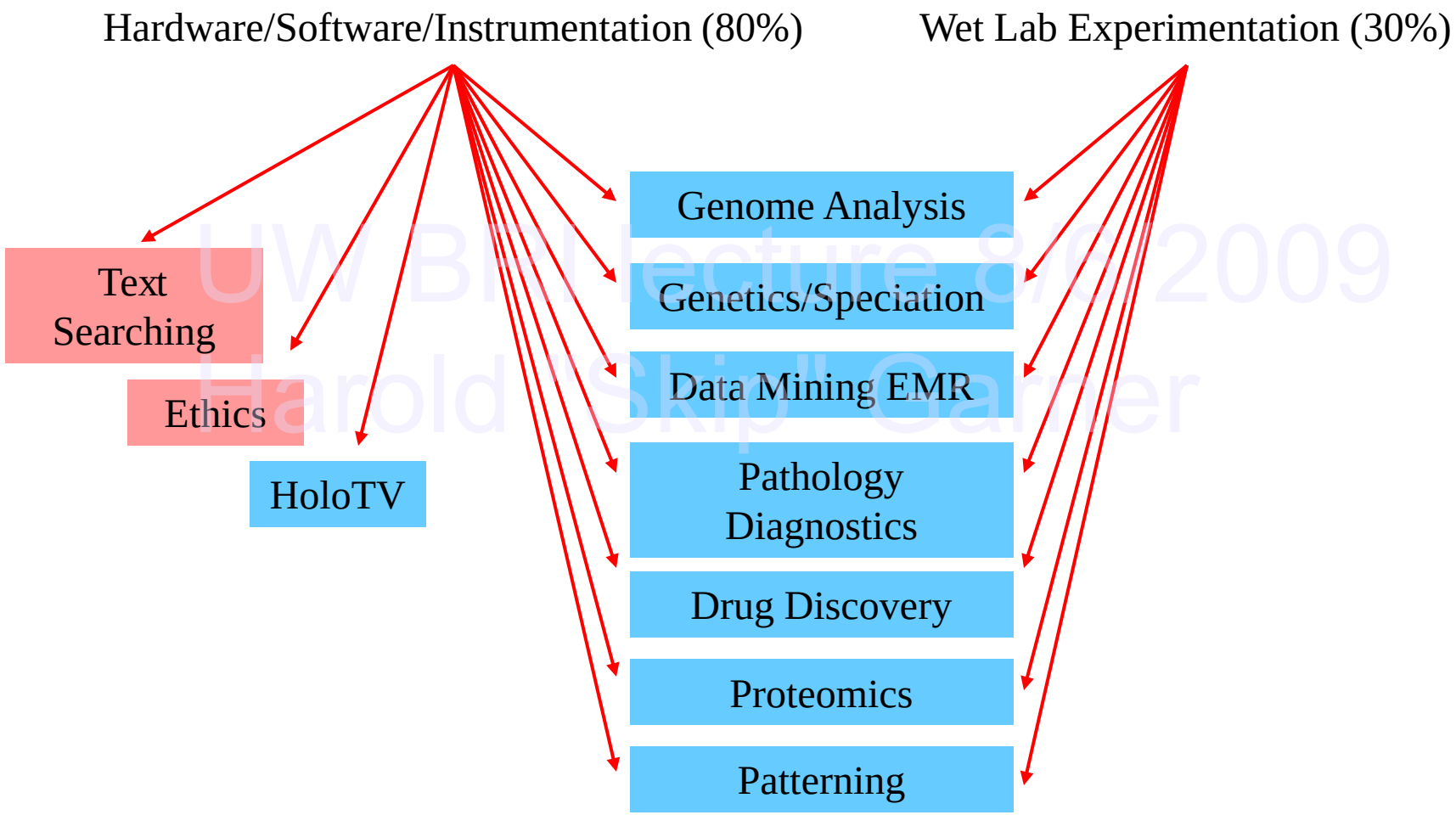
Characterizing Publication Integrity

Skip Garner reporting for the team- Mounir Errami, Tara Long, Angela George and Johnny Sun.

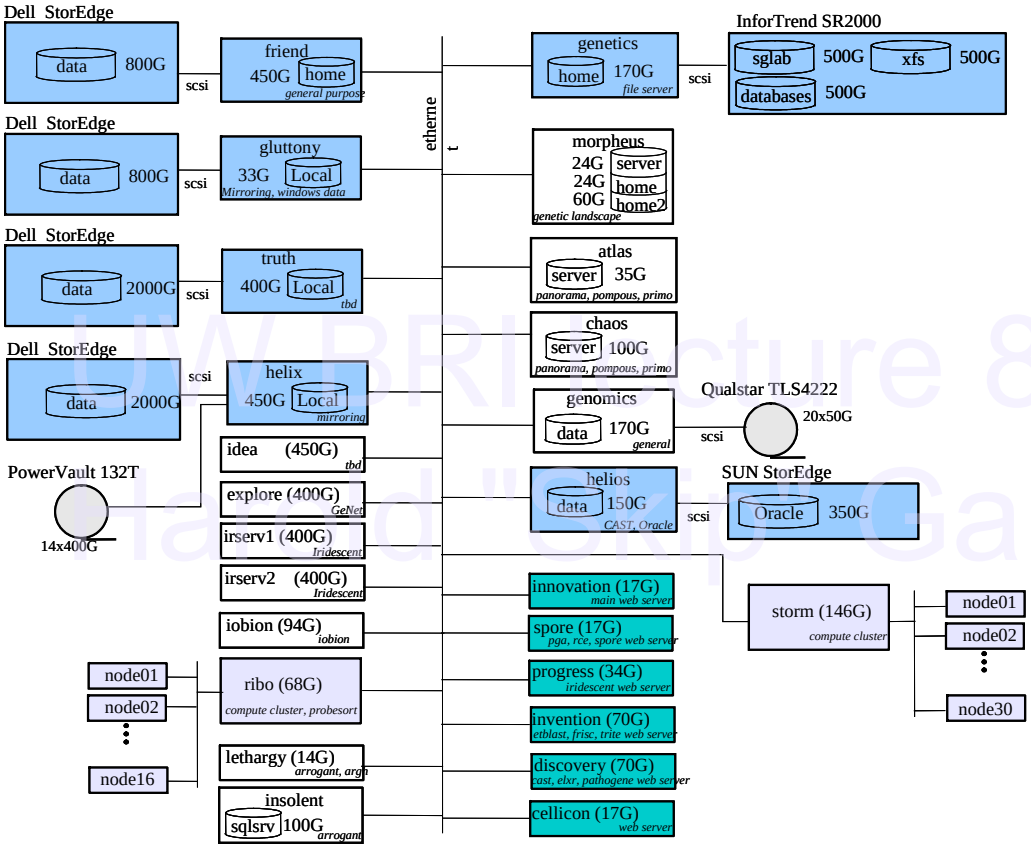
Mission and Vision for the Innovation Laboratory

- The lab develops applied computational biology/bioinformatics and instrumentation applications focused to address topics in biomedical research: cancer, heart disease, drug discovery, biodefense, basic biology, computer science and engineering.
- The lab's goal is to impact medicine, biomedical research and the state of knowledge through development, operation, and use of advanced biocomputing technologies.

Innovation Lab Project Areas – basic and clinical research



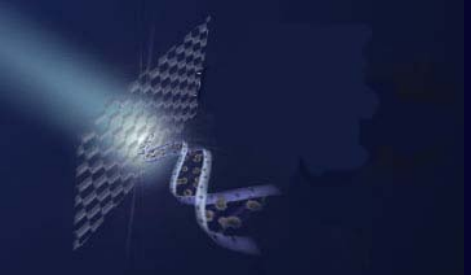
A network of clusters and dedicated servers enable us to compute.



- 32 bit clusters – Dell 300, 40, 40, 20, several 4 core machines
- 64 bit clusters – Sun 32 and 24 core machines
- ~75 Tb storage (in addition to drives in machines)

We have created web-based software 40,000+ accesses/mo., you may like to try some of them

