

Lingua Franca and Beyond

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Lingua Franca and Beyond – Working together



Business models in the field of medical and regulatory writing – can you think of a more suitable topic for discussing: collaboration, team working, and sharing complementary skills

across different native languages? In this issue of *Medical Writing*, we have articles written by Julia Archbold and Amy Whereat who present different points of view concerning global business models. Both authors are Australian, which makes it even more global - welcome Australia to the European community of medical writers! Julia lives mainly in Australia and started her professional career in medical writing following a successful career in biomedical research; Amy lives in France and has several years of experience working as a medical writer and medical communications consultant.

Julia discusses, in her well-structured article, the advantages of and considerations for working in multinational teams, going beyond pure language problems in writing; she also gives some practical tips for working across different time zones and economic environments. Amy shares with us more general thoughts on the role multilingual native (or near native) English speaking medical writers play in supporting non-native English authors to communicate more effectively in English. She also recalls the history behind the birth of English as the *lingua franca*, when scientific communication

switched from mainly French and German to English.

Both articles are written by native English speaking medical writers. What about the perspective of non-native English speaking medical writers? Well, I as a non-native English speaking medical writer can assure you that I agree with all points raised in both texts. I would only add that having the support of a native speaking medical writer in our team makes us feel more secure and comfortable in our professional role. Only recently, one of my non-native English speaking clients, when reviewing the first draft of an article on a topic, which I knew well, asked me if a certain phrase was correct in English; I was very quick to reassure her that once the content was confirmed the manuscript will be checked by a native English speaking medical writer.

Obviously, there are other issues related to overall medical communication, for example, the use of abbreviations and acronyms, which Americans particularly love and which often makes us Europeans very confused, but let's leave that for a forthcoming issue.

For now, I wish you all *interesting reading* and I welcome your feedback and thoughts.

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Effective multinational medical writing teams: What do native and non-native English speakers bring to the table?

Introduction

By definition, a team is a group of people with complementary skills that come together to achieve a common goal. Likewise, medical writing teams consist of individuals with unique skill sets that work together to achieve a common goal:

communicating science effectively. Often, these teams will span countries and continents; they are multinational medical writing teams.

After spending 14 years as a biomedical researcher, I understand how crucial collaboration and teamwork are for success. In a research team, each scientist will have unique skills that they have accumulated throughout their career. For example, they may be an expert on a particular scientific technique or have specialised knowledge in a field. These individual skill sets become important for

determining the best way to tackle a problem. It is only by working together that scientists can answer research questions both efficiently and effectively.

Similarly, in medical writing teams, each writer will have unique skills developed from previous experiences. For example, they may have been trained in journalism, science, medicine, or education. We each have a unique approach to medical writing problems but we must work cooperatively in order to serve our clients efficiently and effectively.

Not only do medical writers come from diverse educational backgrounds, we often come from diverse cultural backgrounds. We can be native English speakers (NEs) or non-native English speakers (NNEs). For example, as a freelancer, I have colleagues in Poland, China, and the UK, and often my fellow medical writing team members are NNEs. But do medical writers who are NEs and NNEs have different skills to bring to the table? And how can we make the most of these multinational teams? Here I will outline some of the advantages and considerations for working in multinational teams of medical writers consisting of NEs and NNEs.

Advantages of multinational teams in medical writing

Multinational teams can offer a number of advantages to medical writing companies. NEs and

NNEs will bring unique skills that help serve our clients more efficiently and effectively (Figure 1). Teamwork can also improve client satisfaction and overall productivity of your business.

Multinational teams are more efficient

Working across time zones as part of a multinational team can sometimes speed up the medical writing process. For example, if my colleagues in the UK can work on a manuscript during their own business hours and send me the version at the end of their day, it will be morning in Australia. I can continue to edit the manuscript during Australian business hours before sending it back. Therefore, the clients effectively gain almost 24 hours straight of medical writing time, and the entire process becomes more efficient.

It is also important to consider that a substantial proportion of our clients are NNEs and, therefore, working with NNEs can make the medical writing process more efficient. A 2014 white paper from BioMed Central and the Edanz group reported that nearly 70% of publications in the Scopus database came from NNEs countries.¹ This has increased from past estimates; in 2006, only approximately 50% of publications were estimated to come from NNEs.² Due to this increasing percentage of clients from NNEs countries, it will become even more important to continue working closely with NNEs. Medical writers with the same native language as the client can often simultaneously translate the article into English and edit the text. This unique

