

Writing for Publication in the Geriatric Literature

Workshop Presentation by

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Part 1: Writing Your Manuscript

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What We Will Cover

- What to publish
- Where to publish
- Preparing to write
- Getting started
- Moving forward
- Getting unstuck
- Using tables and figures
- Getting to the finish line

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What to Publish

- Case reports
- Review articles
- Descriptions of practice or education models
- Research
 - Case series
 - Observational studies
 - Controlled studies
- Opinion pieces

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Where to Publish

- Peer reviewed journals
 - General (e.g., NEJM, JAMA) versus specialty (e.g., AIM, JAGS, JGIM) journals
 - Which tier (1st, 2nd, 3rd)
- Non-peer reviewed journals
- On-line publications (e.g., POGOe)

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Preparing to Write: Mental Preparation

- What are you writing?
- Who is the audience?
- Where do you plan to publish it?
- What format and length do they want?
- What is the intended consequence?
- Who are your co-authors?
- What is the authorship order?

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Preparing to Write: More Mental Preparation

- ❑ What is the timeline for drafts and submission?
- ❑ Where am I going to write?
- ❑ When am I going to write?
- ❑ How do I write best?
- ❑ How early can I start?

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Getting Started: Planning the Attack

- ❑ What is your take home message?
- ❑ How to build the case?
 - Mock up tables and figures
- ❑ What have you already done?
- ❑ Where is the easiest place to start?
- ❑ What's in a title?

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Getting Started: At The Keyboard

- ❑ Write a simple declarative sentence
- ❑ Write another
- ❑ Repeat until you cannot write any more
 - Run out of time
 - Fried brain
- ❑ Take a break

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Moving Forward: Write Well

- ❑ Short simple sentences
- ❑ Let every word tell
- ❑ Use active verbs and voice
- ❑ Short simple words
- ❑ Avoid jargon
- ❑ Eschew clichés
- ❑ Link sentences and paragraphs
- ❑ Short paragraphs

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Moving Forward: General Tips

- ❑ Use the beginnings and endings for the important points
- ❑ Avoid name dropping
- ❑ Be judicious when citing statistical facts
- ❑ Round numbers to nearest percentages
- ❑ Avoid broad ranges (eg, 30-70%)
- ❑ Use terms like "essential", "important", "critical" sparingly

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Moving Forward: The Introduction

- ❑ Three paragraphs
 - General problem and significance
 - Specific problem and gaps
 - What will follow
- ❑ Strong opening sentence
- ❑ Keep this section short and crisp

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Moving Forward: The Belly

Methods

- Follow the journal's guidelines
- If none, go to JAMA
- CONSORT guidelines if clinical trial
- STROBE if observational study
- Provide a short overview
- Use subheadings
- Keep language consistent (same names for the same things)

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Moving Forward: The Belly

Results

- Keep short and refer to tables and figs
- State only the key findings
- Primary findings first
- Tell it as a story
- No references
- No weaving in other studies
- No parenthetical comments

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Moving Forward: The Discussion

- Restate the primary findings
- Don't introduce new data
- How does this build upon and extend previous work?
- What are the limitations and cautions?
- What are the implications for the future?
- Finish with the take home message

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Getting Unstuck

- Take a long break
- Resume with a different section
- Read it aloud to your dog
- Share it with a colleague

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Tables and Figures

- Convey larger amounts of info
- Tables convey more information than histograms but perhaps not as clearly
- Keep tables as brief as possible
 - More rows is better than more columns
- Tables should be able to stand alone
- Abbreviations, explanations in footnotes

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Tables and Figures

- Figures always need legends
- Figures must be able to stand alone
- For best effect use figures sparingly

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Getting to the Finish Line

- ⌘ Get internal and external feedback
- ⌘ Different drafts to different reviewers
- ⌘ General and content-specific
- ⌘ Establish due date but give ample time
- ⌘ Don't ask for more than one read
- ⌘ Decide on written versus oral feedback
- ⌘ Don't be defensive
- ⌘ Allow time to elapse

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Getting to the Finish Line

- How to improve your writing skills
 - Write often
 - Try new approaches
 - Rewrite often
 - Have your spouse/child read your writing
 - Critique others' writings
 - Critique your own writing
 - Read books about writing

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Great Books About Writing

- Strunk and White: The Elements of Style
- William Zinsser: On Writing Well
- George M Hall: How to Write a Paper
- Stephen King: On Writing: a Memoir of the Craft

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PART 2: WHAT HAPPENS AFTER YOU SUBMIT

FROM "SCREENING" TO PEER REVIEW AND EDITOR DECISION

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FLOW OVERVIEW

Screen

- Article Enters "Peer Track Software" → JGME staff
- Screens: Complete, Scope
- Reject, Back to Author, Go Forward

