

PUBLISH OR PERISH.....
But how do I start?

“To write what is worth publishing, to find honest people to publish it, and get sensible people to read it, are the three great difficulties in being an author.”

Charles Caleb Colton (1780-1832)

Why publish a research paper?

- **For the good of science**
 - ▣ Change practice
 - ▣ Educate
 - ▣ Disseminate new information
 - ▣ Cautionary tales
 - ▣ Promote thought or debate
- **For the good of the researcher**
 - ▣ Career advancement
 - ▣ Allow critical examination of your research

In the beginning.....

- What do you plan to write about?
 - ▣ Editorial
 - ▣ Letter
 - ▣ Short report
 - ▣ Original research
 - ▣ Review paper (systematic or narrative?)
- Who do you think will be interested?
 - ▣ Consider the audience
- Where do you plan to send it?
 - ▣ Dare to dream vs. Being realistic
 - ▣ All journals have guidelines for authors

Getting started.....

- Research papers have structure
- Telling a story
 - ▣ Beginning, a middle and an end
- Helps to discuss the overall theme with an experienced writer
- Sketch out the major points that you want to cover in the paper
 - ▣ Helps prevent “scope creep”
- No hard and fast rules about the order that you write

Importance of feedback

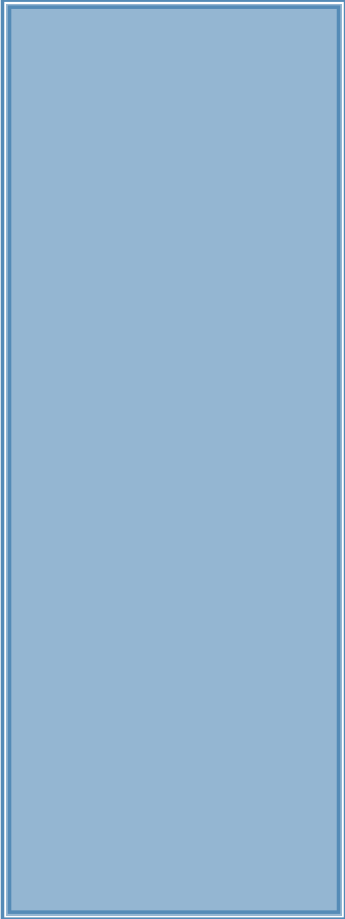
- Research is collaborative and writing is collaborative
- Feedback is critical
 - Experience
 - Content
 - Proof reading
- Multiple drafts is normal even for very experienced authors
- Waiting until it is perfect before sending to co-authors for feedback is a waste of time
- Experienced co-authors will provide constructive feedback
 - Feedback vs. re-writing.....
- “Retreat”

Introduction or Background

- Why did I do it?
 - Need a strong rationale
 - Background – scene setting
 - Define the gaps that exist in the literature
 - Highlight why your study is needed and what it will add
 - Include your aim /s and/or hypothesis

- Common mistakes
 - Too long!
 - Generally <2 double-spaced pages
 - Not a systematic review – literature used must help set the scene

Methods

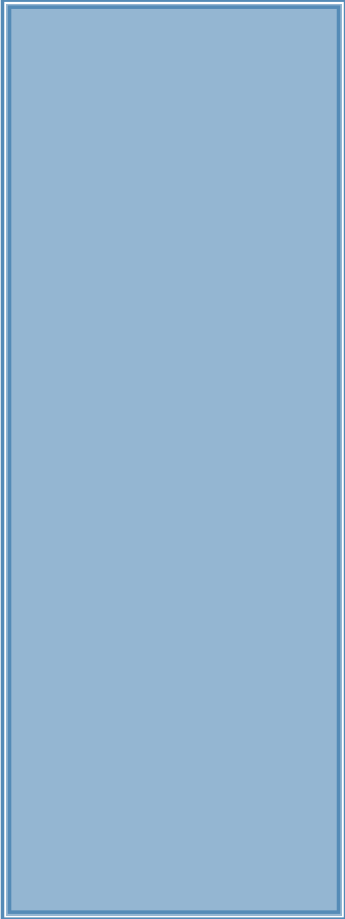
- 
- What did I do?
 - Some points to include
 - Setting
 - Ethics statement
 - Inclusion/exclusion criteria
 - Data collection methods
 - Data analysis
 - Common mistakes
 - Too long!
 - Overly complicated description of statistics