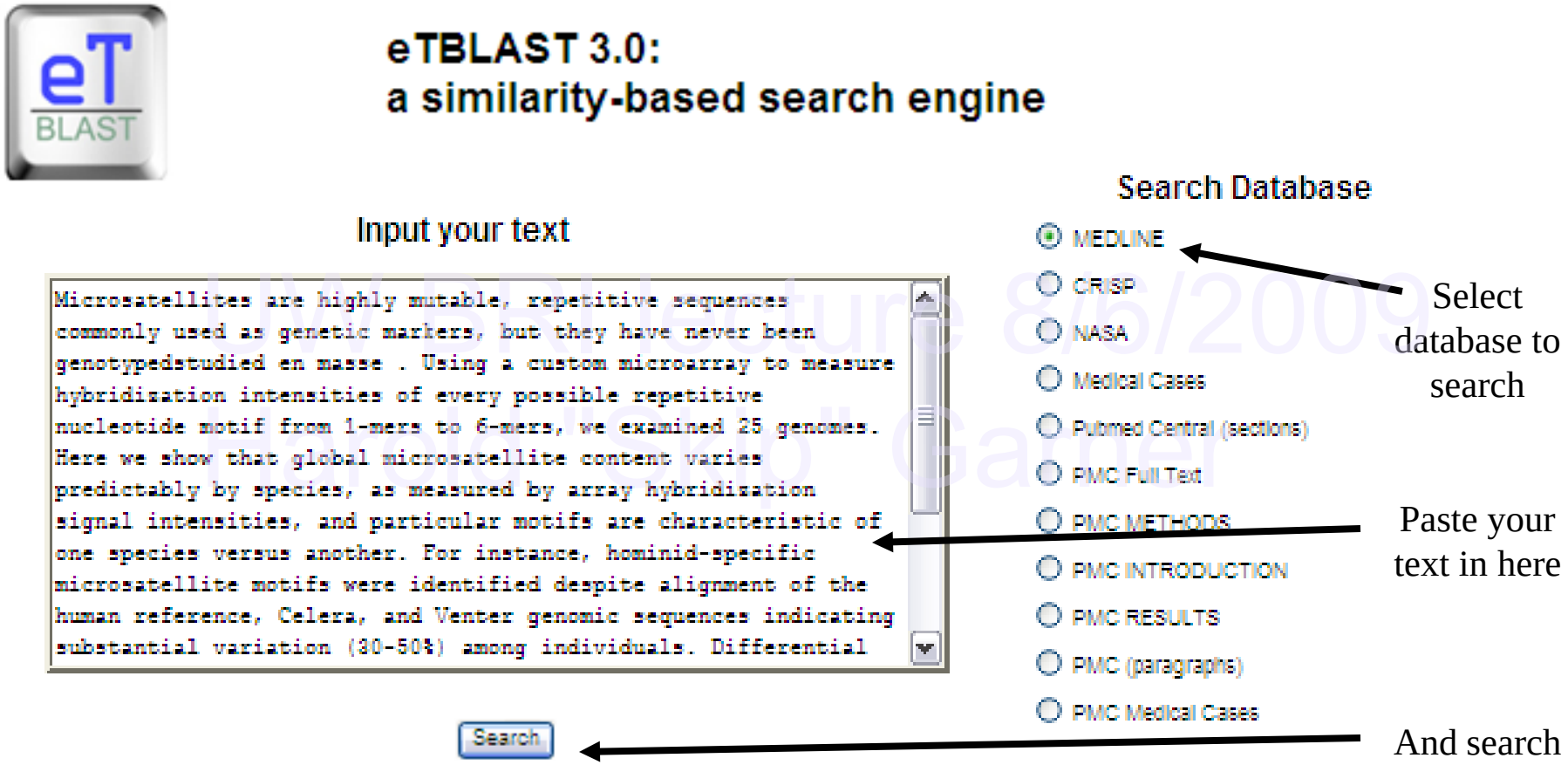
- eTBLAST, FRISC, TRITE, RIC, ARGH, IRIDESCENT – Text searching, data mining and knowledge discovery tools.
- Eremorph – Gene centric microsatellite and SNP predictions of impact.
- PathoGene – ORF finder and primer designer for all microbes, fungi.
- HomologeneP – A database of homologous genes in microbes, fungi.
- Databases – SporeBase (Cancer), XanaBase (Pathology), Déjà vu (Ethics).
- Local BLAST Server – UTSW BLAST utility for comparison against EST/cDNA/RefSeq sequences from UTSW microarrays, specialized collections and BioThreat work.
- MarC-V, Signal, ARROGANT, PANORAMA, POMPOUS, SNIDE, SNPCEQer, PCR now, SiR, Nome della Proteina, Instant Array, Pathogen Human Immune System Genes Database/Virulence database
- Mass spec and Array design, analysis and interpretation pipeline …….



Text Similarity Searching

For improved access to biomedical databases

eTBLAST, a free on-line tool has a simple Google-like interface.



Access the resource at: etblast.org or http://etest.swmed.edu/etblast3/

eTBLAST results are linked to the full abstract and other tools, of value while writing, reviewing or studying

eTBLAST 3.0:
a similarity-based search engine

Current version | Previous version | Pair Comparison | For clients | My eTBLAST | APIs

Analyze the results with a post-processor:

Find Expert | Find Journal | Publication History | Implicit Keyword

View query
Query keywords

Most Similar Matches in MEDLINE:

Score of self comparison: 796.216

Relevancy Threshold (Similarity ratio = 0.56). Entries above here have an unusual level of similarity

1 Perceptions of plagiarism in the use of other authors' language. Score: 174.95 Ratio:0.22
K Julliard. Family medicine, 1994, Jun, , 26(6): 356-60. PMID: 8050656

2 Nobel Prize winners for literature as palliative for scientific English. Score: 163.06 Ratio:0.2
S Sri Kantha. Croatian medical journal, 2003, Feb, , 44(1): 20-3. PMID: 12590423

3 Plagiarism. Score: 143.38 Ratio:0.18
JE Skandalakis, P Mirilas. Archives of surgery (Chicago, Ill. : 1960), 2004, Sep, , 139(9): 1022-4. PMID: 15381625

4 Editorial independence at medical journals owned by professional associations: a survey of editors. Score: 132.86 Ratio:0.17
RM Davis, M Müllner. Science and engineering ethics, 2002, Oct, , 8(4): 513-28. PMID: 12501720

5 Digital plagiarism--the Web giveth and the Web shall taketh. Score: 130.26 Ratio:0.16
JM Barrie, DE Presti. Journal of medical Internet research, , , , 2(1): E6. PMID: 11720925

Score: 124.44

Some related tools and private access areas for clients

Some post-processors that analyze the returned 'hits'

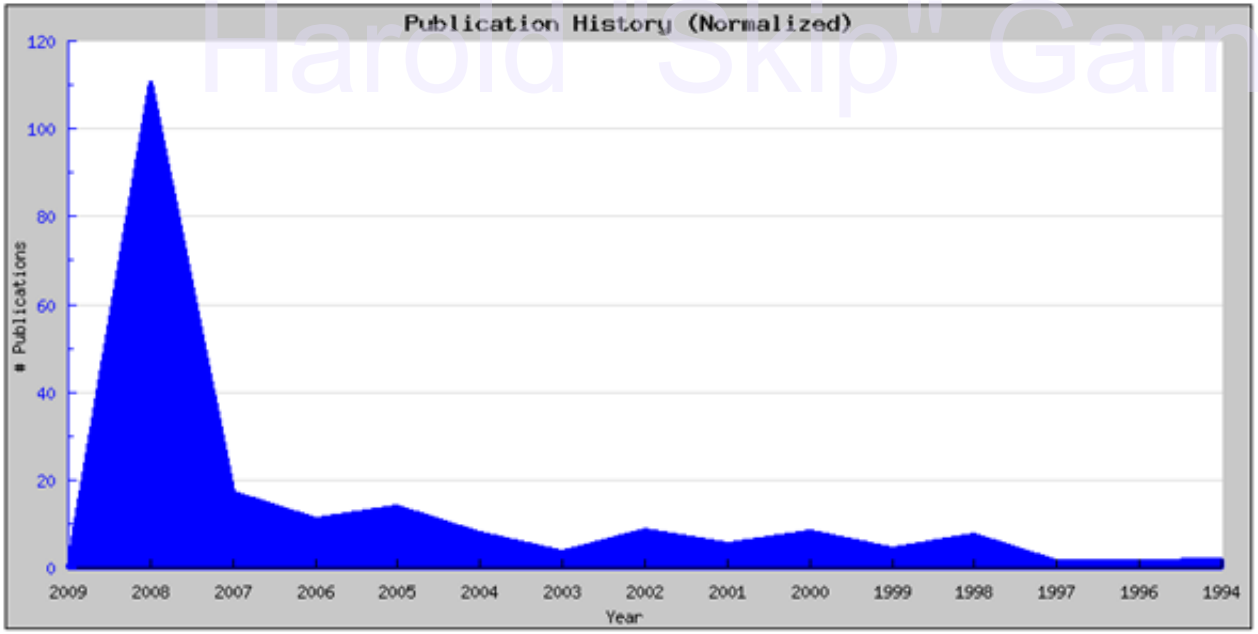
Raw self-similarity score of query

Most similar record

Raw similarity score between query and this record

Exploiting the post-processors for potential discoveries or interpretations

The query:
For the cell lines, we will use 3 multiplexes (15 colors each). Each will include DAPI and 14 different TM-conjugates (total 42) 1: CK, CD45, HER2, uPAR, ER, PR, Ki67, Notch 1, Bcl2,EpCAM, p53, twist, ALDH1 and EGFR 2: IGF1r, VEGF, CyclinE, Cyclin D, pMAPK, CD133, Cathepsin D, TGF-b, hMam, pAkt, c-Myc,CXCR4, AR and uPA 3: BRCA1, BRCA2, SMADA4, SLP-2, ADAM proteases, X catenin, PEA-3, PTEM, p27, BRM51, MDR, PCD61P, TOPA2A, and BIRC5.



