

8 Tonesk X, Buchanan RG. An AAMC pilot study by 10 medical schools of clinical evaluation of students. *Med Educ* 1987;**62**:707–18.

9 Norcini JJ. Peer assessment of confidence. *Med Educ* 2003;**37**: 539–43.

10 Albanese MA. Challenges in using rater judgements in medical education. *J Eval Clin Prac* 2000;**6**:305–19.

Correspondence course – advice on writing for *Medical Education's* Letters section

Julie Brice

There are two main reasons why *Medical Education* publishes letters to the editor. First of all, our readers like them. Our letters section offers the most immediate response to topical issues that can be achieved in a monthly journal, and because of this, all letters to the editor are fast-tracked for publication and posted on our website, <http://www.mededuc.com> immediately they are accepted for publication. We encourage authors to send correspondence to *Medical Education* and in fact, the acceptance rate for letters to the editor, at 54.5% in 2004, is considerably higher than for other types of article (around 20–25%).

Second, we believe that, as the World Association of Medical Editors advises:¹ 'All journals should have space in which published work can be questioned, and errors pointed out. Authors should always be given the opportunity to reply to any letter about their work that is accepted for publication. Later work that amplifies previously published work may also warrant publication as a letter to the editor rather than publication as a new original article.'

Correspondence: Julie Brice, Managing Editor, *Medical Education*, ITTC, Tamar Science Park, Davy Road, Plymouth PL6 8BX, UK.
Fax: 01752 764413;
E-mail: Julie.Brice@mededuc.com

doi: 10.1111/j.1365-2929.2005.02261.x

It is vital for the academic integrity of the journal that we offer an opportunity for qualification and correction of the articles we publish – sometimes expressed as post-publication peer review.² We would be the first to admit that the peer review system is not perfect. There is ample evidence to show that editors and reviewers sometimes get it wrong during the decision-making process. A search for errata on the National Library for Medicine's website produces over 3000 results.³ Readers, sometimes more expert in a particular field than the editors, may detect an error of fact or faulty analysis of data in a paper and we welcome the opportunity for the record to be set straight.

Usually, however, the issue is not so much an actual error, but what the letter-writer considers to be a misinterpretation or questionable emphasis in a paper. It is these types of debate that really get people talking and which add so much to the interest and value of our letters section. Letters to the editor are not always critical of work published; sometimes writers want to offer further evidence in support of a paper's findings or to add more weight to a discussion.

In *Medical Education* the letters we publish are chiefly, although not exclusively, inspired by previously

published articles. Sometimes the letter-writer may simply want to draw readers' attention to an interesting idea or preliminary finding, or to express a short but pithy opinion on a current issue in the field.

Whatever your reason for writing a letter to the editor, we would like to offer some basic advice which will add considerably to its chances of getting published.

- First of all, everything that appears in *Medical Education* is, without exception, assessed on its originality, academic rigour and educational importance. This includes letters to the editor. If you have something to say, make sure that you are not simply repeating old arguments, that you offer evidence to back up your points and that what you say will be of use to the general international readership of the journal.
- Second, please read the guidelines for authors carefully and make sure that your letter conforms. It should be no longer than 400 words, with no tables or references unless absolutely unavoidable.
- Check your writing style. We encourage all writers to *Medical Education* to write clearly and economically, but this is particularly important for letter-writers, who have only 400 words to

make their point. Try to avoid self-important, 'academic-sounding' language; there is a clear distinction between scholarship and pomposity. Keep your style succinct and your sentences short. Make only a couple of key points at the most. If you try to cram too much into your letter, you risk losing the reader.

- If English is not your first language, you should have your piece checked by an English-speaking colleague.
- Avoid repeating what readers already know: 'In their interesting paper in *ABC Journal* in November 2005, Smith and colleagues of XYZ University make the common but mistaken point that...' will cause readers to turn the page. A brief summary and reference are sufficient.
- Enclose a covering note to the editor to explain why you think *Medical Education* readers will be interested in your letter.

The next points are aimed especially at authors who want to write a critical response to a published paper.

- Avoid personal attacks and sarcasm. It is tempting to try to score points in a letter, especially when you feel your favourite point of view has been savaged, but it lowers the tone of the discussion and can be off-putting to readers who do not necessarily share your views.
- Keep your comments positive and collegial. Look at the letters pages in leading journals to see examples of how successful letter-writers frame their arguments in a clear, scholarly and, above all, *constructive* tone.
- It is good advice to wait until you have calmed down enough to write objectively, but be swift in sending your letter to the editor. The production process of journals means that it may take a couple of months to get

your letter into print. Editors do not want to publish out of date material.

Readers enjoy letters to the editor, and they are a positive sign of an academic community in vigorous debate with itself. They are indexed on Medline and are a useful way of getting your views into print. So if you have something you feel is worth saying, do not confine your comments to a few colleagues in the clinic or staff room; write to *Medical Education* about it.

REFERENCES

- 1 <http://www.wame.org/syllabus.htm>. Accessed 13 June 2005.
- 2 Horton R. Post publication criticism and the shaping of clinical knowledge. *JAMA* 2002;**287**:2843-7.
- 3 <http://www.ncbi.nlm.nih.gov>. Accessed 13 June 2005.