Self-plagiarism

PAUSD - RAW BAR
Friday August 24th

Lasse Østengaard
Research librarian, MSc.
University Library of Southern Denmark
Head of the screening program at SDUB

Hans Jørn Kolmos
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FILM OG TV 7. OKT. 2016 - 13.56

Ny plagiatskandale i 'Den store bagedyst': Her er Jettes egen forklaring

BT FREDAG 23. FEBRUAR 2018

Monsterfilm sagsøgt for plagiat

Producenterne bag 'The Shape of Water', der er Oscar-nomineret, er ramt af søgsmål

16 | Ekstra Bladet LØRDAG 7. APRIL 2018

TRE AVISER BLEV SNYDT

Mogens Jensen erkender plagiat

Den tidligere minister kunne simpelthen ikke udtrykke sin holdning mere præcist, hvis han havde formuleret sit eget læserbrev, forklarer han

Kina stopper bibelsalg

Kina er tilsyneladende ved at indføre et stop for salg af bibler på internettet.

Det sker i forlængelse af det kommunistiske partis ønske om at skærpe kontrollen med religioner – og med bøger, der ikke er godkendt.

Torsdag skrev CNN, at man ikke kunne købe bibler hos nethandlerne i Kina.

BERLINGSKE
3. SEKTION TIRSDAG 9. JANUAR 2018

Radiohead sagsøger Lana del Rey for plagiat

Det britiske rockband mener, at Lana del Rey har planket store dele af deres gennembrudshit »Creep«.

Why do we screen for plagiarism?

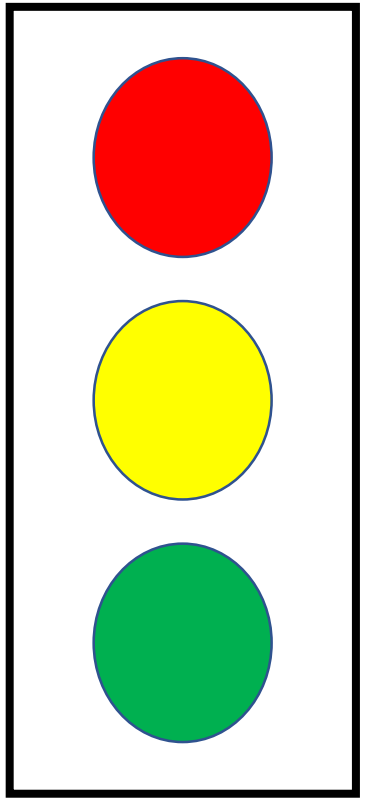
A consequence of the “Penkowa case”

And we want to help you!

What is plagiarism?

“Plagiarism is using other people’s work and ideas without giving proper credit to the original source, thus violating the rights of the original author(s) to their intellectual outputs.”[1]

“Re-publishing substantive parts of one’s own earlier publications, including translations, without duly acknowledging or citing the original (‘self-plagiarism’)” [1]



[1]The European Code of Conduct for Research Integrity, REVISED EDITION, 2017

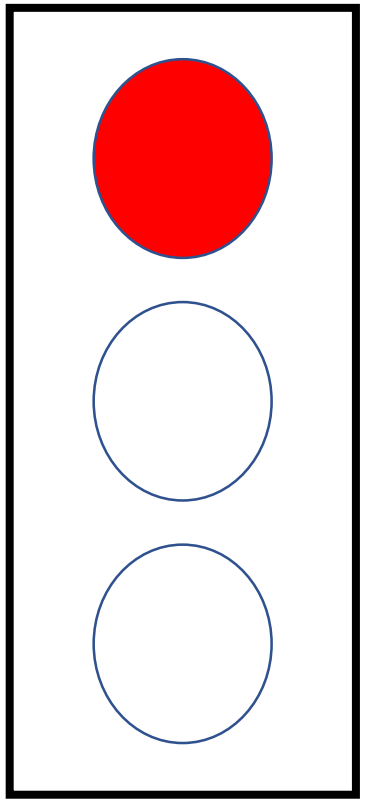
Plagiarism is research misconduct!