Results

- What did I find?
 - Relevant data only
 - Don't underestimate the importance of simple descriptive statistics
 - Use the text to tell the story, and tables and figures to provide the detail
 - Use published studies to guide you and look for the same type of article

- Common mistakes
 - P-values only
 - Discussing the implications (doesn't belong in the results)
 - Rehashing every table or figure detail in the text
 - Irrelevant data

Discussion

- 
- What does it all mean?
 - Statement of principal findings
 - Strengths and weaknesses
 - Relationship to other studies
 - Meaning of the study
 - Unanswered questions and future research
 - (Docherty & Smith, BMJ 1999;318:1225-6)

 - Common mistakes
 - Overstating the findings
 - Too long
 - Discussing issues not studied
 - Missing limitations section

Is your study observational or an RCT?

STROBE

- <http://www.strobe-statement.org/>
- Strengthening the reporting of observational studies in epidemiology
 - The word epidemiology often puts people off but clinical studies are epidemiology studies often!
- Checklists
 - Cross-sectional
 - Cohort
 - Case-control
- Incredibly helpful tool

CONSORT

- <http://www.consort-statement.org/>
- Consolidated standards of reporting trials
- Checklist and a flow diagram

All the other bits

- Title
 - ▣ Be clear and try not to be too clever
- Abstract
 - ▣ Follow the journal's structure
 - ▣ Be clear and succinct – this may be all people will read
- References
 - ▣ Check and don't rely on Endnote to get it right for you
- Key words
 - ▣ MeSH (website can be accessed via PubMed)
- Covering letter
 - ▣ Critical for some journals – especially the first 3-5 lines
 - ▣ Need to pique the interest of the Editor
- Authorship, acknowledgements, competing interests
 - ▣ Requirements vary

What happens next?

Elsevier Editorial System™ - Mozilla Firefox



File Edit View History Bookmarks Tools Help

http://ees.elsevier.com/jsams/default.asp

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Journal of Science and Medicine in Sport

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Author Main Menu

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- Submissions Being Processed (0)

Revisions

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- Revisions Sent Back to Author (0)
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- Revisions Waiting for Author's Approval (0)
- Revisions Being Processed (0)
- Declined Revisions (0)

Completed

- [Submissions with a Decision \(7\)](#)

After submission

- Editorial assistant check
 - ▣ Will be returned to author if not in journal format
- Editor-in-Chief check
 - ▣ Will decide whether or not the manuscript progresses
 - ▣ Rejection here is quick and usually not a reflection of the manuscript quality but a “fit” decision
- Assistant Editor allocation
 - ▣ Can occur weeks after initial submission
 - ▣ Rejection here based on greater content expertise
 - ? Other similar papers in the system
 - ? Strategic decision
 - ▣ Goes out for review usually from here



Assistant Editor Main Menu

Submissions With:

[0 Reviews
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3 Reviews
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4+ Reviews
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My Pending Assignments (0)

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Journal decision

Revise

- ❑ Minor or major revisions
- ❑ Positive outcome
 - ❑ Manuscript still in play
 - ❑ Valuable feedback and the opportunity to respond to reviewer comments
 - ❑ Journal will specify how they want you to respond to the reviewer comments
 - ❑ EVERYBODY reads the comments for the first time and has a bit of a panic or exhibits symptoms of depression

Reject

- ❑ Usually the final decision of the journal
- ❑ Should get reviewer feedback
- ❑ There is the possibility of appeal (cover what to do a little later)
- ❑ Rejection is a normal part of the publishing process
- ❑ Should have manuscripts rejected
 - ❑ Aiming high
 - ❑ The proportion is debatable

Responding to the reviewer comments

- Be measured about this
 - ▣ Can rebut if you have grounds
- Try not to get personal or patronising (sometimes this is hard)
- Run by your co-authors always