Implicit key words

Word	Count
breast:	47
cancer:	47
cells:	45
tumors:	24
proteins:	22
human:	22
tumor:	14
markers:	14
familial:	12
mda-mb-453:	12
cancers:	11
kinase:11d1:	10
epidermal:	10
amplification:	10
sporadic:	10
estrogen:	9
signaling:	9
centrosome:	9
sp:	8
non-brca1/2:	8

Although eTBLAST was created as a tool to help us better access the literature – reference finding and such, it has been applied to study ethics….a rather unique direction for the lab

BIOINFORMATICS ORIGINAL PAPER Vol. 00 no. 00 2006, pages 1–7
doi:10.1093/bioinformatics/bt388

Data and text mining

Text similarity: an alternative way to search MEDLINE

James Lewis, Stephan Ossowski, Justin Hicks, Mounir Errami and Harold R. Garner*
University of Texas Southwestern Medical Center, Eugene McDermott Center for Human Growth and Development, Division for Translational Research, 5323 Harry Hines Boulevard, Dallas, TX 75390, USA

Received on May 22, 2006; revised on July 5, 2006; accepted on July 7, 2006
Advance Access publication...
Associate Editor: John Quackenbush

Nucleic Acids Research Advance Access published April 22, 2007

Nucleic Acids Research, 2007, 1–4
doi: 10.1093/nar/gkm221

eTBLAST: a web server to identify expert reviewers, appropriate journals and similar publications

Mounir Errami[1], Jonathan D. Wren[2], Justin M. Hicks[1] and Harold R. Garner[1,*]

NETWATCH

edited by Mitch Leslie

TOOLS

Just the Right Words

Genome aficionados rely on the well-known BLAST search to find matches for a particular DNA sequence in gene databases. A site called eTBLAST from the University of Texas Southwestern Medical Center in Dallas lets you use the same idea to scan MEDLINE for germane articles. Enter a sentence or paragraph—say, from your latest paper—and you can search for abstracts with similar language. You can fine-tune the search by giving more weight to particular words. The results, delivered by e-mail, can take several minutes to arrive.

invention.swmed.edu/etblast/index.shtml

Send site suggestions to netwatch@aaas.org
Archive: www.sciencemag.org/netwatch

www.sciencemag.org SCIENCE VOL 323 6 March 2009 POLICYFORUM

SCIENTIFIC INTEGRITY

Responding to Possible Plagiarism

Documenting reactions from authors and journal editors to plagiarism may help others address the problem.

Tara C. Long,[1] Mounir Errami,[2] Angela C. George,[1] Zhaohui Sun,[2] Harold R. Garner[1,2]*

Vol 451|24 January 2008

COMM

A tale of two citations

Are scientists publishing more duplicate papers? An automated search of seven mi abstracts suggests that they are, report **Mounir Errami** and **Harold Garner**.

With apologies to Charles Dickens, in the world of biomedical publications, "It is the best of times, it is the worst of times". Scientific productivity, as measured by scholarly publication rates, is at an all-time high[1]. However, high-profile cases of scientific misconduct remind us that not all those publications are to be trusted — but how many and which papers? Given the pressure to publish, it is important to be aware of the ways in which community standards can be subverted. Our concern here is with the three major sins of modern publishing: duplication, co-submission and plagiarism. It is our belief that without knowing whether these sins are becoming more widespread, the scientific community cannot hope to effectively deter or catch future unethical behaviour.

Simultaneous submission of duplicate articles by the same authors to different journals also violates journal policies.

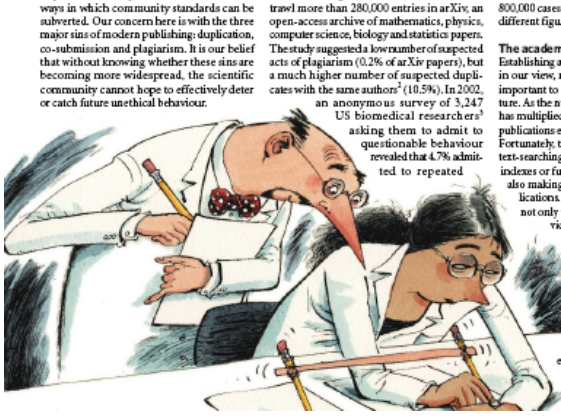
Previous studies that have tried to gauge the level of unethical publishing have mostly relied on small surveys of specific communities. One of the largest to date used text-matching software to trawl more than 280,000 entries in arXiv, an open-access archive of mathematics, physics, computer science, biology and statistics papers. The study suggested a low number of suspected acts of plagiarism (0.2% of arXiv papers), but a much higher number of suspected duplicates with the same authors[2] (10.5%). In 2002, an anonymous survey of 3,247 US biomedical researchers[3] asking them to admit to questionable behaviour revealed that 4.7% admitted to repeated

"The duplication of scientific articles has been largely ignored by the gatekeepers of scientific information."

citation index fewer than a

800,000 cases different figu

The academ Establishing a in our view, i important to ture. As the n has multiplie publications e Fortunately, t text-searching indexes or fu also making lications not only vi



eTBLAST – electronic Text Basic Local Alignment and Similarity Tool

eTBLAST, a text analytics tool, is an alternative to PubMed and other text databases, using full text similarity search rather than keyword searches to get better results.

Motives for scientific misconduct can drive inappropriate behavior.

- Funding and career pressures of the contemporary research environment.
- Inadequate institutional oversight.
- Inappropriate forms of collaborative arrangements between academic scientists and commercial firms.
- Inadequate training in the methods and traditions of science.
- The increasing scale and complexity of the research environment, leading to the erosion of peer review, mentorship, and educational processes in science.
- The possibility that misconduct in science is an expression of a broader social pattern of deviation from traditional norms.

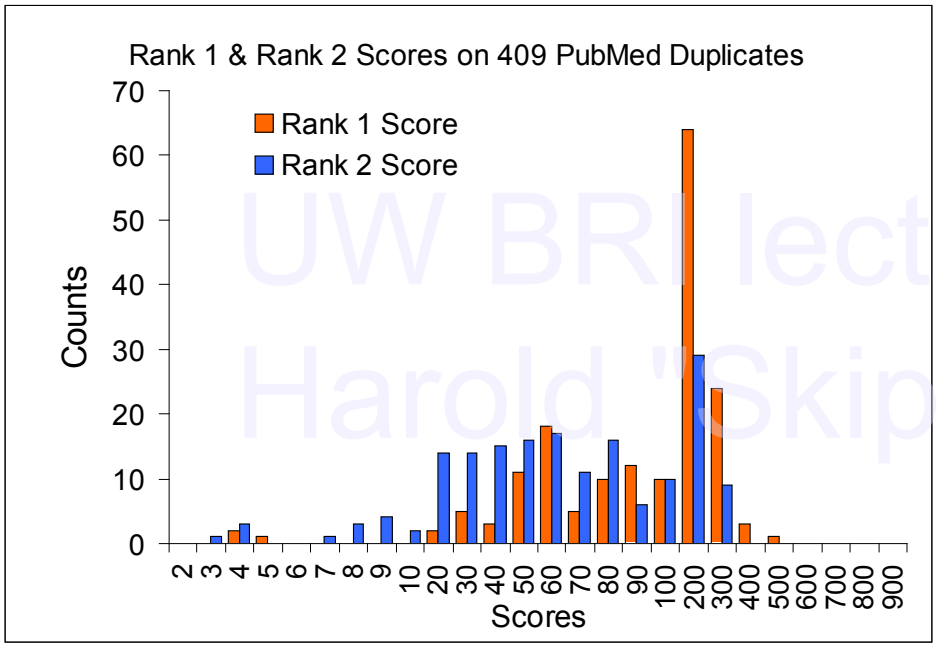
National Academy of Sciences 1992

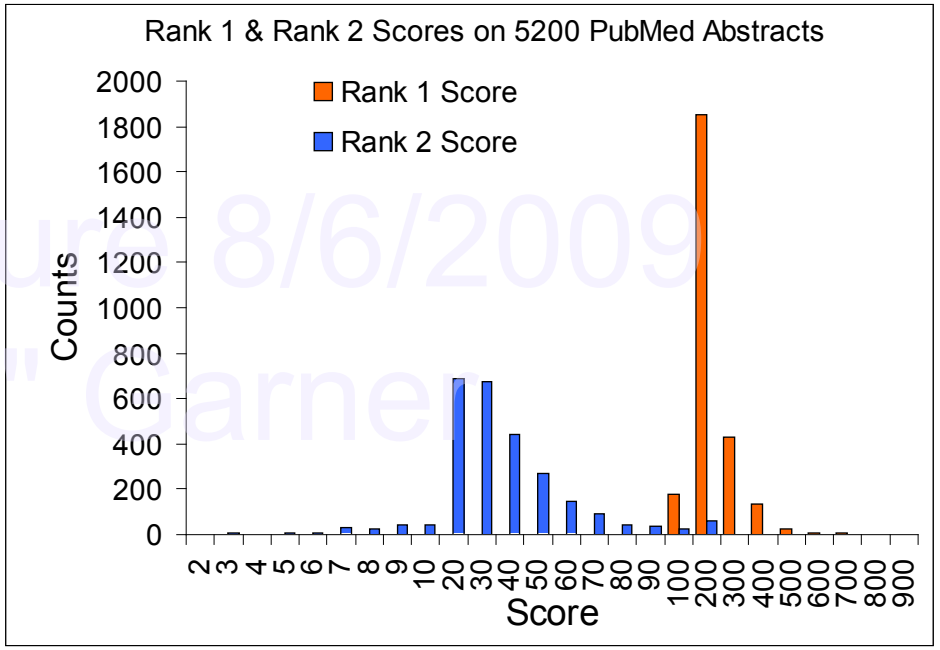
Violations of accepted practices have been estimated by surveys.