Case from 2011 in Germany[1]

The former German Minister of Defence Karl-Theodor zu Guttenberg (aka. Baron Cut-and-Paste) doctoral dissertation contained plagiarism on 94 % of the pages.

Case from 2012 in Hungary[2]

It was revealed that 18 out of 215 pages of the former Hungarian President Pàl Schmitt doctoral dissertation were written by himself.

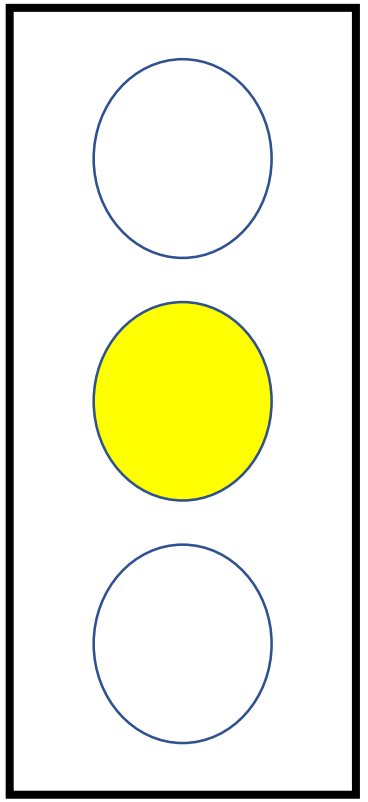


[1] http://www.bbc.com/news/world-europe-12566502
[2] https://www.nytimes.com/2012/04/03/world/europe/hungarian-president-pal-schmitt-resigns-amid-plagiarism-scandal.html

Self-plagiarism can be a violation of good research practice.

Esben Lunde Larsen PhD thesis contained 19 recycled text pieces.

The recycled text were of relative limited length, non-controversial content and unintended. His actions were not a violation of good research practice[1].



[1] http://teol.ku.dk/nyheder/nyheder2016/afgoerelse_fra_praksisudvalget/Afg_relse.pdf