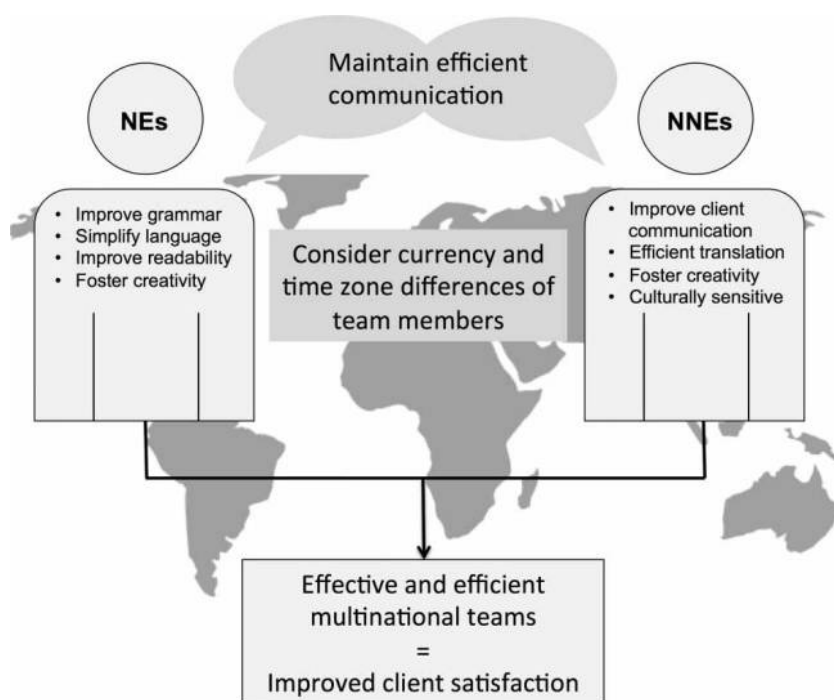


Figure 1: Effective multinational medical writing teams consisting of NEs and NNEs.

skill saves time during the medical writing process. As Mariel Marlow, a native Portuguese speaker, explained:

Although you would expect revising an already translated paper would take less time than translating an entire manuscript, I eventually came to prefer translation. Revisions tend to take me twice as long. Online translators may be partly to blame for this phenomenon. Not only did I spend hours being frustrated by confusing phrases resulting from simple mistakes, but I also spent the majority of my time fixing the *same* mistakes over and over again.³

Similarly, it often takes me much longer to edit a translated paper than it takes my medical writing colleagues who are NNEs to simultaneously translate and edit the manuscript. When NNEs edit these manuscripts, they have the added advantage of understanding the authors' intended meaning more easily than NEs. This helps them to retain the authors' 'voice' in translated text, which is an extremely important skill.

On the other hand, NEs are skilled in simplifying the writing, and making the manuscript more concise and readable. It was previously stated that 'the scientific and medical literature is still abundant with lengthy, unclear prose that is likely to confuse readers'.⁴ Lengthy sentences and paragraphs may still be present in writing from NNEs as this style is usually more typical of their native language. For example, Indian and French have a much more formal language structure and NNEs from India or France may not realise that a more informal writing style is perfectly acceptable in English.⁵ When working in teams with NNEs, I often find my role is to shorten lengthy paragraphs, remove duplication in the introduction and the discussion, and make sure the scientific arguments are clear to the reader. I may be a terrible gardener, but I can prune a sentence back! Therefore, together with my colleagues who are NNEs, we can efficiently produce clear, concise and correct manuscripts for our clients.

Multinational teams have improved client communication and satisfaction

NNEs that have the same cultural and linguistic background are able to communicate more effectively with the client in their native language. They are able to build stronger client relationships with their fellow NNEs. In my own experience working with medical writers from Poland, this has been an

enormous asset. Polish medical writers can communicate much more effectively and efficiently with Polish clients. Without that client interaction, my job would become extremely difficult. Similarly, there are a number of cultural sensitivities that come into play when interacting with Asian cultures. My Asian colleagues are more attuned to these issues, and by working closely with them I can avoid unintentionally offending the client due to cultural differences.

Working in a team can also improve our client service by helping the client develop their own English writing skills. NNEs are often better able to explain grammatical changes to the client when the text is translated into English. They sometimes have a better understanding of English grammatical 'rules' than NEs themselves. This point was raised by Alistair Reeves when describing common myths surrounding English in a previous article published in this journal.⁶ He explained that NNEs often 'know some of the real rules better than native speakers (e.g. how to use the apostrophe), while those with English as a first language are often unaware that the way they express something naturally is actually following a rule'.⁶ As NNEs are able to explain these 'rules' to the client, the client's own writing skills will improve and in turn, the client will be more satisfied with the service.

Multinational teams are more creative

Another advantage in working as part of a team is that each person will have their own opinions when it comes to writing styles. While medical research articles are usually published only in English, they will be read by NEs and NNEs alike. Having the unique viewpoints of both NEs and NNEs can ultimately improve the overall readability of the paper. In addition, working with multiple writers from different backgrounds improves creativity in the writing. As Breden and van Roy wrote: 'The better a paper is written, the more readers it will attract and the more citations it is likely to receive'.⁴ Therefore, having multiple opinions on a piece of writing will ultimately improve the end product and be beneficial to the client.

