



## Saving a brain drain: The Norwegian-Russian Centre for Medical Studies and a medical writer's role in grant applications

by Kari Skinningsrud

### How it all started

I first heard about the Norwegian-Russian Centre for Medical Studies from a Norwegian professor in radiology, Frode Lærum, who had the idea that started it all. He wanted to help Russia maintain good scientific functions after the Soviet Union collapsed in 1993, and to help avoid a complete brain drain to the United States and other countries in those difficult times. A cooperation agreement between the Russian Academy of Sciences (RAS) and the University of Oslo was signed in Moscow 30 June 1993, an event covered by Russian television. The Norwegian broadcasting company's correspondent in Moscow, journalist and historian Hans Wilhelm Steinfeld, became one of the members of the first board. Steinfeld gained international recognition for his interviews with Gorbatsjov, Jeltsin and prime minister Rysjkov in the period 1991-1994.

### The initiators and funding

Professor Sjur Olsnes, an acknowledged researcher at the National Cancer Hospital in Oslo, had kept in touch with fellow researchers in the Russian Academy of Sciences since he worked there for the renowned professor Engelhardt in 1968. Olsnes has been a key partner for Lærum from the Centre's beginning, and so has Olsnes' good friend and colleague from RAS, professor Jurij V. Kozlov. In 1996 the staff in Oslo was increased with a Russian-speaking project manager, Julia Ferkis, who has been responsible for administration of the Centre since. The Centre's main grant providers are the Norwegian Ministries of Foreign Affairs, Health and Education and Research, totalling 625,000 euros.

The Centre has financed 168 researcher working years at the Institute of Gene Biology and the Engelhardt Institute of Molecular Biology at RAS since 1993. The fellows have published 184 articles during the past 13 years, quite a few of them in acknowledged western journals such as *Nature*, *Science* and *Cell*.

### Co-operation in practice

Symposia have been important educational and networking occasions for the Centre and an equal-basis cooperation has been emphasized to facilitate efficient transfer of knowledge. A Russian and a Norwegian Programme planning Committee are responsible for each symposium. The

aim is to have an equal number of Russian and Norwegian presentations. About half of the 50 symposia that have been arranged since 1993 have been joint ventures with Sechenov Medical Academy, the Centre's major medical partner and Russia's oldest and largest medical university. Topics have varied from laparoscopic surgery and health legislation to medical ethics and oncology. More than 10,000 Russian physicians, nurses and other health personnel have attended the symposia-programme so far, and approximately 400 Scandinavian and West-European specialists have presented their lectures in Russia. Russian and English programmes and abstract books have been published for each symposium. It is a goal to keep costs low, so none of the invited lecturers to the symposia receive any financial compensation.

The Centre has a diverse programme for specialist exchange. There is an ongoing collaboration on mini-invasive surgery with the Moscow State University of Medicine and Dentistry, the Sechenov Academy and the Interventional Centre at the National Hospital (Rikshospitalet) in Oslo. An interesting aspect of this collaboration is that the Interventional Centre has bought some practical equipment for mini-access liver surgery from Russian colleagues in Yekaterinburg. Professor Babill Stray-Pedersen at Rikshospitalet, Oslo (WHO's European advisor for reproductive health in their Scientific Technical Advisory Group [STAG]) plans to develop locally adapted guidelines for reproductive health and birth care for the St. Petersburg area in cooperation with the Regional Clinical Hospital of St. Petersburg (if the application I sent 15 April this year is successful). Haematological diseases, drug abuse, urology, management and health legislation are other topics of collaboration with Russian hospitals and Universities.

There are large differences in competence within the Russian health system; some groups are fully at height with western university standards, while others are far behind. The aim from the start was to cooperate with those of a middle-standard, but also to learn from environments with more expertise. Their fields of expertise are typically those associated with areas that were of special interest to the Soviet Union; such as defence and space technology and protection against radiation.

Equality and reciprocity are more and more replacing the former humanitarian profile, and the Centre's activities reflect the interest not only of the Russians but also of the Norwegian partners. Only those projects where all parties involved feel they have something to win are likely to succeed.

## Saving a brain drain

**The medical writer's role**

So, how did I become involved? Professor Lærum was the principal investigator in the first clinical study I was responsible for in Nycomed Imaging many years ago. When he visited Nycomed in 2001 to tell us about the Centre for Norwegian-Russian Medical Studies, I gave him my card and told him I was about to become a freelance medical writer. The years passed, I forgot all about having given my card to him, but in 2005 he contacted me and said he had a job for me. They needed help to write applications for funding. At first I wondered if that was something a medical writer could do, as it had not been mentioned in any EMWA course I had heard about, and I had never actually written such an application myself. After a meeting with the three people working at the Centre at Rikshospitalet (administrative head, professor and secretary), I started to work for them as a freelancer two days a week from March 2005.

Involving an external writer in the process of applying for funding was an arrangement new to all implicated personnel, and practical approaches suitable to each individual team were sought. My contribution varied from brushing up the language to writing most of the project description, all according to time available and wishes from the teams. I also spent some time trying to find funding sources. My engagement expired after 7 months. The Centre decided to see if the applications I had assisted with generated funding before they considered renewing my contract. It had been quite controversial to pay someone to write applications, and it was necessary to give the senior UiO managers some proof of the usefulness of my work before it could continue. It turned out that quite a lot of money was granted from the applications, so I was invited to come back—to be employed half-time—and I continued to work for them from September last year.

I had the interesting experience of giving a course on grant-writing to the Centre's researchers in Moscow for two days in March this year. The process of preparation was valuable for my own work, and looking at notes from EMWA workshops I have taken was really useful, even though none of them were on grant-writing. The main theme of the course was translating ideas into projects and selling them to different target groups. I understand that writing an application for funding is quite often the first attempt to describe the research idea in writing, i.e. structure the work process, define areas of cooperation, write objectives, endpoints,

***Professor in radiology, Frode Lærum, wanted to help Russian scientists after the Soviet Union collapsed***

milestones and measurements and plan timelines and budgets. It was challenging for me to speak to people who do basic research and find relevant examples of endpoints etc. It is very different from doing clinical studies, but planning a project is still quite generic and many aspects of protocol writing and quality control are relevant in basic research as well. All project descriptions should spell out clearly why the methods and endpoints are the best ones in that specific context and why the variables measured are appropriate in relation to the stated objectives. Quality assurance measures should be included to ensure that the data produced will be reliable and accurate, even if and especially because GLP is not required in basic research. There have been some articles about grant-writing in the past issues of *TWS*. However, when I offered a short workshop on this topic for EMWA's Vienna conference only a few delegates were interested in joining the course. I am convinced that grant-writing is a field where medical writers have great opportunities and can make substantial contributions, but we still have a job to do to alert medical writers to this potential and convince those who apply for grants that it is worth paying a medical writer (and not just anyone) to do it.

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My job in the Centre for Norwegian-Russian Medical Studies is rewarding in many

ways. I have experienced that my years in the pharmaceutical industry have given me competence that is welcomed in arenas where I did not think I would have anything to contribute with. The work I do in the Centre is also rewarding in the sense that I meet many grateful researchers who have never been offered any help with applications and who appreciate the collaborative process in itself. It was good to hear one of the more experienced researchers in Moscow express her gratitude to Norway and the Centre for Norwegian-Russian Medical Studies for helping them in difficult times, and to continue to do so in times that are still not easy.

**Acknowledgement**

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