- Faking research data- 0.3%
- Plagiarism- 1.4%
- Multiple publications of the same data- 4.7%
- Removing data- 6%
- Inappropriate inclusion of authors- 10%
- Changed a study design – 15%
- Inadequate record keeping- 27.5%

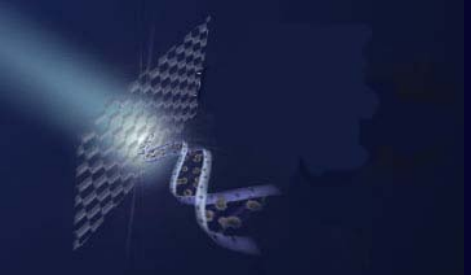
Anonymous questionnaire, sent to 8,000 with **3,234** respondents (Martinson et al. 2005)

Known duplicate articles are tagged in Medline, and can be used as a training set





Duplicate article scores and self-similar article scores are very similar, much more so than what is observed for the average distribution of randomly selected Medline articles



Similarity is obvious. If you are going to cheat, don't be so lazy, change the title and abstract more

Duplicate Details [Similarities] [Differences]

Transurethral needle ablation (TUNA): safety, feasibility, and tolerance of a new office procedure for treatment of benign prostatic hyperplasia

Schulman, C C;Zlotta, A R;Rasor, J S;Hourriez, L;Noel, J C;Edwards, S D

Many attempts have been made to develop a method for treating benign prostatic hy perplasia (BPH) that is minimally invasive, efficacious, and low cost. The trans urethral needle ablation (TUNA) device has recently been developed to treat BPH by selectively ablating hy perplastic prostatic tissue. A special catheter incorporates needles that deliver low-level radiofrequency power directly to a very localized area of the prostate. The needles have adjustable shields to protect the urethra if desired or necessary. It is positioned via trans rectal ultrasound or direct vision. A pilot study was performed in patients to evaluate TUNA feasibility via histopathological measurement of thermal lesion size and TUNA safety by: (1) monitoring urethral and rectal tem peratures; (2) assessing the ability to localize lesions, and (3) deter mining patient tolerance of the procedure without anesthesia. Twenty patients were treated using TUNA prior to scheduled retropubic prostatectomy. The surgical prostatic specimens were recovered from 1 day to 1 month after TUNA, were step-sectioned, and exa mined histologically. Patients were 68 years old on average with prostate weight varying from 14 to 88 g. The TUNA procedure averaged 27 min, 4 lesion treatments per prostate, and 4-15 W of power applied for 3 min. Proximal lesion tem perature was about 40-50 degrees C with central lesion tem peratures of about 80-100 degrees C. Urethral tem perature averaged 37-42 degrees C and rectal tem perature remained unchanged. Macroscopic exa mination of the specimens demonstrated localized lesions averaging 12 x 7 mm. Microscopic exa mination showed larger lesions of extensive coagulative necrosis averaging 30 x 15 mm. Specific immunohistochemical staining showed destruction of all tissue components.(ABSTRACT TRUNCATED AT 250 WORDS)

Eur Urol, (1993)

Medline : 7505228 ; Deja vu: 1067

Transurethral needle ablation (TUNA): histopathological, radiological and clinical studies of a new office procedure for treatment of benign prostatic hyperplasia

Schulman, C C;Zlotta, A R

Many attempts have been made to develop a method for treating benign prostatic hyperplasia (BPH) that is minimally invasive, efficacious, and low cost. The transurethral needle ablation (TUNA) device has recently been developed to treat BPH by selectively ablating hyperplastic prostatic tissue. A special catheter incorporates needles that deliver low-level radiofrequency power directly to a very localized area of the prostate. The needles have adjustable shields to protect the urethra if desired or necessary. It is positioned via transrectal ultrasound or direct vision. A pilot study was performed in patients to evaluate TUNA feasibility via histopathological measurement of the size of the thermal lesion and TUNA safety. Fifty patients have been treated, twenty-five patients were treated using TUNA prior to scheduled retropubic prostatectomy. The surgical prostatic specimens were recovered from 1 day to 1 month after TUNA, were step-sectioned, and examined histologically. Patients were 69 years old on average with a prostate weight varying from 14 to 88 g. The TUNA procedure averaged 30 minutes, 4 lesion treatments per prostate, and 4-15 W of power applied for 3 to 5 minutes. Proximal lesion temperature was about 40-70 degrees C with central lesion temperatures of about 110 degrees C. Urethral temperature averaged 37-42 degrees C and rectal temperature remained unchanged. Macroscopic examination of the specimens demonstrated localized lesions averaging 12 x 7 mm for 3 mins. and 10 x 17 for 5 mins. treatment. Microscopic examination showed larger lesions of extensive coagulative necrosis up to 35 x 15 mm. Specific immunohistochemical staining showed destruction of all tissue components. Preservation of the urethra and capsule integrity were noted. Magnetic resonance imaging performed in vivo and ex vivo showed lesions in the prostate corresponding to the recovered surgical specimen. All patients were treated without anesthesia and tolerated the procedure well. Of the 9 patients treated for chronic retention, 6 recovered voiding within 48 hours. Three month follow-up in 11 patients showed significant improvement in both objective and subjective parameters. Because of good lesion localization and maintenance of a normal rectal temperature TUNA appears to be safe. The feasibility of its widespread use was shown by the creation and sustainability of adequately sized lesions and good tolerance as an outpatient treatment. Ongoing clinical studies are evaluating the sustained efficacy of the procedure

Prog Clin Biol Res, (1994)

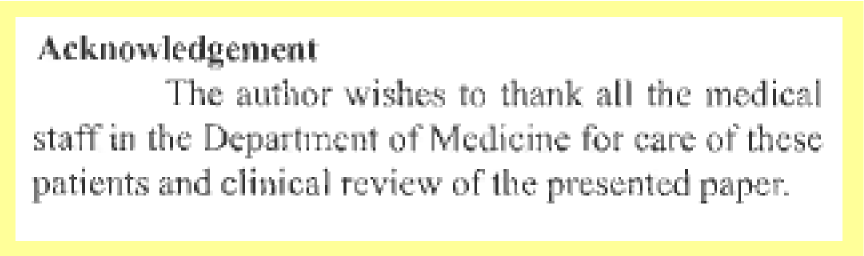
Medline : 7528418 ; Deja vu: 1069

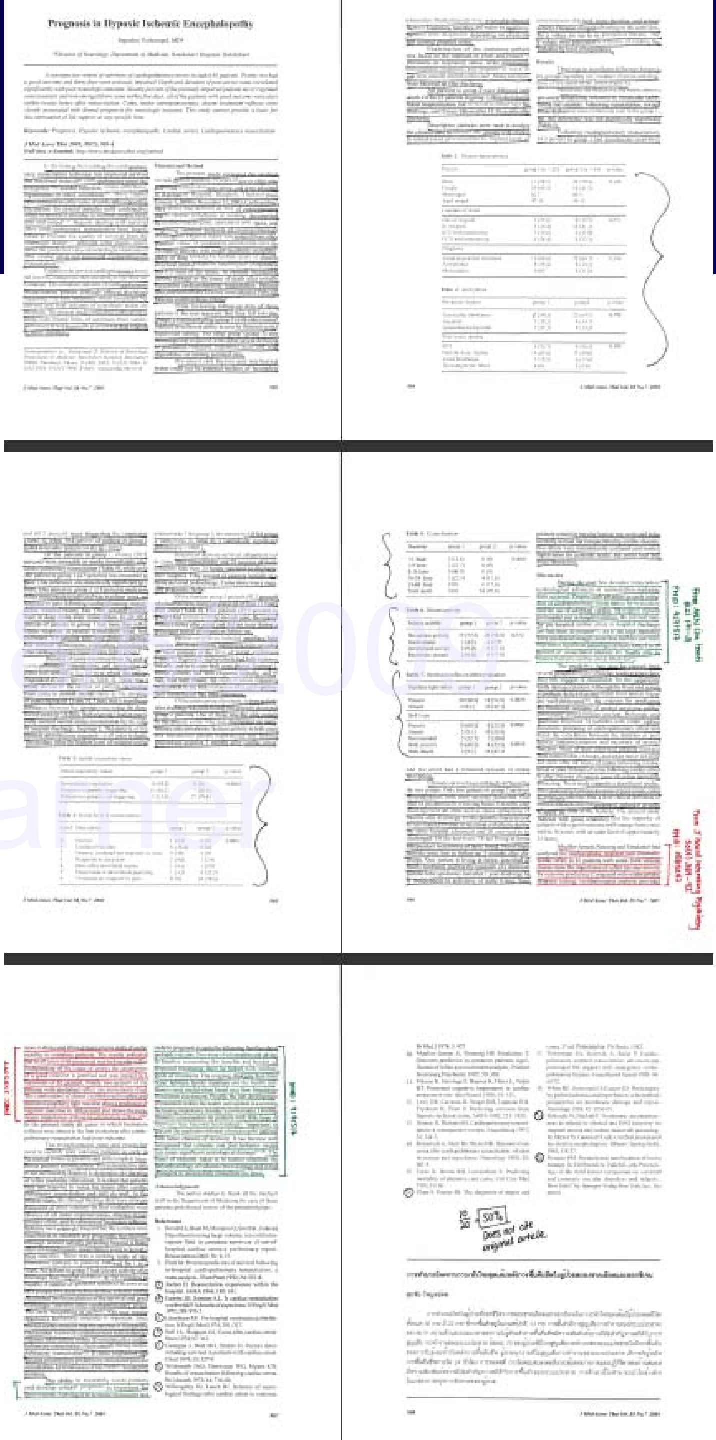
Are duplicate abstracts representative of duplicate articles?

85% of the text in the duplicate is present in the original. The remaining 15% is comprised of 3 paragraphs taken verbatim from PMID 9171517, PMID 3585347. Less than 1% of the text in duplicate article cannot be found in a different article.

