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## PubMed indexing: Misconceptions

Sir,

Every biomedical researcher wants his/her research to be widely read and cited, hence there is an overwhelming concern about getting published in “indexed” journals. In most countries including India, promotions in medical universities mandate researchers to have original articles published in PubMed indexed journals. In many countries, Institute for Scientific Information (ISI), also known as Thompson ISI, is a more popular indexing (citation) database. Medical universities in such places may have different regulations, e.g., an article published in a journal which is indexed in PubMed but not in ISI (i.e., the journal does not have an impact factor) are evaluated as second rank papers. Overall, there is a lack of basic understanding of such concepts, especially among young researchers and therefore many misconceptions exist.

One such common misconception is the understanding of PubMed versus PubMed Central (PMC) versus MEDLINE database. While most use these terms interchangeably, there exist subtle differences. MEDLINE is the National Library of Medicine (NLM) journal

citation database and includes citations from more than 5,600 scholarly journals published around the world. PMC, on the other hand, is a free archive of full-text biomedical and life sciences articles, which serve as a digital counterpart to the NLM extensive print collection. Finally, PubMed, which has more than 26 million references, includes the entire MEDLINE database (including in-process articles) along with full-text articles submit to PMC. It additionally includes articles published by National Institutes of Health (NIH)-funded researchers and citations from books available on the National Centre for Biotechnology Information bookshelf.<sup>1</sup> Similarly, PubMed and ISI are different, the former being a database for biomedicine-related research, and the latter also includes other domains such as science, social science, art, and humanities. Both databases were created with different goals, hence should not be compared.

PMC articles are automatically added to PubMed, whereas, articles published even in non-MEDLINE indexed journals (waiting to be indexed) can still be found in PubMed.<sup>2</sup> It happens via two

provisions which allows non-indexed articles entry into PMC, in case where (i) publishing journal is in the PMC journal list or where author has paid an open-access fee to a participating publisher program, either case, in which the publisher can deposit the file to PMC, or (ii) the paper is supported by an NIH grant and is deposited through NIH Manuscript Submission system, provided the journal is in NIH Public Access Policy Journal List.<sup>3</sup>

Similarly, PubMed also has articles and journals submitted by the publisher which may never be indexed, but still do appear. To find them using Ovid, one of the Ovid MEDLINE databases include in-process and publisher-provided titles: “Ovid MEDLINE (R) In-Process and Other Non-Indexed Citations” and “Ovid MEDLINE (R) 1948 to Present.”<sup>4</sup>

To sum up, indexing in a database (ISI, MEDLINE, PubMed, SCOPUS, etc.) never reflects quality. Quality of each journal depends on the quality of each of its papers and its critical appraisal. Another basic fault remains that most researchers do not utilize the advanced search engine of PubMed, and resort to a more “Google style” database searching, which often leads to unrelated filtered results. Moreover, searching PubMed using only MeSH terms can most likely skip MEDLINE in-process and other non-indexed citations files. This exemplifies why we should search PubMed with words, phrases, and MeSH to get all available citations. Understanding MeSH’s hierarchical arrangement is crucial to successful searching and sometimes the addition of a subheading results in a better representation of search subject.

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