

의학학술지의 국제화 전략

2023

2023.08.19

한양대학교 의과대학 한 동 수
의학학술지편집인협의회 회장

Database별 학술지 수 (2023.03.22)

Database	Number of journals	% of 276
MEDLINE	27	9.8
PMC	125	45.3
SCOPUS	127	46.0
SCIE, A&HCI	55	19.9
ESCI	44	15.9

세계 톱100 대학에 한국 5개 진입...佛·獨·日보다 많아

QS 세계대학평가

최은경 기자

업데이트 2023.06.28. 07:32



영국의 글로벌 대학 평가 기관 QS(Quacquarelli Symonds)가 28일 새벽 발표한 '2023 세계대학평가'에서 한국 대학 5곳이 100위 안에 들었다. 서울대는 학계 평판과 취업 성과 지표에서 각각 10위, 20위 안에 진입했다. 광주과학기술원과 대구경북과학기술원은 논문 영향력을 보여주는 지표에서 10위 안에 포함됐다.

QS 세계대학평가 순위

순위	대학	순위	대학
1	MIT(미)	16	예일대(미)
2	케임브리지대(영)	17	베이징대(중)
3	옥스퍼드대(영)		프린스턴대(미)
4	하버드대(미)	19	뉴사우스웨일스대(호)
5	스탠퍼드대(미)		시드니대(호)
6	임페리얼칼리지(영)	21	토론토대(캐)
7	ETH취리히(스)	22	에든버러대(영)
8	싱가포르국립대(싱)	23	컬럼비아대(미)
9	UCL(영)	24	PSL(프)
10	UC버클리(미)	25	칭화대(중)
11	시카고대(미)	26	난양공대(싱)
12	펜실베이니아대(미)		홍콩대(홍)

동아일보 | 사회

서울대 등 52개大 英QS대학평가 보이콧... “영어권 대학에 유리하게 설계돼 불공정”

조유라 기자

입력 2023-06-26 03:00 | 업데이트 2023-06-26 03:00



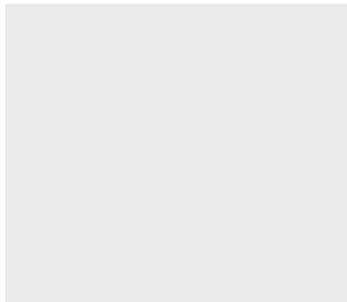
2023

“영어권 언론에 동문 언급되면 가점
국제연구네트워크 지수 등 불합리”
QS, 평가와 함께 컨설팅도 운영
“대학평가 구실로 장사” 비판 받아

서울대, 연세대, 고려대, KAIST 등 전국 52개 주요 대학이 내년부터 영국 QS 세계대학평가에 불참하기로 했다. 이들은 QS에 새로 도입된 평가 방식이 영어권 대학에 유리하게 설계되어 불공정하다고 지적했다.

52개 대학 기획처장들은 25일 낸 공동 성명에서 “한국 대학은 올해 QS 세계대학평가 순위에서 제외될 뻔한다”며 “QS가 순위를 발표하는 경우 향후 한국 대학들은 데이터를 내지 않고 평가에 참여하지 않을 것”이라고 했다.

QS 세계대학평가는 영국 대학평가 기관인 ‘쿼커렐리 시먼즈’에서 매년 발표하는 전 세계 대학 순위로, 2004년부터 시작했다. 전 세계 1500여 개 대학을 평가한다. 조선일보는 2009년



- 많이 본 뉴스** 베스트 추천 뉴스
- 1 국회 윤리자문위, ‘코인 논란’ 김남국 제명 권고
- 2 아내 역할만 한다면 김건희 여사...레드라인 다가온다[윤다빈의 세계 속...]

2023년 6월 28일 조선일보
2023년 6월 30일 동아일보

왜 등재해야 하는가?

- 기관의 업적평가 방침의 변화
- 노출 효과에 따른 투고논문 수 증가
- 학회 위상 재고 2023

JCR, Gastroenterology/Hepatology category OA 비율

N=137	Q1	Q2	Q3	Q4
IF, avg	14.795	4.279	3.052	1.516
% Gold OA	41.85	39.16	39.58	56.86
ESCI/Q4	0/23	1/24	5/29	23/62

2023



The [Committee on Publication Ethics](#) (COPE), the [Directory of Open Access Journals](#) (DOAJ), the [Open Access Scholarly Publishing Association](#) (OASPA), and the [World Association of Medical Editors](#) (WAME) are scholarly organisations that have collaborated to identify principles of transparency and best practice for scholarly publications. This is the fourth version of a work in progress (published 15 September 2022). We encourage its wide dissemination.

