

Pictures tell their own story

Images in Thrombosis & Haemostasis

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It is well known that our brain faster and more easily processes visual than textual contents. This is due to the fact that the cerebral cortex is hardwired to recognize and record visual communication specifically and particularly efficiently (1). For example, images can be processed ten thousand times faster than text-based or verbal information (2).

Visual information and image processing

Why is visual communication so powerful? There are two major observations, which may answer that question. Firstly, we understand visuals faster because they affect us both cognitively and emotionally. Secondly, we remember visuals better because they are processed and recorded in our long-term memory.

Apart from advertisements, commercials, selling strategy tools and product promotion, many other fields, including science and teaching, are taking advantage of the power of images and visual communication. Thus, slide-based presentations serve as a common format in continuing medical education (CME) conferences. Consequently, developing effective design principles for multimedia educational sessions of health professionals remains essential to optimize presentation of information, attendee engagement, and

adult learning. Based on the conceptual framework of Richard Mayer's cognitive theory of multimedia teaching and learning, it has been shown that individuals process information and teaching contents into either a visual or auditory channel within their working memory, each having a finite capacity (3). This is known as the dual-coding theory (4).

Images in CME sessions

Very recently, Ferguson et al. (5) assessed a possible linkage between slide design, image fraction (percentage of image-based slides per presentation), or text density (number of words per slide) and CME speaker evaluations by an audience of practicing clinicians. It was shown that both slide design and image fraction had a strong impact on information delivery and post-conference speaker evaluations. Specifically, in alignment with Mayer's theory of multimedia learning, incorporation of images into the CME presentations predicted higher overall evaluation scores.

Images in Thrombosis & Haemostasis

Translating this information into our editorial task, this issue of *Hämostaseologie – Progress in Haemostasis* launches a new format of articles featured by images ("eye catchers") and brief textual contents, thus being clearly different from conventional case reports. The idea of Images in Thrombosis & Haemostasis as a novel series in this *Journal* originates from Professor **Bernhard Lämmle**. He and his associates from the Center for Thrombosis and He-

mostasis, University Medical Center Mainz, are providing the overture by presenting images of a female patient suffering from May Thurner syndrome (6). The condition results from compression of the left common iliac vein by the overlying right common iliac artery (7). As illustrated by **Alice Trincherio** et al., this common anatomic variation and its impact on venous thrombogenesis, preferentially of the left lower extremity and iliac vessels, are underestimated in clinical practice. Therefore, once again: *Pictures tell their own story*.

Readers and GTH members are invited to submit further Images in Thrombosis & Haemostasis contributions in order to make this new format a spirited and vigorous element of the *Journal*. Please be advised that submissions to this category should present exploratory or educational images and/or illustrations but otherwise be short in textual content (2 printed pages maximum including up to 5 references). As a matter of fact, all submissions of this category will also undergo peer-review.

GTH Congress 2017

As announced in preceding editorials (8, 9), this issue of *Hämostaseologie – Progress in Haemostasis* also provides you with part 2 of this year's GTH congress proceedings encompassing further *state-of-the-art* and *highlight* articles. These contributions reflect several major topics of the Basel Congress with a focus on

- platelet biology and pathology
- novel therapeutic options in TTP and hemophilia A, including

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The 2016 Journal Impact Factor of *Hämostaseologie – Progress in Haemostasis*

By mid-June, Scientific Thompson Reuters released the 2017 Journal Citation Report (JCR) representing the 2016 citation data for references within social and life sciences (10), commonly known as Journal Impact Factors (JIF).

We are proud to report that the 2016 JIF of *Hämostaseologie – Progress in Haemostasis* has once again increased slightly to **1.828**, from the 2015 value of 1.547 or the 2014 value of 1.602.

Thus, since its first release the JIF of *Hämostaseologie* has more than doubled (11). This

favorable performance results, at least in part, from careful peer-review (8). Encouragingly, *Hämostaseologie* is now being quoted more frequently (and sometimes even in top journals) with 578 citations during the reference period, as reported by Scientific Thomson Reuters (10). A reminder: The JIF is defined as ratio of last year's citations to articles published in that journal during the two previous years.

Some more numbers from the 2017 JCR: among nearly 11 400 journals listed in the Web of Science, 57% of journals saw a year-over-year increase in their JIF, while 42% experienced a decrease.

Undoubtedly, the JIF of *Hämostaseologie* is miles away from that of high-ranked journals in the field such as *Blood*, *Thrombosis and Haemostasis*, *Journal of Thrombosis and Haemostasis*, or *Seminars in Thrombosis and Hemostasis*, all of which are playing in a completely different league. However, we have come gradually closer to periodicals such as *Thrombosis Research*, *Platelets*, *Journal of Thrombosis and Thrombolysis*, or *Clinical and Applied Thrombosis-Hemostasis*. The objective is not to compete with "big guys" – and indeed cannot compete – but provide a vibrant scientific and educational forum to GTH members and readers. This remains a challenging task for the Editorial Board members now and in the future.

- management of cardiovascular disease in aging hemophiliacs
- myocardial infarction in a neonate
- state-of-the-art therapy of chronic HCV infection, and
- pathology of antiphospholipid syndrome (APS).

A common aspect of these review articles is also their contribution to this year's GTH congress motto: "From individual patients to pathophysiological insights".

Professor **Johanna Kremer Hovinga** and myself are grateful to the speakers, who undertook the laborious task to submit the manuscript of their congress presentation in due time. As outlined before (9), we trust that this year's GTH congress

edition of *Hämostaseologie – Progress in Haemostasis* together with the current issue of the *Journal* cover relevant communications and take home messages as a keepsake of the Basel Congress 2017.

References

1. Tong F. Primary visual cortex and visual awareness. *Nat Rev Neuro* 2003; 4: 219–229.
2. Orban GA. Imaging image processing in the human brain. *Curr Op Neurol* 2001; 14: 47–54.
3. Mayer RE. Applying the science of learning to medical education. *Med Educ* 2010; 44: 543–549.
4. Paivio A. *Mental Representations: A Dual Coding Approach*. Oxford: Oxford University Press; 1990.
5. Ferguson I, Phillips AW, Lin M. Continuing Medical Education Speakers with High Evaluation Scores Use more Image-based Slides. *West J Emerg Med* 2017; 18: 152–158.
6. Trincherio A, Schotten S, Lämmle B, Pitton MB. May-Thurner syndrome: missed diagnosis and missed early treatment? *Hamostaseologie* 2017; 37: 184–185.
7. May R, Thurner J. The cause of the predominantly sinistral occurrence of thrombosis of the pelvic veins. *Angiology* 1957; 8: 419–427.
8. Scharf RE. *Hamostaseologie – Progress in Haemostasis*. Recent achievements and future directions. *Hamostaseologie* 2016; 36: 157–158.
9. Kremer Hovinga JA, Scharf RE. *Progress in Haemostasis*. From individual patients to pathophysiological insights. *Hamostaseologie* 2017; 37: 9–11.
10. Thomson Reuters. 2016 Journal Citation Reports. ScientificThomsonreuters.com/imgblast/JCRFull-Covlist-2016-pdf.
11. Scharf RE, Kemkes-Matthes B. *Hamostaseologie – Progress in Haemostasis*. GTH is moving to a European scientific society. *Hamostaseologie* 2016; 36: 5–6.