Dilemmas and grey areas

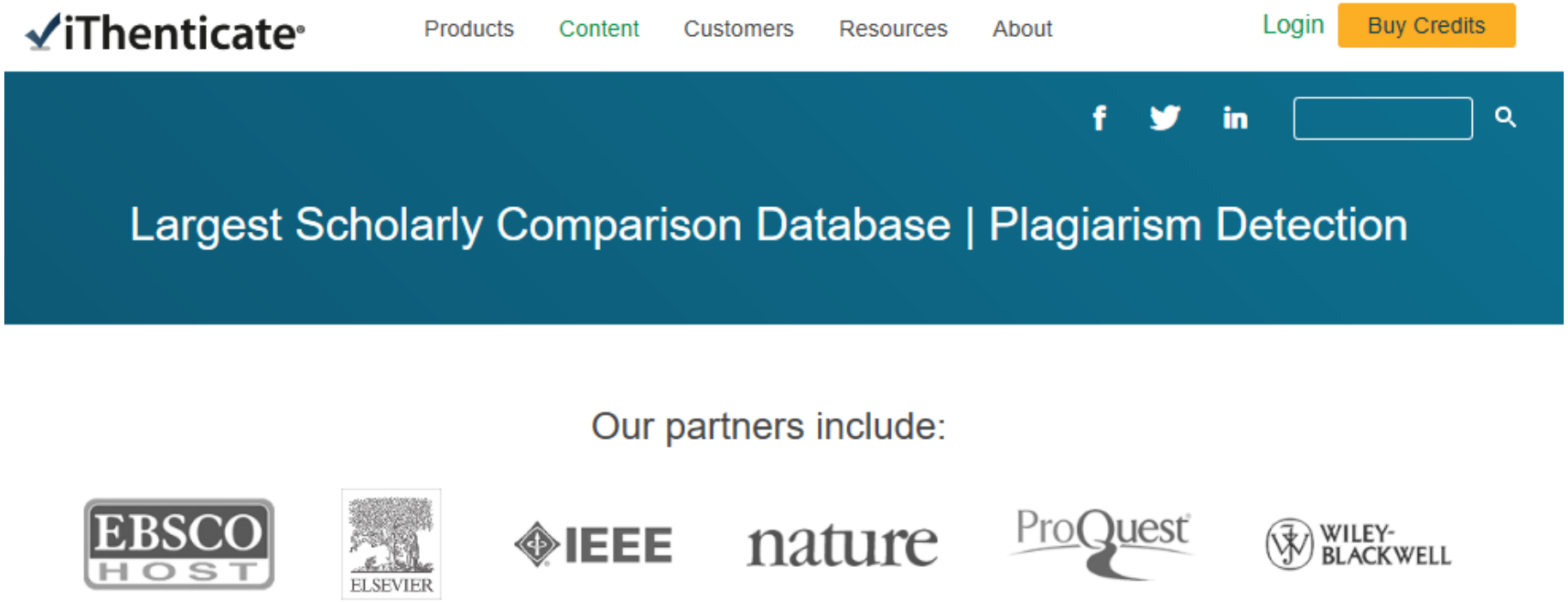
Paraphrasing

‘Common knowledge’

Deliberate fraud or a sloppy job

Copyright

Our tool



The PhD theses are compared to the following database items:

50 Million - Scholarly articles, books and conferences proceedings
110 Million - Published works from journals, periodicals, magazines, encyclopedias and abstracts
60 Billion - Current and archived web pages

https://www.ithenticate.com/content

ORIGINALITY REPORT

24%

SIMILARITY INDEX

2115 words • 29 matches • 26 sources

Center for Evidence-Based Medicine
Odense University Hospital
May 2018

Citation principles in clinical research: the CITAR-c[1] project

A PhD project proposal

By

Lasse Østengaard[2,3,4]

Main supervisor

Asbjørn Hróbjartsson[2,3]

[1]CITation Attendant for Research – clinical

[2]Center for Evidence-Based Medicine, Odense University Hospital

[3]Odense Patient data Explorative Network (OPEN), Odense University Hospital

[4] University Library of Southern Denmark, University of Southern Denmark

Introduction

The citations in a clinical research report communicate the link between the investigation and the relevant preceding research. This link is essential for a transparent evaluation of the originality of the investigation, for a balanced interpretation of the impact of its results, and for a fair academic accreditation of its authors. Furthermore, number of citations accredited to a researcher, a research department or a research institution (e.g. a university) is increasingly directly linked to funding or academic promotion.

Adequate citation practices facilitate reduction of unnecessary research duplication (i.e. "research waste") because relevant earlier research will have been identified, and a proposed project either stopped or modified (1, 2). Research waste is fairly common and has been the focus of a serious of Lancet articles (1). An extreme example of research waste was reported in a cumulative meta-analysis of 64 randomised clinical trials investigating the effect of aprotinin in cardiac surgery (3). The study showed that researchers were not adequately citing previous trials. After the 12th study the effect of aprotinin evidently established, but nevertheless, 54 additional trials were conducted (3). A focus on adequate identification and citation of previous trials would most likely have reduced that number.

Adequate citation practices will also improve unbalanced interpretation of research findings (i.e. "research spin") (4, 5). Preferred citation of positive studies (6) and selective use of references that support a hypothesis (7) are ways to spin research papers (8). Explicit criteria for good citation praxis could facilitate a reduction of research spin.

Furthermore, adequate citation practices will promote a just academic credit as strategic referencing (such as doubtful self-referencing or strategic referencing to boost h-factor) will be reduced (9). Explicit criteria for good citation praxis could facilitate a reduction of unwarranted self-referencing and an increase in citation of methodologically and conceptually sound studies (10).

