1,*}, Mohamed Izham M.I.¹, & Mahmoud Al-Haddad¹



[*] Inas Rifaat Ibrahim
M.Sc. Candidate,
Discipline of Social and Administrative Pharmacy,
School of Pharmaceutical Sciences,
Universiti Sains Malaysia

[¹] Discipline of Social and Administrative Pharmacy,
School of Pharmaceutical Sciences,
Universiti Sains Malaysia

3. National Workshop on the Medical Humanities: Familiarizing the discipline in Nepal

Corresponding Author:

Dr. P. Ravi Shankar
KIST Medical College
P.O. Box 14142, Kathmandu
Nepal
[Email@address: ravi.dr.shankar@gmail.com](mailto:ravi.dr.shankar@gmail.com)

Dear Editor

Medical humanities uses subjects like literature, painting, anthropology, history, sociology and others traditionally known as the humanities to pursue medical educational goals. Medical Humanities (MH) programs are not common in Nepal and South Asia. In Nepal, a voluntary MH module was conducted at Manipal College of Medical Sciences (MCOMS), Pokhara. Modules have been conducted for first year medical students and faculty and medical officers at KIST Medical College (KISTMC).

College of Medical Sciences (COMS), Bharatpur, Nepal conducts undergraduate, postgraduate and postdoctoral courses in medicine and nursing. To sensitize faculty members of medical schools in Nepal, medical and other health science students to MH a one-day national workshop on MH was organized at COMS, Bharatpur on 26th September, 2010. Information about the workshop was sent to all medical schools in Nepal; the flyer was also circulated on the Nepal Health Research Network, an online discussion group about health problems of the country and health-related research.

There were a total of 26 participants from COMS, MCOMS, KISTMC and Nobel Medical College, Biratnagar. From COMS there were medical school faculty members, doctors doing internship, postgraduates, medical and nursing students. The workshop was held in the Pharmacology practical hall. Participants were divided into three small groups each named after a famous personality in MH and having faculty members, postgraduates, doctors, medical and nursing students.

We were the resource persons and Mr. Kadir Alam from MCOMS was a volunteer. The workshop started with a pre-test where participants' knowledge and perception about MH was studied by noting their agreement with a set of 25 statements using a modified Likert-type scale. The learning modalities used were group work, group presentations, facilitator inputs, short presentations by facilitators, role

plays, interpretation of paintings and brainstorming sessions. The workshop started with an Introduction of the facilitators and MH. After this participants were divided into pairs and each participant talked to his/her partner and introduced him/her to the house under specific headings.

This was followed by an activity where groups looked at the painting 'He can no longer at the age of 98' by the Spanish painter, Francisco Goya and answered the questions 'What do you see' and 'What do you feel'. One group presented their interpretation to the house. The next session concentrated on the advantages of learning MH by health science students. There was first a brainstorming session followed by a presentation by the facilitators. There were frequent recaps by groups to keep the session on track and for participants to understand what had been covered. Using interaction to facilitate learning and the small group life cycle were discussed in detail.

Then there was a session on 'The patient' that used interpretation of paintings and role-plays to explore the patient perspective on sickness. After lunch the session was on 'The doctor-patient relationship'. There was a creative space where participants could show their talents. Then MH programs in developed and developing nations were discussed. One of the groups was then selected by draw of lots to play a game of crossing a snake pit using 'magic' boards. The other two groups closely watched how the first group tackled the problem. This session practically demonstrated the small group life cycle which had been described earlier.

The last activity was for participants to design an action plan for initiating and conducting a MH module in a Nepalese medical school. The points to be covered were why the school needs a MH program, subjects to be covered, learning approaches, possible hurdles, evaluation methods (of the module and the participants) and other points which the group felt were important. The groups got 25 minutes to prepare and each group presented it to the house in 5 minutes using flip charts. The workshop concluded with 'Take home' messages by a participant, synopsis by facilitators and a post-test.

Senior professors, postgraduates, faculty members and students worked harmoniously to solve given tasks. This is not usually the case in South Asia where there is a big gap between students and faculty and between junior and senior faculty members. This could possibly be the first MH workshop in South Asia. The workshop introduced participants to MH and built networks among people interested in MH. We plan to have a follow up workshop to equip participants with skills necessary to facilitate MH sessions so that they can act as facilitators for MH modules in different medical schools and especially at COMS, Bharatpur.



ACKNOWLEDGEMENTS

The authors would like to acknowledge the management of College of Medical Sciences, Bharatpur for their financial and logistic support to the workshop

Sincerely

Shankar PR, Subish P & Paudel R.

KIST Medical College
P.O. Box 14142, Kathmandu
Nepal