Manuscript text	Comment	Response
Reviewer 1		
Methods		
A structured literature search was performed in MEDLINE, CINAHL, EMBASE, PsychINFO and The Cochrane Library from 2003 onwards	Why did you choose 2003 onwards to search for literature? What's the rationale for this? Not well described why anything before 2003 was not considered relevant.	That was a typographical error. I wrote to the information specialist asking for the search strategies and dates. The year 1996 represents how MEDLINE etc is categorised and searched according to year/s.
"The titles of abstracts retrieved through the search were checked by applying the eligibility criteria as defined; all adult-only published studies presenting empirical data on the health related quality of life and functional consequences of burns, defined as all consequences, both short term and long term, following burn injury (van Baar 2006)."	The use of a colon suggests a list but it's really just one sentence. Can you really check all of this from the title of an abstract? Do you mean titles and abstracts? I'd be concerned if you were culling only on the basis of title.	The colon has been removed and the sentence changed to "...checked by applying the eligibility criteria as defined as all adult-only published studies presenting empirical data..." That was a typographical error. The sentence has now been amended and now reads as "The abstracts retrieved through the search were checked by applying the eligibility criteria..."

Some words of advice

- Develop a thick skin
 - “Having now read the study in detail I would not be surprised if this study has been rejected by a number of other emergency care or neurosurgical journals for reasons that I will outline below.”
 - “The reviewer may not be in the position to assess the elegance of the analysis.”
- Cherish the useful and kind comments
 - Reviewer #1: Thoughtfully written, well researched. Offers means by which trauma registries can track functional outcomes in those who survive.
 - Reviewer #3: In summary, I feel this paper is well done, comprehensive and important as a clear and concise analysis of an issue and field of endeavour that now involves a significant number of emergency physicians who are participating or leading in the area of trauma care, injury control and trauma registry maintenance and development.
- Understand that peer-review has problems

What do I do if my paper is rejected?

- A. Assume the fetal position and cry uncontrollably
- B. Write a nasty letter to the Editor
- C. Appeal – note the “urban legend”
- D. Revise (using the reviewer comments if provided) and resubmit elsewhere
- E. Give up
- F. All of the above
- G. None of the above
- H. Any combination of the above

Closing comments

- Seek the help of experienced authors
- Embrace feedback as your friend
- Celebrate the successes
- Rejection is not the end
- Be patient

“There is probably no hell for authors in the next world--they suffer so much from critics and publishers in this”

Christian Nestell Bovee

AUTHORSHIP

Navigating the minefield



Dr Belinda Gabbe, NHMRC Population Health Research Fellow

What qualifies a person as an author?

“someone who has made substantive intellectual contributions to a published study” – ICMJE

1. substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data
2. drafting the article or revising it critically for important intellectual content
3. final approval of the version to be published.

Authors should meet conditions 1, 2, and 3

Authors should be able to take public responsibility for appropriate portions of the content

What does not qualify a person as an author?

1. Acquisition of funding
2. Collection of data alone
3. General supervision of the research group alone

What about multi-centre trials?

- Need to identify the individuals who will take full responsibility for the manuscript
- Where a group is listed as the author – all members of that group should meet the authorship criteria
 - Usually all will have to complete financial disclosure and authorship forms for the specific journal
- Not just for multi-centre trials but also multi-centre observational studies and clinical registries

To the heart of the matter

- Improved clarity of definition of authorship with guidelines developed by groups such as ICMJE (the “Vancouver Group”) should make it simple
- But individual contributions are becoming more diffuse and difficult to quantify
- More than “the person who thinks things up and writes them down”
- Need to give credit wherever it is due
- Some authorship difficulties
 - “Gift” authorship
 - Senior vs. junior
- Push to publish author contribution
 - BMJ requires this
- Also a push to publish the contribution of those acknowledged

How does this affect me?

Clarify

- Need to clarify this early
 - Who will be involved?
 - What will their contribution be?
 - Troubleshoot early

Order

- Does it matter?
- Should decide together
- First vs. last
- The ones in the middle
- Corresponding author and guarantorship

“The article is simple and would have been relatively easy to implement and perform. I think before the journal accepts 9 separate authors I think it would be reasonable to ask the role of each author in the study Authorship credit should be based on 1) substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data; 2) drafting the article or revising it critically for important intellectual content; and 3) final approval of the version to be published. Authors should meet conditions 1, 2, and 3. ICMJE guidelines “