

Part I:

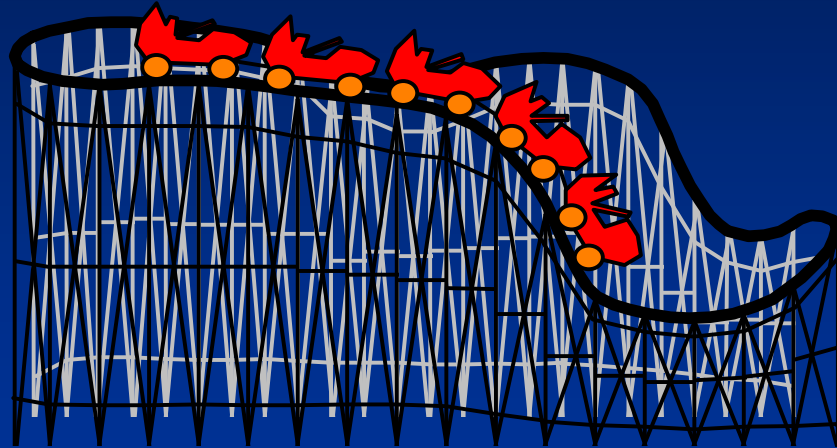
Manuscript Preparation and Submission

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Overview of Part I

- Getting started
- The 1st draft
- The 2nd draft
- More drafts
- The final draft
- Submitting to a journal
- Overcoming rejection
- Acceptance!



Why publish?

- To share new knowledge
- To advance science and practice
- To foster evidence based medicine
- To engage protégés and colleagues
- To enhance your learning and teaching skills
- To get promoted
- To impress your mother
- Because it's fun! (or at least rewarding)

Before you start writing, you need...

- A thorough search and analysis of the literature
- Good data and statistical analysis
 - Tables and Figures
- New or useful or interesting findings
- **If you have these, the hardest part is done!**

The proverbial beginning

- “Even the longest journey begins with the first step”
- “Well begun is half done”
- “Begin with the end in mind”
- “Begin at the beginning”
- “Just do it!”
- ? Start with the Abstract

When to write the Abstract?

- **Before the study** is started?
- As the **first step in writing** the manuscript?
- **After the other sections** of the manuscript have been written?
- Answer: **All 3 times!**

Writing the 1st draft

- **Abstract** from the results
- **Methods** section
- **Results** section
- **Discussion** section (no references)
- **Introduction** (no references)

Kern MJ, Bonneau HN. Cath Cardiovasc Interven 2003;58:391-6

1st draft: write the **Abstract**

- **Background:** what question was asked?
- **Hypothesis:** what was supposed to happen?
- **Methods:** how and in whom was the study done?
- **Results:** what was found?
- **Conclusion:** what does it mean to others?

Be brief, be clear and peak the reader's interest!

1st draft: write the **Methods**

- Describe it as if you were telling someone not familiar with the work what had occurred
- Use the protocol submitted to the IRB

1st draft: write the **Results**

- Describe the most important findings or differences
- Refer to the Tables and Graphs for secondary findings and supportive information
- Are there other data that must be analyzed?

1st draft: write the **Discussion**

- Write a brief description of the major findings and conclusions
- Use IRB material to provide some background and discussion

1st draft: write the **Introduction**

- Use the initial paragraphs from the IRB protocol
- Briefly restate Abstract background and hypothesis
- State why this is an important question

Between the 1st and 2nd drafts

- **Show** the draft to your mentor and your co-authors
- **Discuss** it with them

Writing the 2nd Draft

Re-write:

- Abstract with less than 250 words
- Introduction section
- Methods section
- Statistical methods
- Results section
- Discussion

2nd draft: Abstract < 250 words

- Include headings appropriate for the journal
- Background and Aims: 1 to 2 sentences
- Methods: 1 to 2 sentences
- Results: 1 paragraph
- Conclusion: 1 to 2 sentences

2nd draft: rewrite the Introduction

1. Discuss problems and issues in favor of and opposing the hypothesis
2. Explain why the study may be helpful or important
3. Examine the hypothesis formulated
4. Identify the purpose of the study