There is a considerable bibliometric literature on citation patterns and citation indices, but there has been very little academic focus on characterising and analysing the principles for adequate citing. For example, no specific guideline for adequate citation practices has been published, and we are unaware of previous studies of citation principles within clinical research (or other research fields)

based on interviews with researchers or questionnaires. This is unfortunate since citations are an essential element of research communication. We suspect a widespread uncertainty about which citing principles should be applied.

Objective

The objective of the proposed PhD project "CITAR-c evidence" is to characterise and analyse the content and variability of principles for citations in clinical research. The study will provide an empirical basis for reflections on adequacy of citations, and serve as the evidence foundation for the development of a citation guideline, the "CITAR-c guideline", a planned extension of the present PhD study.

Aims and methods for the sub-projects

The PhD project will consist of four subprojects: 1) a scoping review, 2) a case study, 3) a qualitative interview study and 4) a questionnaire study. All four subprojects will address citations principles in investigations that a) are clinical (involving patients or potential patients), and b) are reported in IMRD format (ref).

Subproject 1. Advice and policies for citation principles in clinical research: A scoping review

Our aim is to identify, summarise and analyse publications providing advice for citation in clinical investigations.

We will conduct a scoping review of formal documents (publications and journal home pages) including citation policies or formal advice on citation principles. We will exclude documents that only address the format of citations.

Searches for relevant documents will be conducted in full text databases (e.g. Google Scholar, Web of Science) supplemented by PubMed and Embase. A representative sample of 10 textbooks in medical writing and clinical epidemiology and 40 journal home pages will also be surveyed. Furthermore, reference lists of all the included documents will be read.

One reviewer will screen titles and abstracts of all identified documents and then assess full text documents with a second reviewer (and if necessary a third reviewer will act as arbiter). Endnote

will be used for managing the references and Covidence will be used in the study in- and exclusion process. The screening process will be displayed using a flow-chart.

The documents will be summarised and analysed with a descriptive-analytical method using Hillary Arksey and Lisa O'Malley' proposed framework for "*Charting the Data*" and "*Collating, Summarizing and Reporting the Results*", in scoping studies *(11)*. The 'data charting form' will be developed in Excel and pretested. The literature will be organised thematically in relation to the different citation principles.

Subproject 2. Citation practices in clinical research: A case study

Our aim is to characterise and analyse the content and variability of what readers of clinical research publications consider adequate citation practices.

We will conduct a case study. We will ask 24 clinical researchers to read 15 clinical research papers stripped for citations, and to mark where they consider a citation would be in place and what type of citation they have in mind.

We will invite researchers by geography, profession and research experience to ensure a broad representation.

The study will be web-based using the software REDCap (12) to deposit the research texts and the participants answers. The 15 texts pieces will represent main types of clinical research (e.g. diagnostic accuracy study, randomised trials, epidemiological studies, systematic reviews, and other).

We will analyse differences between researchers from different subtypes of clinical research. We will additionally analyse the variation of citation practices between the researchers and compare their answers to the references of the original paper.

Subproject 3. Citation principles and dilemmas in clinical research: An interview study

Our aim is to characterise and analyse researchers' citation principles and dilemmas in clinical research.

We will conduct a qualitative interview study. The participants from subproject 2 and the authors of the 15 text pieces will be invited to this qualitative interview study. The interviews will be semi-structured based on a pretested interview guide. The interview guide will address the researchers'

thoughts and reflections concerning citation principles and dilemmas based on the answers from the case study.

We will focus on how many citations are needed, when to cite, and when self-citation is reasonable. Furthermore, we will address whether to prioritize citation of the most recent study, the methodical most robust study, the study conducted by local researchers, or the study published in the journal with the highest impact factor will be addressed. Finally, we will also address the perceived function of citations in introduction, methods, results and discussion section of a typical IMRD type publication.

The interviews will be recorded, transcribed ad verbatim, and analysed using the software NVIvo according to systematic text condensation (13) Systematic text condensation consists of the four steps. *"1) total impression – from chaos to themes; 2) identifying and sorting meaning units – from themes to codes; 3) condensation – from code to meaning; 4) synthesizing – from condensation to descriptions and concepts."* (13) We will display meaningful quotations from the researchers and discuss the descriptions and concepts derived from systematic text condensation.