PRINCIPLES OF TRANSPARENCY AND BEST PRACTICE IN SCHOLARLY PUBLISHING – OVERVIEW



<https://doi.org/10.24318/cope.2019.1.12>

WoS Evaluation Steps and Criteria

1. Initial triage →		2. Editorial triage →		3. Editorial evaluation →	
Quality Criteria				Impact Criteria	
<ul style="list-style-type: none"> • ISSN • Journal title • Journal publisher • URL (online journals) • Content access • Presence of peer review policy • Contact details 	<ul style="list-style-type: none"> • Scholarly content • Article titles and article abstracts in English • Bibliographic information in Roman script • Clarity of language • Timeliness and/or publication volume • Website functionality / Journal format • Presence of ethics statements • Editorial affiliation details • Author affiliation details 	<ul style="list-style-type: none"> • Editorial board composition • Validity of statements • Peer review • Content relevance • Grant support details • Adherence to community standards • Author distribution • Appropriate citations to the literature 	<ul style="list-style-type: none"> • Comparative citation analysis • Author citation analysis • Editorial Board Citation Analysis • Content significance 		

Successful outcomes →			
Starts editorial triage	Starts editorial evaluation	Enters ESCI and is evaluated for impact	Enters SCIE / SSCI / AHCI

Scopus Journal Selection Criteria

Stage 1:

All titles should meet **all** minimum criteria in order to be considered for Scopus review:

Peer-review

English
abstractsRegular
publicationRoman script
referencesPub. ethics
statement

Stage 2:

Eligible titles are reviewed by the Content Selection & Advisory Board according to a combination of 14 quantitative and qualitative selection criteria:

Journal Policy	Quality of Content	Journal Standing	Regularity	Online Availability
<ul style="list-style-type: none"> • Convincing editorial concept/policy • Type of peer-review • Diversity geographic distribution of editors • Diversity geographic distribution of authors 	<ul style="list-style-type: none"> • Academic contribution to the field • Clarity of abstracts • Quality and conformity with stated aims & scope • Readability of articles 	<ul style="list-style-type: none"> • Citedness of journal articles in Scopus • Editor standing 	<ul style="list-style-type: none"> • No delay in publication schedule 	<ul style="list-style-type: none"> • Content available online • English-language journal home page • Quality of home page

Info:

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PTBP	WoS Initial stage	WoS editorial	SCOPUS stage 1	SCOPUS stage 2
Name of journal	Journal Title, ISSN			
Website	URL(online journals)	Website functionality/journal format		Quality of home page, English language journal home page
Publishing schedule		Timeliness and/or publication volume	Regular publication	No delay in publication schedules
Archiving				
Copyright				
Licensing				
Publication ethics and related editorial policies		Presence of Ethics statements	Publication ethic statements	Convincing editorial concept/policy, Quality and conformity with stated aims and scope
Peer review	Presence of peer review policy	2023	Peer review	Type of peer review
Access				Content available online,
Ownership and management	Journal publisher	Editorial and Author affiliation details		Diversity geographic distribution of editors, authors
Advisory body				
Editorial team/contact information	Contact details			Editor standing
Author fees				
Other revenue		Scholarly content		Academic contribution to the field
Advertising		Article titles and abstracts in English	English abstract	Clarity of abstracts, Readability of article
Direct marketing		Bibliographic information in Roman script	Roman script reference	

논문의 구조

RESEARCH

OPEN ACCESS

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Comparison of seven popular structured dietary programmes and risk of mortality and major cardiovascular events in patients at increased cardiovascular risk: systematic review and network meta-analysis

Giorgio Karam,¹ Arnab Agarwal,² Behnam Sadeghirad,^{3,4} Matthew Jalink,⁵ Christine L Hitchcock,⁶ Long Ge,^{3,7,8} Ruhi Kiflen,⁹ Waleed Ahmed,¹⁰ Adriana M Zea,¹¹ Jovana Milenkovic,¹² Matthew AJ Chedrawe,¹³ Montserrat Rabassa,¹⁴ Regina El Dib,¹⁵ Joshua Z Goldenberg,^{16,17} Gordon H Guyatt,^{3,18} Erin Boyce,¹⁹ Bradley C Johnston^{16,20}

ABSTRACT OBJECTIVE

To determine the relative efficacy of structured named diet and health behaviour programmes (dietary programmes) for prevention of mortality and major cardiovascular events in patients at increased risk of cardiovascular disease.