Multinational teams are more productive

Often, medical writers spend a lot of time working independently, so interactions with fellow team members can help you feel less isolated and improve your morale. Especially as a freelancer, working as part of a team can give you a social outlet. While working from home has its advantages, interactions with your colleagues, even via email, can make you feel happier.

In *How to Become a Medical Writer?*, Suhasini Sharma explains that in order to be a good medical writer, you must have good communication and coordination with various people throughout the writing process.⁷ In my opinion, to improve team morale, it is important to be encouraging in your emails. For example, tell your colleagues when they have done a great job or thank them for meeting a deadline. By having regular positive interactions with your colleagues, you will strengthen your team, which can only benefit the overall productivity of your business.

Considerations for working in multinational teams

As it is often difficult to find a time that overlaps with the multiple offices in your team, email is the most effective way of communicating. It is important to be mindful of tone and to be polite, kind and respectful of cultural differences in all your correspondence. Some other considerations for working with people in other countries include budgeting in different currencies and the challenges of working across multiple time zones.

Working out the budget

When you are working with medical writers from another country, it is important to consider the different costs that may be involved. For example, the typical salary in India may differ from that in Australia. Will the company pay you in your local currency or in theirs? Does the company pay per word or will they give you a fixed budget for the entire project? It is important to be very clear in your initial emails, making sure that you state both the currency and the expected costs before you begin. Working out these details before you start is important to avoid any tension or misunderstandings over payment.

Working in different time zones

Timelines and deadlines for jobs can become difficult when working across time zones. To remove any confusion, make sure you are clear which time zone you are referring to (e.g. time in London or time in Sydney) when you state a deadline. It also helps to be consistent when you refer to time zones. For example, use your own time zone (or your colleague's time zone) in all your communications.

Considering the time zone where your colleague is working is really important. I know that if I send an email at 9am Australian time, I'm not going to hear back from the UK until about 5pm

when they start arriving at the office. I don't encourage working 24/7 but sometimes when a project has an urgent deadline, longer working hours will be required. For example, if working a couple of hours later means that you send the paper back to your co-worker so they have it first thing in the morning, this is better than wasting a whole day because you logged off at 5pm. Similarly, sometimes you may have to work on a Saturday, when it is still Friday for your other team members, in order to meet deadlines.

Being open and flexible to working outside typical office hours can benefit your business. Personally, I try to respond to emails as often as I can, even if it is outside of my typical working hours. Sometimes, someone on your team will need a quick response for the client, and although it may be 10pm at night, a quick email back can be really helpful. If it is difficult to respond to emails outside your normal working hours, consider putting an automatic out-of-office reply on your email for when you log off for the day to help remind your colleagues of your different time zone.

Conclusions

Teams of medical writers consisting of NEs and NNEs are highly efficient and effective in meeting the needs of our clients. While science is currently communicated in the *lingua franca*, the translation of research into some of the world's more common languages (e.g. Mandarin, Spanish, Portuguese, or French) may become increasingly more common. Therefore, in the future, these multinational medical writing teams of NEs and NNEs will only become more in demand. We must continue to work together with the common goal of communicating science effectively. If we recognise the unique skills that both NNEs and NEs bring to the table, multinational teams of medical writers will only grow stronger, and our clients will be the ones who benefit.

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Can multilingual medical writers with native English level the playing field for non-native English speakers?

English became the *lingua franca* of medical science

At the turn of the twentieth century, at least 40% of publications in the *New England Journal of Medicine* (NEJM) were in French, 10% were in German, the remaining 50% in English. This reflects the multicultural attitude of scientific research at that time. Even in Australia, students of science at the University of Sydney were studying scientific French and German. In 1981, less than 1% of NEJM publications were in either French or German and hardly any medical or science students were studying French or German (unless as an elective). What happened?

During World War II, isolated, national medical communities and single authors began to collaborate. Afterwards, these scholarly exchanges gave way to substantial transnational research teams and the English language became *the language* for international scientific communication. It would become a means to gain general professional recognition and allowed medical communities to participate in and adapt to modernisation. The publish or perish race was on!¹

Later on, medical collaboration took yet another breathtaking step into the future. One unusually warm morning in London, June 1957, an elite group of American and British physicians were linked (for more than an hour) via the new undersea cable. This *joint meeting* of the American Medical Association, then in annual session in New York, and the Harvey Tercentenary Congress, convened in London, for the first time heard distinguished panellists on both sides of the Atlantic exchange information on cardiac surgery. International medical communication was born!²