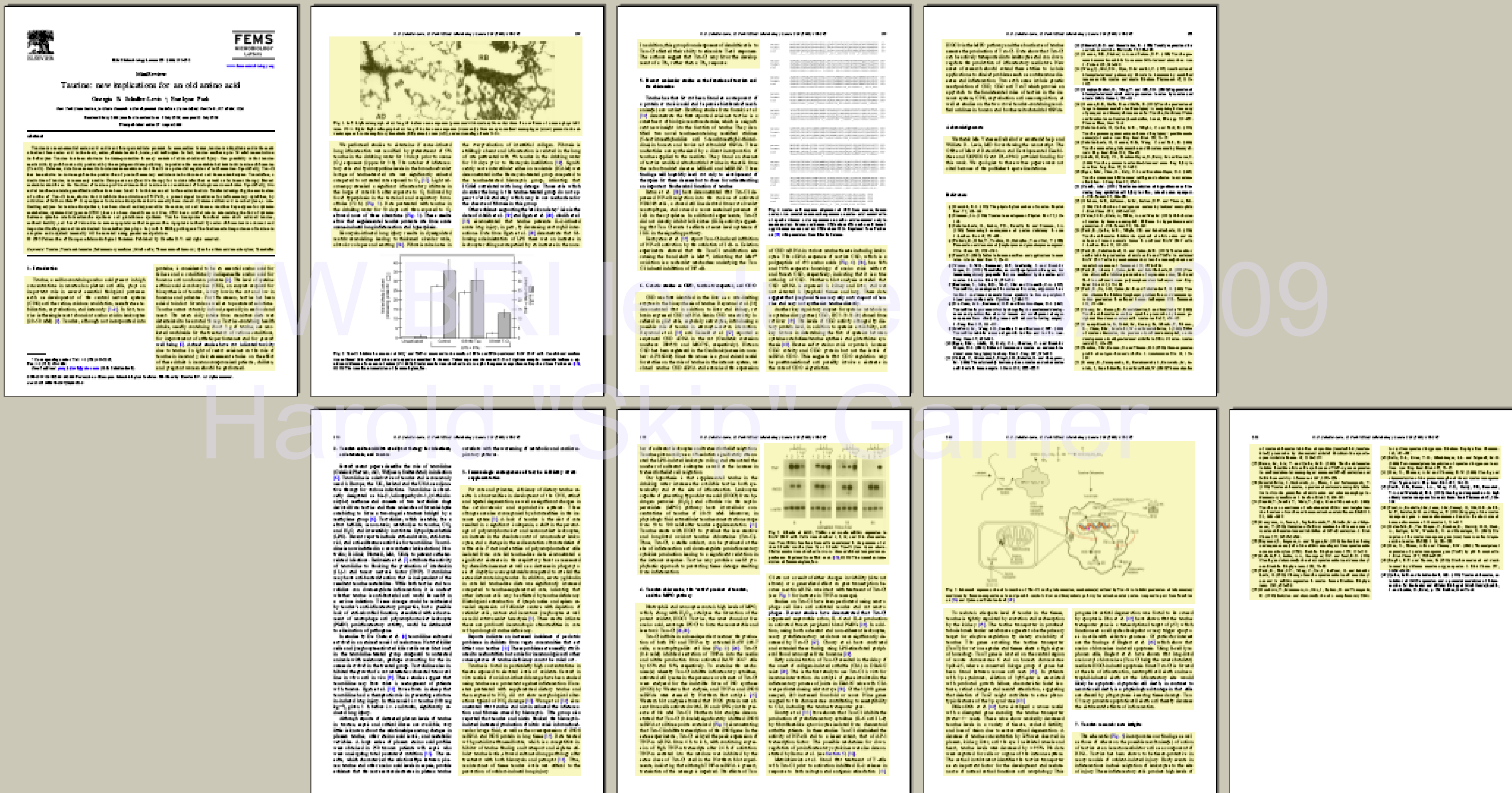
The later article does not cite the earlier, 50% of references are shared with the original.

The article was originally published in an American journal and then republished 28 years later in a Thai journal by a different author. Later article retracted after questionnaire.


Acknowledgement
The author wishes to thank all the medical staff in the Department of Medicine for care of these patients and clinical review of the presented paper.



Is it OK to submit papers to more than one journal at a time?



Yellow represents exact text match of this paper (G Schuller-Levis and E Park, Taurine and its chloramine: modulators of immunity, a mini-review, PMID 14992270) and a paper accepted 5 days after this one was submitted, PMID 14553911)

How many times can you publish the same thing?

Most Similar Matches to Your Query:

1. Transurethral needle ablation (TUNA): histopathological, radiological and clinical studies of a new office procedure for treatment of benign prostatic hyperplasia.
   C C Schulman ... A R Zlotta
   Prog Clin Biol Res 1994 ; 386()479-86. Score: 188.353824 Z-score: 1236.637

2. Transurethral needle ablation (TUNA): histopathological, radiological and clinical studies of a new office procedure for treatment of benign prostatic hyperplasia.
   L A Hourriez ... C C Schulman
   Acta Urol Belg 1994 Dec; 62(4)33-8. Score: 145.4738656 Z-score: 954.532

3. Transurethral needle ablation (TUNA): safety, feasibility, and tolerance of a new office procedure for treatment of benign prostatic hyperplasia.
   C C Schulman ... S D Edwards
   Eur Urol 1993 ; 24(3)415-23. Score: 140.141093 Z-score: 919.448

4. Transurethral needle ablation of the prostate (TUNA): pathological, radiological and clinical study of a new office procedure for treatment of benign prostatic hyperplasia using low-level radiofrequency energy.
   C Schulman ... A Zlotta
   Arch Esp Urol 1994 Nov; 47(9)895-901. Score: 83.057513 Z-score: 543.898

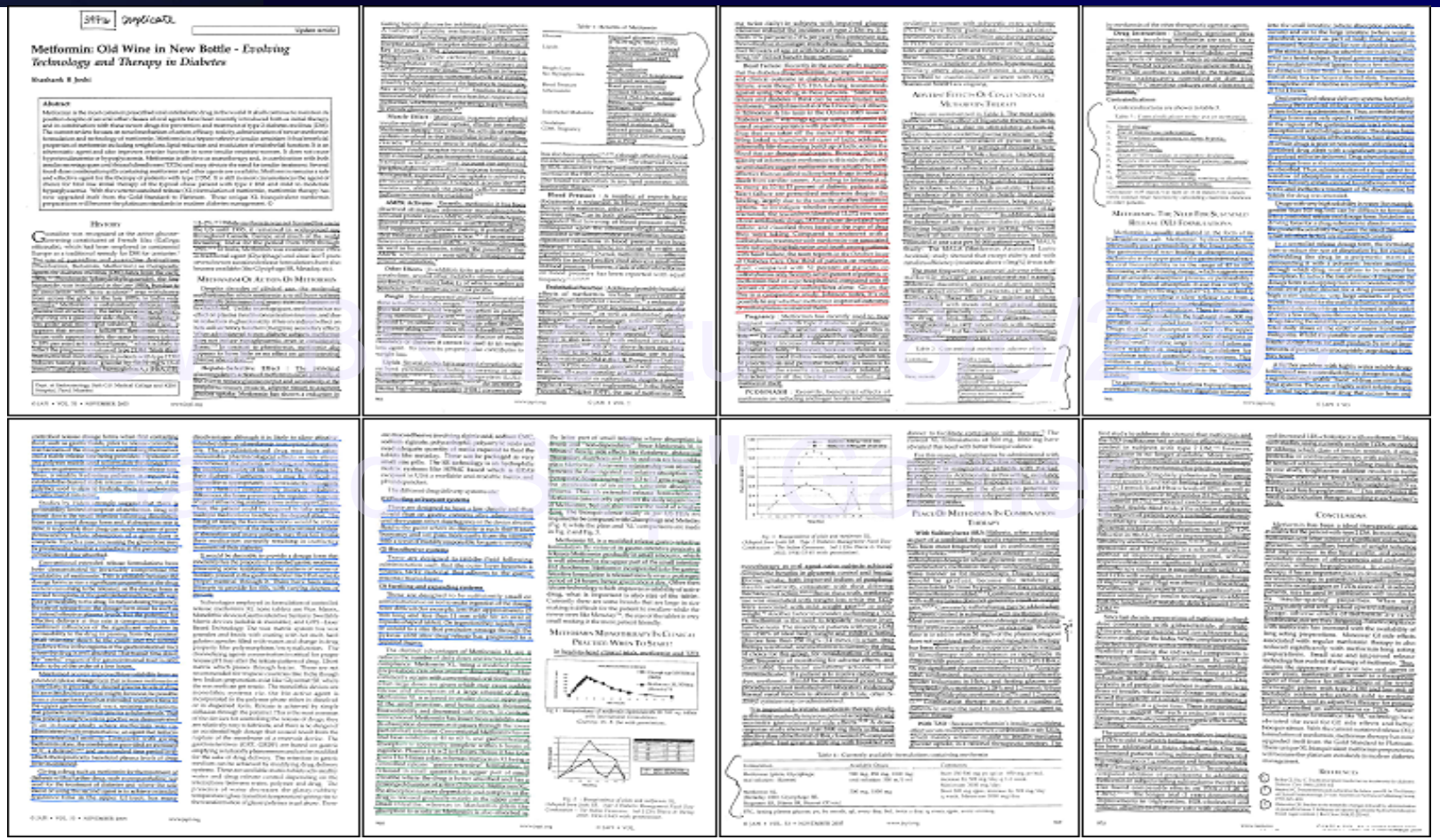
5. Transurethral needle ablation (TUNA): thermal gradient mapping and comparison of lesion size in a tissue model and in patients with benign prostatic hyperplasia.
   J S Rasor ... C C Schulman
   Eur Urol 1993 ; 24(3)411-4. Score: 46.432628 Z-score: 302.945