DESIGN

Systematic review and network meta-analysis of randomised controlled trials.

DATA SOURCES

AMED (Allied and Complementary Medicine Database), CENTRAL (Cochrane Central Register of Controlled Trials), Embase, Medline, CINAHL (Cumulative Index to Nursing and Allied Health Literature), and ClinicalTrials.gov were searched up to September 2021.

STUDY SELECTION

Randomised trials of patients at increased risk of cardiovascular disease that compared dietary programmes with minimal intervention (eg, healthy diet brochure) or alternative programmes with at least nine months of follow-up and reporting on mortality or major cardiovascular events (such as stroke or

non-fatal myocardial infarction). In addition to dietary intervention, dietary programmes could also include exercise, behavioural support, and other secondary interventions such as drug treatment.

OUTCOMES AND MEASURES

All cause mortality, cardiovascular mortality, and individual cardiovascular events (stroke, non-fatal myocardial infarction, and unplanned cardiovascular interventions).

REVIEW METHODS

Pairs of reviewers independently extracted data and assessed risk of bias. A random effects network meta-analysis was performed using a frequentist approach and grading of recommendations assessment, development and evaluation (GRADE) methods to determine the certainty of evidence for each outcome.

RESULTS

40 eligible trials were identified with 35 548 participants across seven named dietary programmes (low fat, 18 studies; Mediterranean, 12; very low fat, 6; modified fat, 4; combined low fat and low sodium, 3; Omish, 3; Pritikin, 1). At last reported follow-up, based on moderate certainty evidence, Mediterranean dietary programmes proved superior to minimal intervention for the prevention of all cause mortality (odds ratio 0.72, 95% confidence interval 0.56 to 0.92; patients at intermediate risk: risk difference 17 fewer per 1000 followed over five years), cardiovascular mortality (0.55, 0.39 to 0.78; 13 fewer per 1000), stroke (0.65, 0.46 to 0.93; 7 fewer per 1000), and non-fatal myocardial infarction (0.48, 0.36 to 0.65; 17 fewer per 1000). Based on moderate certainty evidence, low fat programmes proved superior to minimal intervention for prevention of all cause mortality (0.84, 0.74 to 0.95; 9 fewer per 1000) and non-fatal myocardial infarction (0.77, 0.61 to 0.96; 7 fewer per 1000).

The absolute effects for both dietary programmes were more pronounced for patients at high risk. There were no convincing differences between Mediterranean and low fat programmes for mortality or non-fatal myocardial infarction. The five remaining dietary programmes generally had little or no benefit compared with minimal intervention typically based on low to moderate certainty evidence.

CONCLUSIONS

Moderate certainty evidence shows that programmes promoting Mediterranean and low fat diets, with

or without physical activity or other interventions, reduce all cause mortality and non-fatal myocardial infarction in patients with increased cardiovascular risk. Mediterranean programmes are also likely to reduce stroke risk. Generally, other named dietary programmes were not superior to minimal intervention.

SYSTEMATIC REVIEW REGISTRATION PROSPERO CRD42016047939

Introduction

Worldwide, estimates have attributed 22% of adult deaths and 15% of disability adjusted life years to dietary habits. If this is true, diet is a leading cause of death and major morbidity.¹ Advocates have proposed that numerous diets, with or without exercise and behavioural support (referred to as dietary programmes), reduce major cardiovascular events. These diets include those low in total or saturated

fat, or those high in fibre, or those low in refined grains, or those with physical activity or other interventions, reduce all cause mortality and non-fatal myocardial infarction in patients with increased cardiovascular risk. Mediterranean programmes are also likely to reduce stroke risk. Generally, other named dietary programmes were not superior to minimal intervention.

Methods

Protocol registration The study protocol is registered with PROSPERO (CRD42016047939) and is accessible online (https://www.crd.york.ac.uk/prospero/display_record...).