By the 1980s the Institute for Scientific Information (ISI) had greatly stimulated citations with the *Science Citation Index*. Studies from these data¹ showed that, across the globe in science in general, an increasing number of non-Anglophone investigators were publishing in English in both their local and Anglo-Saxon journals. If scientists expected to be read and

cited, they had to publish in English. Unsurprisingly, by the early 1990s English had been well and truly established as the *lingua franca* for scientific and medical communication.^{3–5}

Nowadays, with English as the universal language of international scientific and medical collaboration, specialists and researchers from all around the world can share their knowledge and experience more easily and with multilingual audiences. International scientific meetings in particular provide a formal venue for transnational interactions and online open access has brought groundbreaking science to desktops in the farthest corners of the world. This is particularly important in science, as different ideas create an environment for debate! The unique knowledge that these specialists have gained from their local experience using local techniques, traditions or medicines is valuable for finding solutions that the medical world faces. Being able to effectively communicate in scientific English allows researchers to openly question the science on the table and propose other valid ideas.

The codified norms that give scientific English its style

In recent years, scientific English has been developing a particular style of its own that is (perhaps, thankfully for some) different from Shakespeare, Bronte, or Dickens. Scientific English is a style of language that is specific to medical and scientific research. It has well recognised norms in terms of content and presentation, which are now clearly defined in published guidelines such as International Committee of Medical Journal Editors (ICMJE)⁶ and CONSolidated Standards Of Reporting Trials (CONSORT).⁷ The tone of voice is direct and factual and, increasingly, authors employ simple sentence structures and a restricted vocabulary of common words that can be understood by an international audience. This is an advantage for non-native speakers of English (NNEs)! There is no need to have the descriptive powers of the Bronte sisters to write a good paper in English. Yet, it is important to master this style of writing to be taken seriously on the international playing field.

Although many researchers drawn to the international spotlight are experts in their professional field, they have not always had the appropriate training to use scientific English effectively.

The role of the multilingual medical writer goes beyond editing

So, the multilingual medical writer with native or near native English (NE) has a unique position when working with these medical and scientific experts that goes beyond editing and proofreading. Being able to communicate with the authors in their own language means that the medical writer can easily discuss the project and understand the story that the author wants to tell. Then, they effectively translate these ideas into scientific English style.

When it comes to writing or proofreading clinical study manuscripts, once the text is clean in terms of grammar and punctuation, the multilingual NE medical writer can focus on the key messages and work the text so that the story and logic flows smoothly and is in line with the data. They can also check that the manuscript meets with author and publication guidelines and even identify problems that may arise during peer review. Often, NNE authors are so focused on getting their ideas on to paper and in English that they lose track of what they really wanted to say! The reasoning and logic becomes lost behind *stuck and pasted* sentences and jumbled paragraphs. So, in this case, the multilingual, NE medical writer not only helps to ensure that the English is correct, and fit for purpose, but more importantly helps the author to arrange their ideas and information clearly in scientific English style.

Being a multilingual NE medical writer also has specific advantages when it comes to medical communication publications. These publications differ from clinical study manuscripts in that there is no clinical study report from which to work. Although the story is based on current literature, the key messages contain certain experience-based conclusions. They contain practical, real life knowledge that is becoming increasingly valuable as it complements or explains clinical research data. Usually, the authors know what story needs to be told. In fact, it has probably already been formulated in their mind, told and tested with colleagues over dinner, or between conferences, before arriving at a publishable conclusion. The multilingual NE medical writer works with the authors in their native language to plan the article structure and define the key recommendations or take-home messages to be communicated. Afterwards, the NE medical writer can build the manuscript following scientific English

style, base the story on the published literature, and also fine-tune the text with the authors. Multilingual NE medical writers need to pay particular attention to the story that NNE authors tell. This ensures that their ideas and reasoning are correctly communicated and not confused by an Anglo-Saxon way of thinking.

Another area that is particularly interesting for multilingual medical writers is training. Experienced NE medical writers with knowledge of international scientific style can train NNE speakers to write, speak, and manipulate the language appropriately. Often, non-native researchers can read and understand most technical language but they cannot produce the language themselves. Often, the sentence structure and syntax reflect their native language; some researchers have a working knowledge of casual English but do not know how to speak or write in the professional manner required for publication. Others may be able to communicate well in their area of expertise but not be able to manipulate their spoken or written language sufficiently to deliver powerful messages. These authors require specific training that combines both communication skills with appropriate language.

Therefore, multilingual NE medical writers are well placed to provide NNE authors with much more than correcting spelling and grammar. By assisting them with their written and oral communications, authors can get their message across clearly and they move a step closer to achieving their professional objectives. On the same score, the scientific world moves to a more balanced arena where innovative ideas can be presented and discussed and conclusions reached using a common *lingua franca*.

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