6. Transurethral Needle Ablation of the prostate (TUNA): clinical results and ultrasound, endoscopic, and histologic findings in pilot study of patients in urinary retention.
   L M Harewood ... D Agarwal
   J Endourol 1995 Oct; 9(5)407-12. Score: 35.4588318 Z-score: 230.749

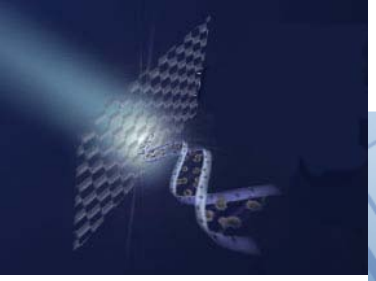
7. [Transurethral ablation (Precision Plus) in the treatment of patients with benign prostatic hyperplasia]
   E B Mazo ... G G Krivoborodov
   Urologiia 2005 May-Jun; (3)12-5. Score: 31.1596266 Z-score: 202.465

8. Transurethral needle ablation of the prostate for the treatment of benign prostatic hyperplasia: a collaborative multicentre study.
   J Ramon ... J M Fitzpatrick
   Br J Urol 1997 Jul; 80(1)128-34; discussion 134-5. Score: 29.305638 Z-score: 190.267

As Editor-in-chief, do you have special rights to use others work?



- 95% of text is highly similar to 3 other articles
- Does not cite any of the original articles
- Editor-in-chief of journal in which article was published!



Deja vu

A study of scientific publication ethics

Powered by eTBLAST
Innovation Labs
UT Southwestern Medical School - Dallas

Deja Vu: a Database of Highly Similar and Duplicate Citations*

Click this link to begin browsing entries , or click the "Browse" button above and follow the instructions.

We value your feedback. Please take one minute to take a brief survey (Click here). We appreciate your support.

Deja vu is a database of extremely similar **Medline** citations. Many, but not all, of which contain instances of duplicate publication and potential plagiarism. Deja vu is a dynamic resource for the community, with manual curation ongoing continuously, and we welcome input and comments.

In the scientific research community plagiarism and multiple publications of the same data are considered unacceptable practices and can result in tremendous misunderstanding and waste of time and energy. Our peers and the public have high expectations for the performance and behavior of scientists during the execution and reporting of research. With little chance for discovery and decreasing budgets, yet sustained pressure to publish, or without a clear understanding of acceptable publication practices, the unethical practices of duplicate publication and plagiarism can be enticing to some. Until now, discovery has been through serendipity alone, so these practices have largely gone unchecked.

The application of text similarity searching can robustly detect highly similar text records, offering a new tool for ensuring integrity in scientific publications. Deja vu is a database of computationally identified, manually confirmed highly similar citations (abstracts and titles), as well as user provided commentary and evidence to affirm or deny a given documents putative categorization. It is available via the web and to other database curators for tagging of their indexed articles. The availability of a search tool, **eTBLAST**, by which journal submissions can be compared to existing databases to identify potential duplicate citations and intercept them before they are published, and this database of highly similar citations (or exhaustive searching and tagging within Medline and other databases) could be deterrents to this questionable scientific behavior and excellent examples of citations that

Latest News

2008-10-23
Nature News reports on the retraction associated with entry 9866. Read more...

2008-10-09
The power of eTBLAST and Deja vu cited in Nature News. Read more ...

2008-08-31
Deja vu database in the Nucleic Acid Research 2009 Database issue. Read PDF

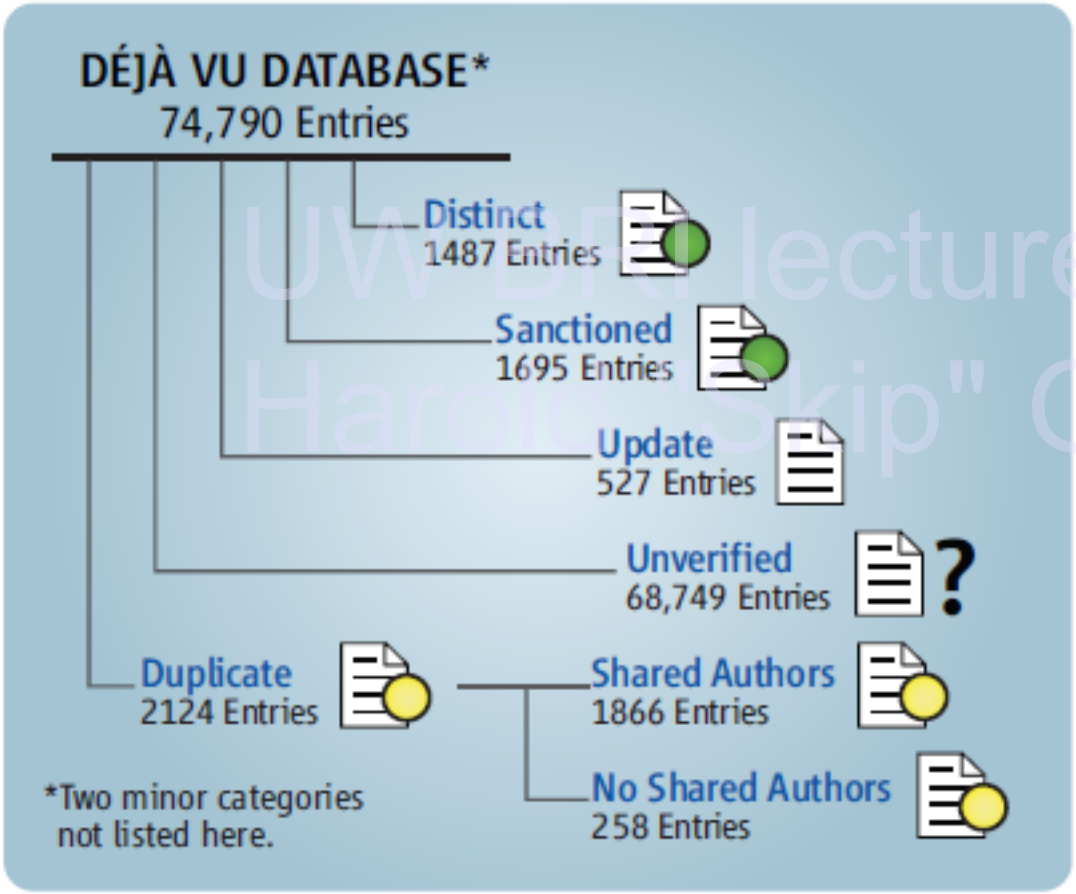
2008-06-23
Deja vu and eTBLAST have been cited in Chemical and Engineering News. Read more ...

2008-01-23 - eTBLAST and Deja vu spotlighted in Nature
Nature commentary, news and podcast describing the trends in duplicate publications through the analysis of the Deja vu database content. Read more...

2007-12-02 - Deja vu in Bioinformatics
eTBLAST application to the detection of duplicate publication and the Deja vu creation process are published in Bioinformatics and freely accessible. Read PDF.

2007-07-23 - NIH R01 Grant awarded
A R01 NIH Grant was awarded to the Deja vu team within the

Déjà vu's categories, such as "duplicate," may reflect inappropriate publication, others, such as "distinct," indicate no problem.



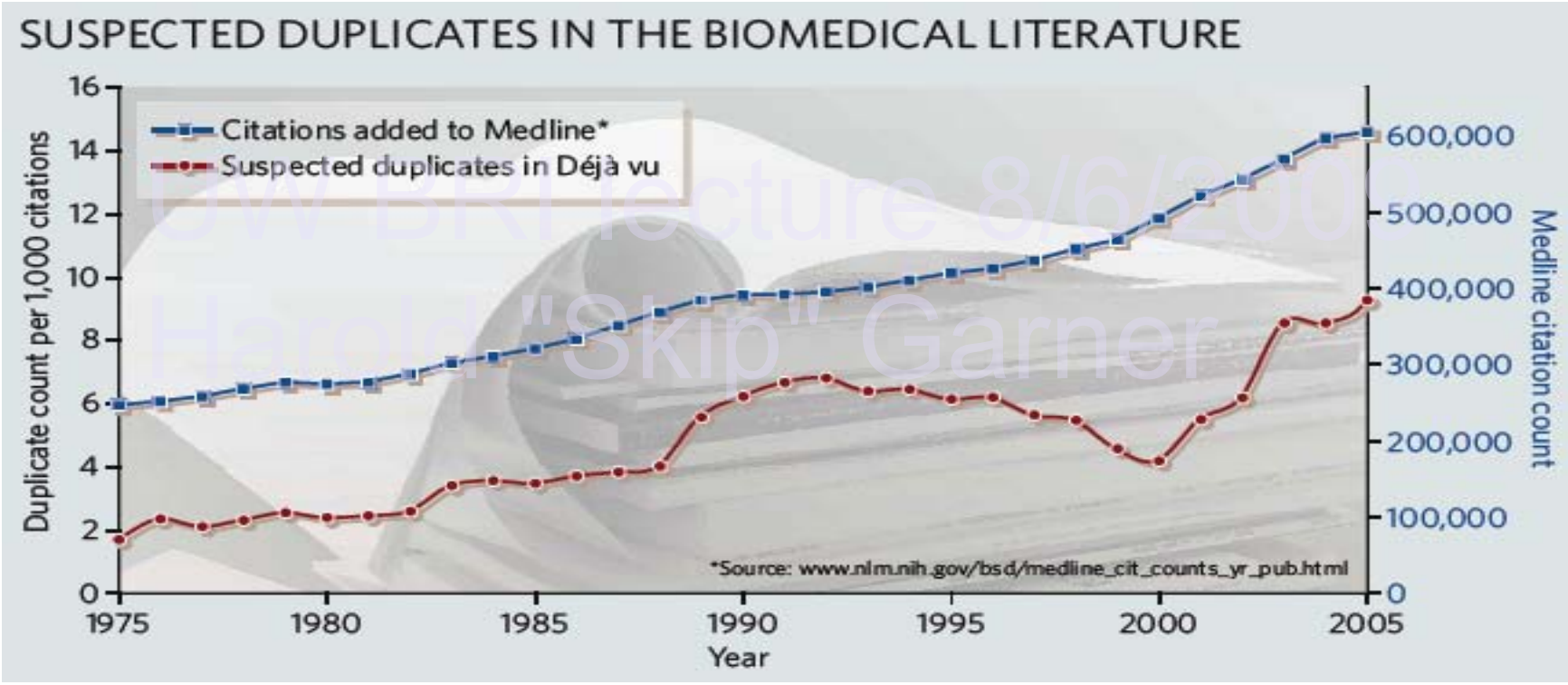
We recently completed analysis of Medline from 2/2008 to 5/2009