Subproject 4. Citation principles and practices in clinical research: A questionnaire study

Our aim of this subproject is to characterise and analyse citation principles in clinical research, and to explore to which extent they differ between main subtypes of clinical research.

We will develop a questionnaire for a random sample of 300 first authors of clinical research papers published in 2018. The sample will be identified through publications in PubMed, starting from the most recent publication, until 300 unique clinical researchers have been identified.

The questions will be influenced and developed on the basis of information provided from the scoping review, observational case study and the qualitative interview study. We will pilot test the survey on 10 clinical researchers. We will contact each of the 300 researchers by email with a description of the study and a link to an online survey. We will use the software REDCap (12) for managing the survey. To increase the response rate will reminders be send out to non-responders every second week until no new questionnaires have been filled in during a two-week period.

The questionnaire will not only address the citation principles but also the procedures behind their practices (e.g. do you read the entire paper before citing it?). We will descriptively display the researchers answers and analytically look for patterns by comparing researchers from different professions and explore to which extent answers differ between various subtypes of clinical research.

General perspective and relevance

The PhD project will clarify in detail the content and variability of what clinical researchers consider as adequate citation principles. It will provide a systematic empirical foundation for discussions of citation adequacy, and will also provide an evidence base for the planned extension study: development of a citation guideline. This interdisciplinary project intersects clinical epidemiology and library research, triangulating results from systematic review, case study, qualitative interview, and quantitative questionnaire. The project provides the first comprehensive analysis of citation principles within clinical medicine and within academia more broadly.

Project feasibility

The project will start September 1st, 2018. The main supervisor will be Professor Asbjorn Hróbjartsson from Center for Evidence-Based Medicine. David Moher, the lead researcher of the influential CONSORT (14) and PRISMA statements (15), is part the steering group of the overall CITAR project. The applicant PhD student, Lasse Østengaard, has experience with core aspects the proposed methodology of the project. He works at both Center for Evidence-based Medicine at Odense University Hospital and the University Library of Southern Denmark.

The timeframe, milestones and success criteria for the four projects are described in the following Table[1].

	Months 0-6	Months 7-12	Months 13-18	Months 19-24	Month 25-30	Month 31-36
Project 1	Protocol Searches	Study inclusion Analyses	Analyses Submission			
Project 2		Development of material for case study	Pilot testing	Observation	Analysis Submission	

[1] The Table shows a three-year timeframe. The proposed PhD project will be conducted as a part time PhD project and the timeframe periods will therefore each take 12 months compared to the 6 months, as shown in the Table.

Project 3		Interview guide development	Pilot testing Interview guide	Interviews Transcription	Analysis Submission	
Project 4				Questionnaire development	Pilot testing Questionnaire	Analysis Submission

Ethical considerations

Participants will be asked to consent to participate in the studies. In the interview study, will participants be clearly informed that the interviews will be recorded. All data will be handled with strict confidentiality and information from the studies will be written in an anonymous format. We will contact The Regional Committees on Health Research Ethics for Southern Denmark to waiver ethical approval in accordance with the Danish law (Komiteloven § 14, stk.2), as this study does not involve human biological material.