Peer Review

- Assigned to EIC or Deputy Editor ☒
- "Reject" or Assign Peer Reviewers
- "Category" Matches; Author Suggestions; Specific Reviewer

Decision

- Reviews Complete - Editor Reviews → Decision ☒
- Accept, Minor Revisions, Major Revisions, Reject
- Edit reviewer comments → EIC or direct letter to author

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Summary: WHAT HAPPENS AFTER YOU SUBMIT

MANUSCRIPT	REVIEWERS
<ul style="list-style-type: none"> • Flow Process Decisions! <ul style="list-style-type: none"> – Screen, Editor, Reviewers • How you can Help! <ul style="list-style-type: none"> – Comply with all journal submission guidelines <ul style="list-style-type: none"> • Scope, Length, # Figures, Author info, References – Suggest reviewers (key papers you've cited) – Select categories carefully (used to search for reviewers) 	<ul style="list-style-type: none"> • Decide Quickly Accept/Decline • Submit within time period (or ask for extension) • Constructively Critical <ul style="list-style-type: none"> – Overall Value – Specific feedback (page/line number) – Recommendation – be honest (reject, major revision) – Be Respectful (all tracked)

Be Respectful (all tracked)

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Part 3: Responding to Reviewer Comments

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Center on Aging**

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Responding to Comments

- ❑ **Don't take it personally**
 - Comments are about your paper.
 - They are not about you.

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Responding to Comments

- ❑ **If asked for a revision....**
 - Be encouraged!
 - Editors don't ask for revisions of papers they plan to reject.
 - Even the very best papers get critical comments.

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Responding to Comments

- ❑ **If asked for a revision....**
 - Respond to every comment
 - Respond politely
 - Show where/how you responded
 - It's OK to disagree. Just have a good reason and explain.

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Responding to Comments

- ❑ **If rejected....**

Keep in mind that

 - Many papers are rejected on first submission
 - But most papers ultimately get accepted somewhere.

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Responding to Comments

- ❑ **If rejected....**
 - Don't ignore the comments
 - Address them to improve the paper before submission to another journal.

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INCONTINENCE SUPPORT GROUPS

BACKGROUND

More than half of adults over 65 experience urinary incontinence to some degree. These individuals often experience psychological distress and unsatisfactory quality of life from the time incontinence develops and throughout treatment. We report on development of a support group developed to assist patients in dealing with their incontinence.

METHODS

We developed a support group with assistance from local hospitals and urology organizations. The support group provided opportunities for patients to meet and discuss incontinence with each other and with urologists. We measured the patient's satisfaction with the support groups and whether they thought they were worthwhile.

RESULTS

27 patients attended the groups. They reported that the most important part of the retreat was the opportunity to meet with other incontinence patients and being able to ask questions. 80% of the patients would recommend the support groups to other patients diagnosed with incontinence.

CONCLUSIONS

Support groups are helpful to patients dealing with a new diagnosis of urinary incontinence.

USE OF SOCIAL MEDIA TO INCREASE KNOWLEDGE OF NEW RESEARCH IN GERIATRICS AMONG GERIATRIC FELLOWS

Setting and Problem

New developments and science in Geriatrics is ever changing and it is difficult for the geriatric fellows to keep up during their busy schedule. There are resources like NEJM's Journal Watch Aging/Geriatrics and others but they require computer access and internet. Social Media like Facebook and Twitter is becoming increasingly popular among younger generation students and the convenience of accessing them on smartphones have made them very popular among residents and fellows.

Intervention

We opened a twitter account for the geriatric fellowship at (name of institution) and have started using the account for "tuiting" links to important new developments and research published in peer reviewed journals. All fellows have been instructed in use of twitter and private accounts have been setup for all fellows. The program director currently maintains and updates the account but in future may be helped by the chief fellows. No private use of the account is allowed for non- academic purposes. Plans are there for tuiting interesting images from POGOe to assure HIPPA compliance in the future.

Outcomes to date

The new system of dispersing information have been well received by the fellows and almost all fellows are following the account. We have set up quizzes on the material posted on the twitter account and fellow's scores are used for assessing their clinical competence as per new NAS guidelines. The fellows have done well in the quizzes with >60% achieving a perfect score in the quiz.

THE INCONTINENCE BAG

BACKGROUND

Many patients with urinary incontinence are given medications for treatment, and medications often result in side effects. We developed a new device for managing incontinence that offers the possibility of effective treatment without adverse drug effects.

METHODS

Through a small tube, we inserted a soft pliable bag containing ferromagnetic particles into patients' bladders. A small magnetic pad inserted into the patient's underpants then pulls the bag towards, and blocks, the bladder outlet.

RESULTS

We used the bag in 10 patients. It was effective and no side effects were reported.

CONCLUSIONS

The incontinence bag offers a new approach to managing urinary incontinence.