Of the 1,232,048 new PMIDs, we analyzed 853,838

There was a total of 4,759 highly similar pairs, 315 did not share authors

So, the rate of similar citations is 5/1,000 and for possible plagiarized articles, 0.4/1,000

In the cut and paste internet age is this behavior getting better or worse?

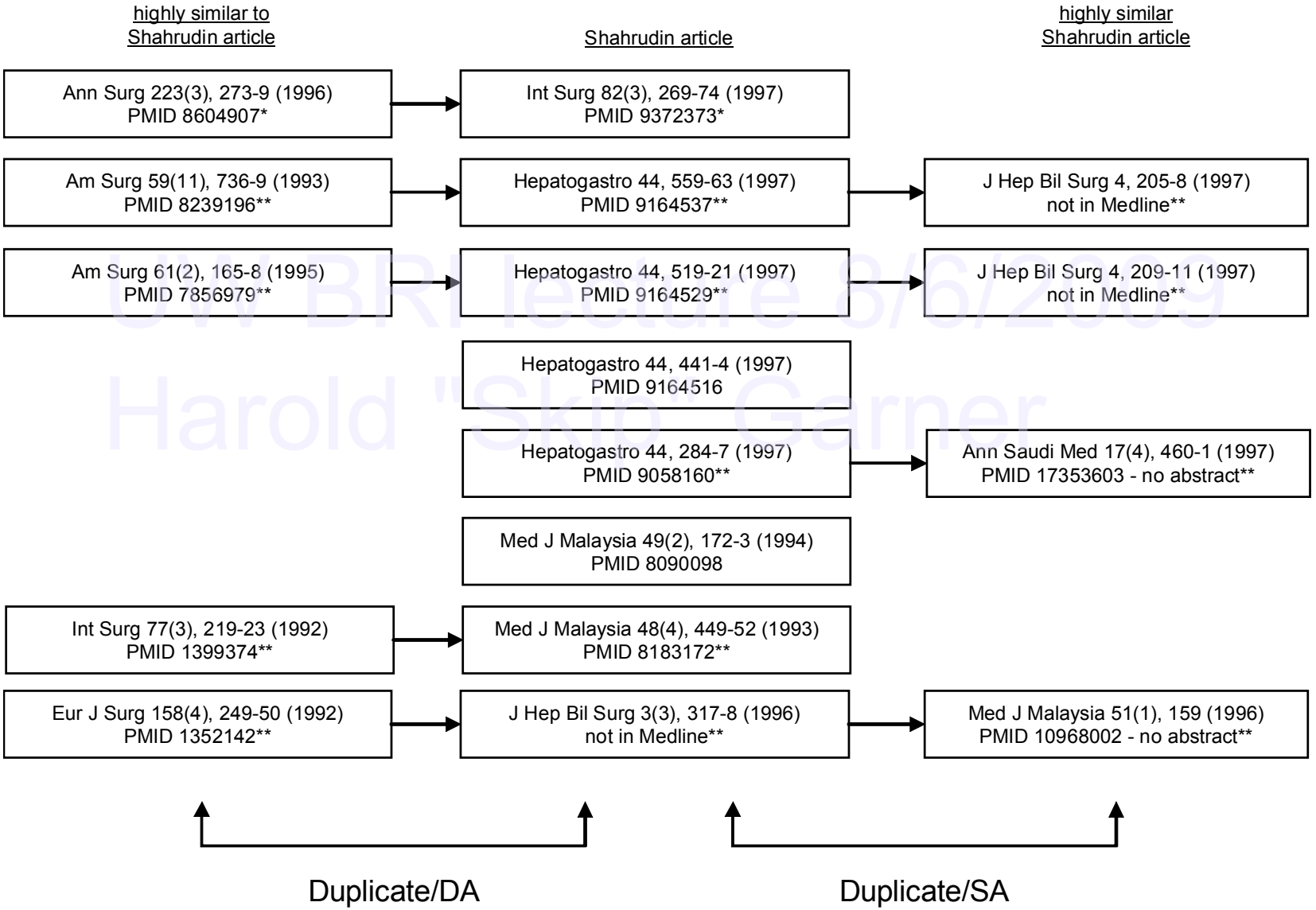


As in any discipline, there are those that excel - there are multiple offenders

Author	Total Publications[1]	Number of Duplicate/DA	Number of Duplicate/SA	Publication Years[2]
Alsabti, Elias A.	34	10	2	1977 – 1980 (1978 – 1980)
Dhuley, Jayant	31	10	--	1985 – 2003 (1998 – 2001)
Khanna, Chandra M.	41	9	--	1980 – 2000 (1991 - 2000)
Jendryczko, Andrzej	126	7	1	1983 – 1996 (1984 – 1994)
Shahrudin, Mohd-Dun	12[3]	6	4	1993 – 1997 (1993 – 1997)
Anagnostopoulos, Dimitris	46	6	--	1986 – 2005 (1989 – 1995)
Mavoungou, Elie	35	5	1	1990 – 2007 (1998 – 2006)
Poaty-Mavoungou, Virginie	15	4	1	(1996 – 2008) (1998 – 2002)

[1] Total number of articles in author's publication list as indexed by PUBMED.
[2] Specifies years in which all author's articles were published. Publication range in parentheses specifies years in which duplicates were published.
[3] 3 of these 12 articles are not indexed in PUBMED.

A case of multiple duplicate publication – M Shahrudin



So, how do authors and editors respond to evidence of possible plagiarism?

For duplicates with different authors - potentially plagiarized articles - once full text is inspected and a high degree of similarity persists beyond the citation, we send an email to all the stakeholders - authors and editors of both papers - asking questions like:

Were you aware of the later article?

Is there an explanation for the similarity?

Was the earlier article copyrighted?

Were permissions requested/given to re-use the material?

….and we include a copy of both articles, with the later article annotated with areas of "high similarity"

There were sufficient responses to make statistical observations

- Unverified entries in Déjà vu with no overlapping authors 7,947
- Manually validated duplicates with no overlapping authors 206
- Average full text similarity 86%
- Average reference overlap 73%
- Pairs with at least one similar table/figure 72%
- Questionnaires sent 162
- Overall response rate 90.8%
  - Authors of earlier article 55.9%
  - Authors of later article 39.8%
  - Editors of journal publishing earlier article 59.1%
  - Editors of journal publishing later article 9.4%
- Average response delay following initial contact 8.3 days
  - Authors of earlier article 5.4 days
  - Authors of later article 10.8 days
  - Editors of journal publishing earlier article 8.7 days
  - Editors of journal publishing later article 9.8 days
- Total investigations initiated, including retractions 90+
- Retractions 50
- Average time from initial response to retraction decision 20.8 days

There were surprises..

93% of authors were unaware that they had been duplicated

26% of duplicate authors denied wrongdoing,
35% admitted and apologized,
16% were from co-authors claiming no involvement in the writing of the manuscript
13% were not aware that they were ‘authors’

A sampling of responses from the stakeholders

Authors of earlier article

•“Imitation is the sincerest form of flattery?”

•“[My] major concern is that false data will lead to changes in surgical practice regarding procedures.”

Editors of journal publishing earlier article

•“It's my understanding that copying someone else's description virtually word-for-word, as these authors have done, is considered a compliment to the person whose words were copied.”

Editors of journal publishing later article

•“Believe me, the data in any paper is the responsibility of the authors and not the journal.”