References

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2. Sawin VI, Robinson KA. Biased and inadequate citation of prior research in reports of cardiovascular trials is a continuing source of waste in research. J Clin Epidemiol. 2016;69:174-8.
3. Fergusson D, Glass KC, Hutton B, Shapiro S. Randomized controlled trials of aprotinin in cardiac surgery: could clinical equipoise have stopped the bleeding? Clin Trials. 2005;2(3):218-29; discussion 29-32.
4. Lazarus C, Haneef R, Ravaud P, Hopewell S, Altman DG, Boutron I. Peer reviewers identified spin in manuscripts of nonrandomized studies assessing therapeutic interventions, but their impact on spin in abstract conclusions was limited. J Clin Epidemiol. 2016;77:44-51.
5. Als-Nielsen B, Chen W, Gluud C, Kjaergard LL. Association of funding and conclusions in randomized drug trials: a reflection of treatment effect or adverse events? JAMA. 2003;290(7):921-8.
6. Egger M, Dickersin K, Davey Smith G. Problems and limitations in conducting systematic reviews. In: Egger M, Davey Smith G, Altman DG, editors. Systematic Reviews in Health Care: Meta-analysis in Context. 2nd ed. London: BMJ Publishing Group; 2001. p. 43-68.
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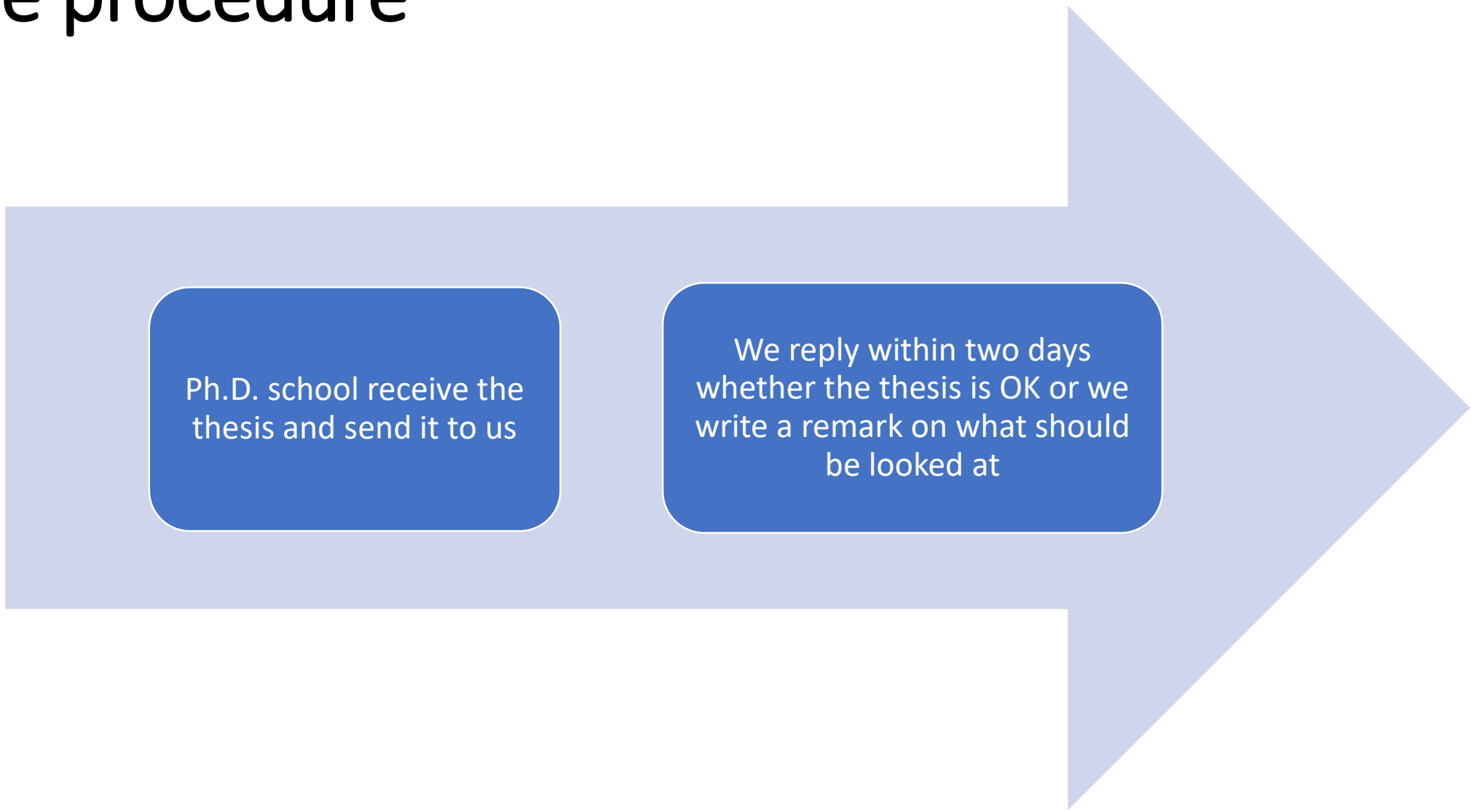
8. Fletcher RH, Black B. "Spin" in scientific writing: scientific mischief and legal jeopardy. Med Law. 2007;26(3):511-25.
9. Ioannidis JP. A generalized view of self-citation: direct, co-author, collaborative, and coercive induced self-citation. J Psychosom Res. 2015;78(1):7-11.
10. Anderson MS, Ronning EA, De Vries R, Martinson BC. The perverse effects of competition on scientists' work and relationships. Sci Eng Ethics. 2007;13(4):437-61.
11. Arksey H, O'Malley L. Scoping studies: towards a methodological framework. International Journal of Social Research Methodology. 2005;8(1):19-32.
12. REDCap [Available from: https://www.project-redcap.org/.
13. Malterud K. Qualitative research: standards, challenges, and guidelines. Lancet. 2001;358(9280):483-8.
14. Schulz KF, Altman DG, Moher D, Group C. CONSORT 2010 statement: updated guidelines for reporting parallel group randomised trials. BMJ. 2010;340:c332.
15. Moher D, Liberati A, Tetzlaff J, Altman DG, Group P. Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. PLoS Med. 2009;6(7):e1000097.