2nd draft: rewriting the Methods

- Include section headings
 - e.g, patient populations, inclusion and exclusion criteria
- Describe in detail what was done, how and why
- Make it understandable to naïve reviewers
- Be complete

2nd draft: rewrite the statistical methods

- Follow **the 15 recommendations** for statistical reporting*
- Describe statistical methods with enough detail to enable a knowledgeable reader with access to the original data to verify the reported results
- Utilize confidence intervals whenever possible
- Discuss eligibility of experimental subjects, details about randomization and blinding

***Bailor JC, Mosteller F. Ann Int Med 1988;108:266-73**

Recommendations for statistical reporting

- Give numbers of observations, report losses to observation (dropouts)
- Specify computer programs used for analysis
- Restrict Tables and Figures to those needed to explain the argument of the paper and to assess its support

2nd draft: rewrite the Results section

- Identify patient groups, subgroups
- Describe differences and similarities
- Whole group versus subgroup data
- Baseline and after intervention
- Comparisons within and between subgroups

2nd draft: rewrite the Results section

- Report absolute and relative changes, then correlative data
- Refer to Figures and Tables (don't duplicate in text)
- Avoid complex Tables (use graphs)
- Emphasize clinical outcome data

2nd draft: writing the discussion

1. Present major findings
2. Present significance (implications)
3. Compare data to previous reports
4. Present weaknesses, limitations of current study
5. Conclude with clinical or scientific significance

Between the 2nd and final drafts

- **Circulate** draft to co-authors, mentor, and others
- Encourage critical **feedback**
- Make recommended **changes**
- May need to **redraft** 5 to 10 times

Final draft

- Read it as if never seen before (aloud)
- Assess flow, organization and internal consistency
- Identify unclear areas
- Re-read Tables in detail
- Write Figure legends
- Spell out abbreviations
- Eliminate redundancies

Final draft

- Polish the paper
- Read the instructions for authors (again)
- Make it ***clear, succinct, simple and direct***
- Eliminate ambiguity and hyperbole
- Keep the tense and voice consistent
- If you need to reread a sentence to understand it, it needs to be rewritten
- Put the draft away for 2 days, then read it again
- Finalize the manuscript!

Submitting to a journal

- Follow the instructions to the author
- Adhere to page format, figures, reference style, everything!
- Write a cover letter to the editor
 - Describe what the editor will find
 - Describe new or unusual findings
 - Be honest and modest
- Send it in! Wait for the response....

The letter from the editor: 4 kinds

1. Accepted without changes (rare!)
2. Accepted pending minor revisions (count your blessings!)
3. Provisional rejection with the opportunity to make major revisions (common)
4. Outright rejection (it happens to the best...)

Top 10 reasons for rejection

1. In the wrong journal
2. No new information
3. Information is too old or out of date
4. Topic is too narrow, reports a single unique experience, or appeals to a narrow segment of the readership
5. Important contributions to the topic are missing or out of date references are used

Sullivan EJ. J Prof Nurs 2002;18:1-2

Top 10 reasons for rejection

6. Too much literature, not enough results
7. Manuscript is a lecture or speech
8. Too little information about methods or methodology includes serious flaws
9. Paper does not make a point
10. Poor writing

The Re-submission!

- Respond promptly
- Overcome feelings of rejection
- Read the reviews objectively
- Revise the manuscript according to the reviewers' comments
- Respond to reviewers with respect and clarity
- Consider a different journal

Cummings P, Rivara FP. Arch Pediatr Adolesc Med 2002;156:105-7

Acceptance!

- Read the acceptance letter fully
- Read it again to feel good!
- Send copies to co-workers
- Call your mentor
- Start writing your next paper!

Getting published

- Be an investigator and publish
- Write, re-write
- Edit, re-edit
- Get feedback from your mentor and experienced colleagues
- Be persistent
- Practice makes perfect

References

- Kern MJ, Bonneau HN. Cath Cardiovasc Interven 2003;58:391-6
- Bailor JC, Mosteller F. Ann Int Med 1988;108:266-73
- Welch GH. Effect Clin Prac 1999;2:131-7
- Taylor RB. Fam Med 1989;21:379-83
- Cummings P, Rivara FP. Arch Pediatr Adolesc Med 2002;156:105-7
- Sullivan EJ. J Prof Nurs 2002;18:1-2