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RESEARCH

poor adherence, with one trial measuring an objective biomarker of adherence (urine sodium) reporting only about 40% of participants achieving the sodium intake goal of 80 mmol/day or less.²¹

Conclusions

In conclusion, this network meta-analysis found that Mediterranean and low fat dietary programmes probably reduce the risk of mortality and non-fatal myocardial infarction in people at increased cardiovascular risk. Mediterranean dietary programmes are also likely to reduce the risk of stroke.

AUTHOR AFFILIATIONS

- ¹Max Rady College of Medicine, University of Manitoba, Winnipeg, Manitoba, Canada
- ²Division of General Internal Medicine, Department of Medicine, McMaster University, Hamilton, Ontario, Canada
- ³Department of Health Research Methods, Evidence and Impact, McMaster University, Hamilton, Ontario, Canada
- ⁴Department of Anesthesia, McMaster University, Hamilton, Ontario, Canada
- ⁵Department of Public Health Sciences, Queen's University, Kingston, Ontario, Canada
- ⁶Oakville, Ontario, Canada
- ⁷Evidence Based Social Science Research Centre, School of Public Health, Lanzhou University, Lanzhou, China
- ⁸Department of Social Medicine and Health Management, School of Public Health, Lanzhou University, Lanzhou, China
- ⁹Ontario Hospital Association, Toronto, Ontario, Canada
- ¹⁰Department of Medicine, University of Toronto, Toronto, Ontario, Canada
- ¹¹School of Nutrition and Dietetics, Universidad de Antioquia, Medellin, Colombia
- ¹²Department of Pediatrics, Cumming School of Medicine, University of Calgary, Calgary, Alberta, Canada
- ¹³Faculty of Medicine, University of British Columbia, Vancouver, British Columbia, Canada
- ¹⁴Iberoamerican Cochrane Centre, Biomedical Research Institute Sant Pau (IB Sant Pau), Barcelona, Spain
- ¹⁵Institute of Science and Technology, Universidad Estadual Paulista, São José dos Campos, São Paulo, Brazil
- ¹⁶Department of Nutrition, College of Agriculture and Life Sciences, Texas A&M University, College Station, TX, USA
- ¹⁷Helgott Research Institute, National University of Natural Medicine, Portland, OR, USA
- ¹⁸Department of Medicine, McMaster University, Hamilton, Ontario, Canada
- ¹⁹Chilmark, London, Ontario, Canada
- ²⁰Department of Epidemiology and Biostatistics, School of Public Health, College Station, TX, USA

Competing interests: All authors have completed the ICMJE uniform disclosure form at www.icmje.org/disclosure-of-interest/ and declare no support from Dalhousie University for the submitted work, no other relationships or activities that could appear to have influenced the submitted work. BCI received a grant from Texas A&M AgriLife Research to fund investigator initiated research related to saturated and polyunsaturated fats. The grant was from Texas A&M AgriLife institutional funds from interest and investment earnings, not a sponsoring organisation, industry, or company.

Ethical approval: Not required.

Data sharing: All data are freely available with the appendices. No additional data available.

The lead authors (the manuscript's guarantors) affirm that the manuscript is an honest, accurate, and transparent account of the study being reported, that no important aspects of the study have been omitted, and that any discrepancies from the study as planned (and, if relevant, registered) have been explained.

Dissemination to participants and related patient and public communities: We plan to disseminate the results to relevant patient communities through the media relations department of our institutions.

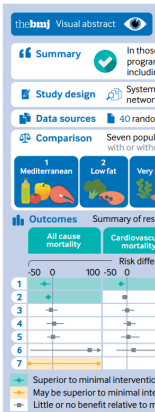
Provenance and peer review: Not commissioned; externally peer reviewed.