An example from a discussion

When medical doctors are working together there is a stronger likelihood of mutual collaboration (51, 52), support in daily routines and a flow of new knowledge and when a practice is engaged in teaching of junior doctors (53), it is equally likely that more influences and challenges will arise within the medical practice. This also applies to having more staff employed (54). Medical engagement is thus influenced by the setting of the general practice, and the setting is reflecting the GPs' medical engagement. Physician engagement or medical engagement is closely related to concepts as job satisfaction and burnout. The results from this study are comparable with previous evidence, showing that increased job satisfaction among GPs was associated with social support systems such as coping strategy (51), feeling of clinical competence and opportunity to use medical knowledge (52, 53), teaching (53), relationships with partners and colleagues and cooperation with colleagues and fellow workers (52, 54). Dissatisfaction and burnout were associated with many hours at work (50, 55) and lack of recognition. This study did not find a linear relationship with increasing medical engagement and the number of GPs working together. Actually it seemed that in partnership practices medical engagement declined with an increasing number of GPs working together. Throughout their medical career, Danish GPs are waiting to have their own business, and they are trained to develop leadership skills and might have ambitions of their own to create a specific culture and organisation. We are thus left to ask ourselves, if having an abundance of leaders is such a great thing, what accounts for the enduring popularity of maxims warning against having too many leaders, e.g. "Too many cooks spoil the broth." Does bringing together a large number of leaders eventually backfire? Perhaps the ability to influence daily routines, implement new ideas, and reach an agreement with your colleagues become easier the fewer persons are working together?

The procedure



Our screening procedure

The PhD thesis is searched for blocks of text which is identified by iThenticate as identical with other sources.

Especially the introduction, results, discussion and conclusion should not contain to many identical text pieces.

A few identical text pieces and lines of limited length can be accepted, but whole paragraphs should result in a remark.

The method, reference list and the appendix are not examined.