… but my favorites are …

A sampling of responses from the stakeholders II

Authors of later article

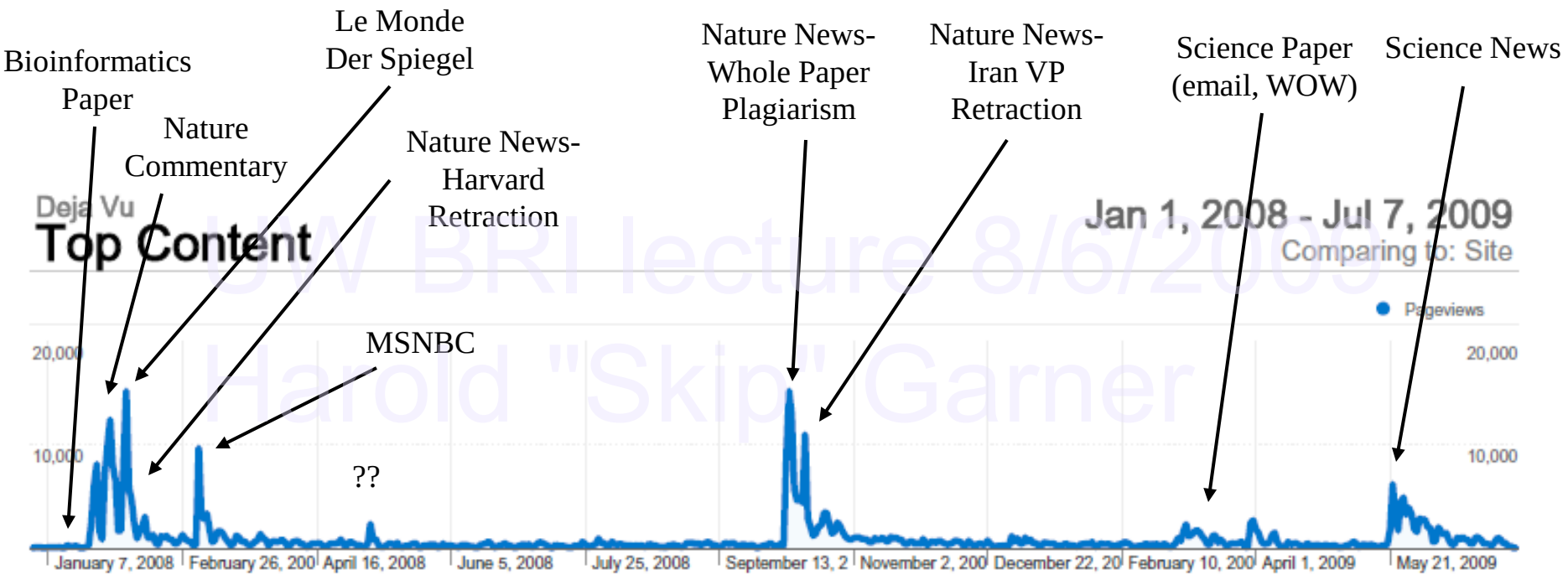
•“I would like to offer my apology to the authors of the original paper for not seeking the permission for using some part of their paper. I was not aware of the fact I am required to take such permission.”

•“There are probably only "x" amount of word combinations that could lead to "y" amount of statements. … I have no idea why the pieces are similar, except that I am sure I do not have a good enough memory and it is certainly not photographic, to have allowed me to have "copied" his piece. ... I did in fact review it [the original article] for whatever journal it was published in.”

•“It was a joke, a bad game, an unconscious bet between friends, ten years ago that such things could happened. I deeply regret.” [Author has 6 entries in Déjà vu, and is VP of the national ethics committee of his country]

•“At that time we had 2 medical students writing our results up into paper format. They may have been somewhat keen on using the [original] paper as a model to write our paper - resulting in very similar text. This unfortunately may be the result of some inexperience in paper writing which myself and [other author] were not aware of at the time.”

Déjà vu access statistics confirms interest in publishing ethics and impact of different media



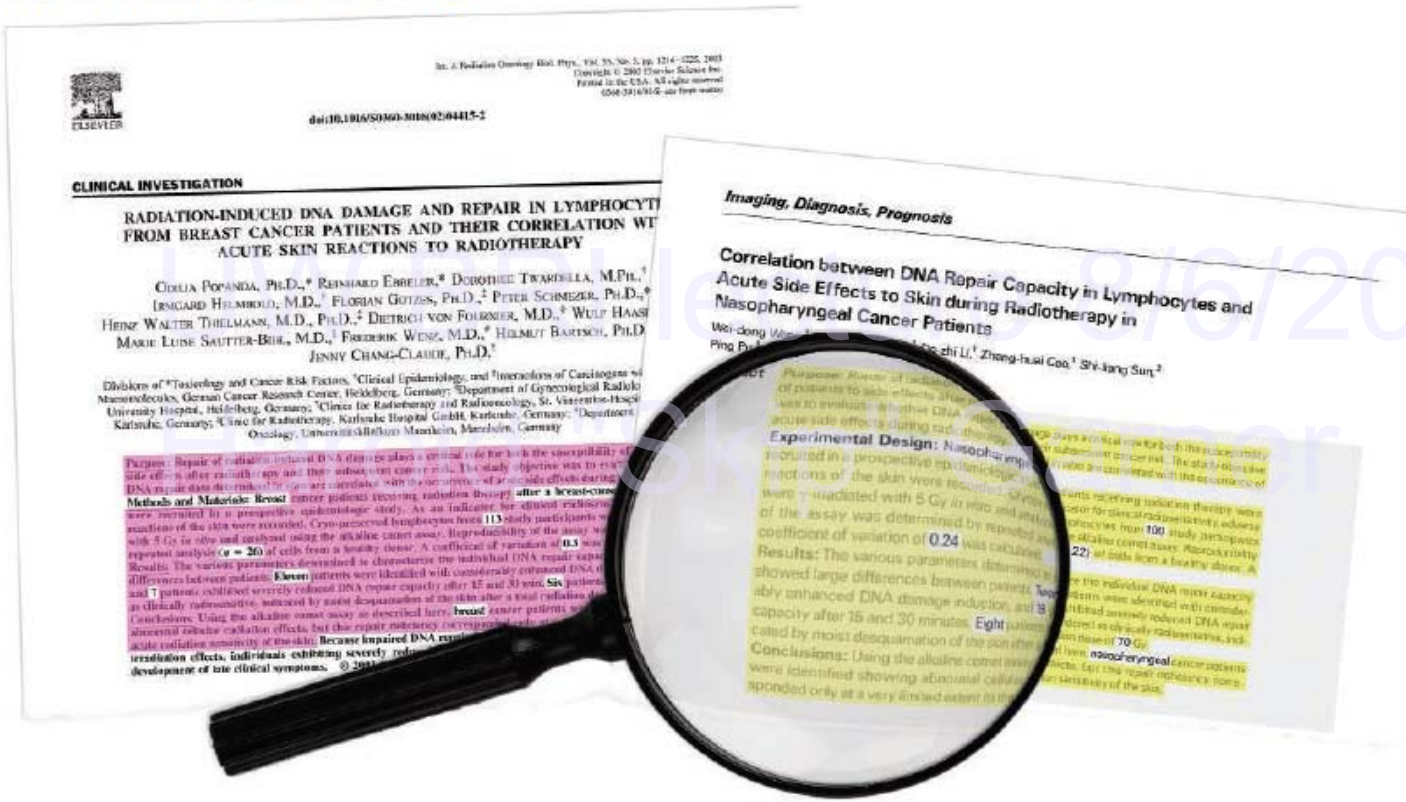
91,418 pages were viewed a total of 492,754 times

Content Performance

Pageviews	Unique Pageviews	Avg. Time on Page	Bounce Rate	% Exit	$ Index
492,754	322,253	00:01:13	38.90%	19.66%	$0.00
% of Site Total: 96.38%	% of Site Total: 94.57%	Site Avg: 00:01:13 (1.17%)	Site Avg: 38.92% (-0.05%)	Site Avg: 19.41% (1.25%)	Site Avg: $0.00 (0.00%)

Now, this work is not without controversy.

NEWSFOCUS



Science, May 21, 2009

Plagiarism Sleuths

A Texas group is trolling through publications worldwide hunting for signs of duplicated material. The thousands of articles they've flagged online raise questions about standards in publishing—and about the group's own tactics

All together, our data had lead us to ponder such questions as:

1) Are there too many journals?
2) Are there too many journals indexed in Medline (and therefore receive equal access in response to searches)?
3) What are the criteria for being indexed in Medline, or better yet, what would it take to be removed?
4) Are there too many review articles?
5) What is the value of authors assigning copyright to journals if journals do not enforce them?
6) Is the pressure to publish really distorting the real purpose of publication?
7) How has open access affected these behaviors?
8) Should a new class of publication be created called an ‘update’ where additional material can be contributed by an author to a previous publication, while still getting credit for the advance without having to restate and republish a large fraction of something previous?
9) Are publication behaviors linked to other ethically questionable behaviors?
10) What constitutes a retraction? and most important
11) How often does a clinician unknowingly base a patient diagnosis or therapy upon a plagiarized or otherwise questionable paper, and how does this affect patient care?

The End.
Thanks for you attention.

Visit Garner Labs' home page:
http://innovation.swmed.edu

http://etblast.org

What we instruct our students about proper use of reference materials

- Anytime reference materials (text, figures, tables) whether from books, manuscripts, magazines or from web pages, are used or paraphrased in a new written work, it must be cited in a very obvious and relevant way.
- If any content in the materials (important phrases, sentences, larger sections of text) are used completely or in part they should be enclosed in quotes and also cited in a very obvious and relevant way.
- In addition to these publication ethics norms, many sources also copyright the material (text, figures, tables) as well. To directly use the material, permissions from those holding the copyright may also be required. For many professional journals, the threshold for requiring permission is when greater than 250 words or any figures, images, or tables are used.
- There are no absolute standards established, but these are considered the minimum requirements for ethical writing and publication.