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1. Afshin A, Forouzanfar PA, Rao S, et al. Global Burden of Disease Collaborators. Health effects of dietary risks in 195 countries, 1990-2017: a systematic analysis for the Global Burden of Disease Study 2017. *Lancet* 2019;393:1958-72. doi:10.1016/S0140-6736(19)30041-8.
2. Sacks FM, McMann K. Cardiovascular disease and lifestyle modification. In: *Cardiovascular Therapeutics: A Companion to Braunwald's Heart Disease*. Elsevier, 2013: 442-53. doi:10.1016/B978-1-4557-0101-8.00026-6.
3. Nissen SE. US dietary guidelines: an evidence-free zone. *Ann Intern Med* 2016;164:558-9. doi:10.7326/M16-0035.
4. Ioannidis JPA. Implausible results in human nutrition research. *BMJ* 2013;347:6698. doi:10.1136/bmj.f6698.
5. Ioannidis JPA. The challenge of reforming nutritional epidemiology research. *JAMA* 2018;320:969-70. doi:10.1001/jama.2018.11025.
6. Zeraatkar D, Johnston BC, Guyatt E. Evidence collection and evaluation for the development of dietary guidelines and public policy on nutrition. *Ann Rev Nutr* 2019;39:227-47. doi:10.1146/annurev-nutr-082018-124610.
7. Johnston BC, Alonso-Cuello P, Bala MM, et al. Methods for trustworthy nutritional recommendations: NutriREC (Nutritional Recommendations and accessible Evidence summaries Composed of Systematic reviews), a protocol. *BMJ Med Res Methodol* 2018;18:162. doi:10.1136/bmj-2018-0418-0621-8.
8. Hooper L, Martin N, Jimin O, Krik G, Foster E, Adelman S. Reduction in saturated fat intake for cardiovascular disease. *Cochrane Database Syst Rev* 2020;8:CD011737. doi:10.1002/14651858.CD011737.pub3.
9. Rees K, Takeda A, Martin N, et al. Mediterranean-style diet for the primary and secondary prevention of cardiovascular disease. *Cochrane Database Syst Rev* 2013;3:CD009825. doi:10.1002/14651858.CD009825.pub3.
10. Khan SU, Khan MU, Kiaz H, et al. Effects of nutritional supplements and dietary interventions on cardiovascular outcomes. *Ann Intern Med* 2019;171:190-8. doi:10.7326/M19-0341.
11. Uyanage T, Ninomiya T, Wang A, et al. Effects of the Mediterranean diet on cardiovascular outcomes: a systematic review and meta-analysis. *PLoS One* 2016;11:e0159252. doi:10.1371/journal.pone.0159252.
12. O'Connor EA, Evans CV, Rushkin MC, Redmond N, Lin JS. Behavioral counseling to promote a healthy diet and physical activity for cardiovascular disease prevention in adults with cardiovascular risk factors: updated evidence report and systematic review for the US Preventive Services Task Force. *JAMA* 2020;324:2076-94. doi:10.1001/jama.2020.37108.
13. Schwingshackl K, Bauern A, Charami A. Network meta-analysis reaches nutrition research. *Eur J Nutr* 2019;58:1-3. doi:10.1007/s00394-018-1849-0.
14. Higgins JP, Altman DG, Gøtzsche PC, et al. Cochrane Bias Methods Group. Cochrane Statistical Methods Group. The Cochrane Collaboration's tool for assessing risk of bias in randomised trials. *BMJ* 2011;343:d5928. doi:10.1136/bmj.d5928.

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WHAT IS ALREADY KNOWN ON THIS TOPIC

Dietary guidelines recommend various dietary programmes (which could include physical activity or other interventions) for patients at increased cardiovascular risk, but they rely on low certainty evidence, such as non-randomised studies and surrogate outcomes.

Systematic reviews of randomised trials with mortality and major cardiovascular outcomes have reported benefits of dietary programmes, but have not used network meta-analysis to give absolute estimates and certainty of estimates for patients at intermediate and high risk.

WHAT THIS STUDY ADDS

This network meta-analysis compared the effects of different dietary programmes on clinical outcomes, such as mortality and cardiovascular events, using GRADE (grading of recommendations assessment, development and evaluation) methods. Moderate certainty evidence shows that Mediterranean and low fat diets reduce all cause mortality and non-fatal myocardial infarction in patients with increased cardiovascular risk; a Mediterranean diet was not convincingly superior to a low fat diet for these outcomes.

Moderate certainty evidence supports a Mediterranean diet for a reduced risk of stroke, while a low fat diet showed little to no benefit for stroke reduction.

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제안

- 명확한 "Aims and Scope"
- 외부 기준에 맞는 누리집, SOP 개선
- 선택과 집중 2023
- Backdating에 근거한 인용전략
- 편집위원 교육 및 투자