Limits and dilemmas

Students without (or with few) published articles in relation to their PhD thesis are less likely to be caught in self-plagiarism

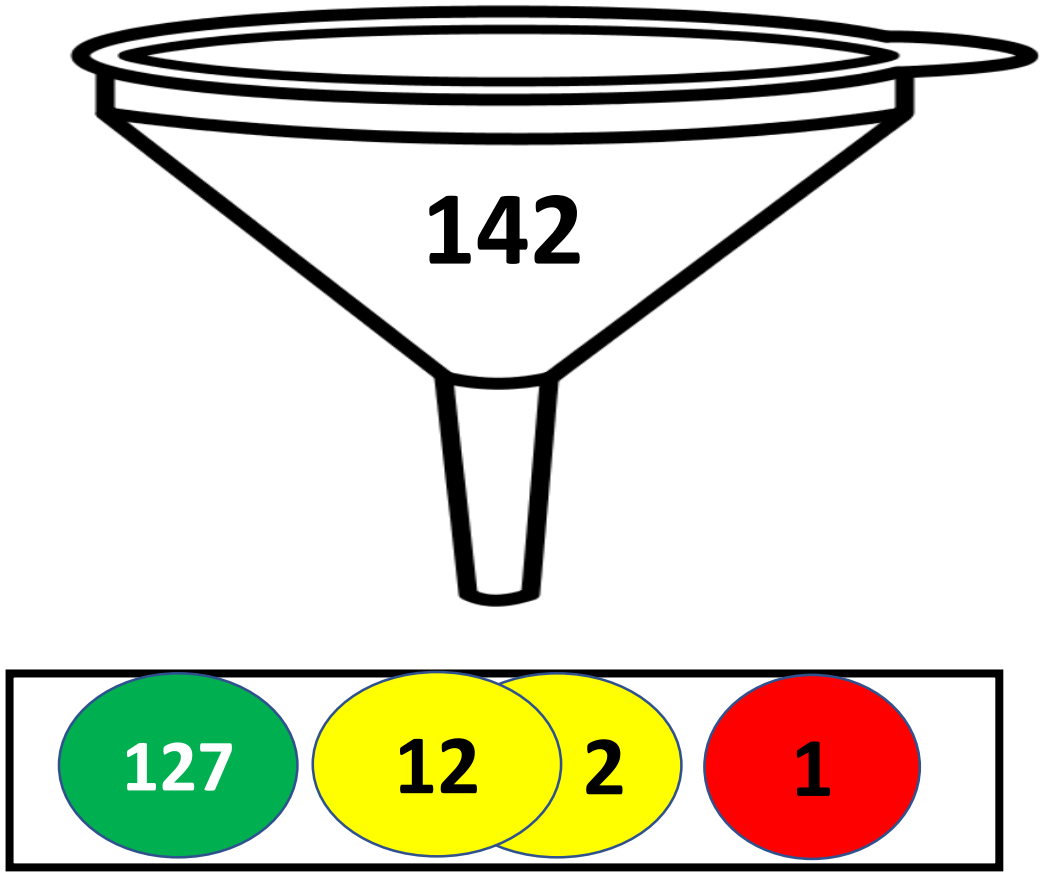
Translation

Reliability in comparing text with web pages

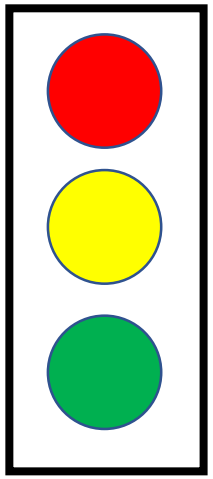
There are different opinions on what is acceptable in the different research fields

Screening for plagiarism

Graduate School, Health Sciences SDU, - since May 2017



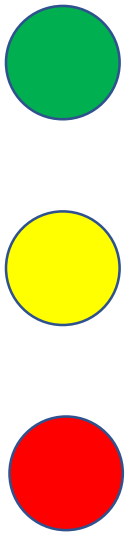
New procedure (1)



The Ph.D. supervisor sends the thesis to us

We reply within three days whether the thesis is OK or we write a remark

New procedure
(2)



Submission of thesis

Supervisor decides what to do:

1. Revision followed by new screening
2. Declares thesis to be de facto green - submission

Supervisor contacts Ph.d. School & Dean

No discussions between supervisor and SDUB

Take home message

We want to help you

Remember to give proper credit to the original source

Good advice:

Plan your time as good as possible when you write your PhD thesis (the bad cases looks like rushed decisions)

Take a look at http://stopplagiat.nu/en/