Writing for Publication ECI Research Symposium 2019



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Writing for Publication (Success)

- 1. About writing
- 2. Explain the key people involved in writing
- 3. Explore the steps and procedures in writing and publishing
- 4. Explain the peer review process
- 5. Guidance and tips for success

Life in Emergency Care...

Life in Writing.....









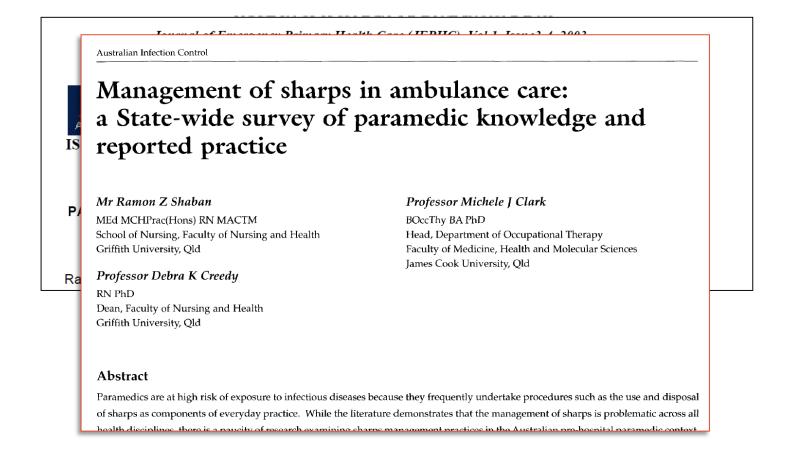




This is how we want to feel... and look...



In the beginning...



10 years later...

EDITORIALS

Whither medicine



ome 60 years ago, Lord "Tommy" Horde British physicians of that time, addres the theme "Whither medicine?".1 He visitor from Mars would have found such a qu hensible and would have responded, "Why, straight ahead ... " It was a time when the ro unambiguous: to care for patients and scientific and clinical training to promote the more weapons with which to conquer disease Now move forward to present times an question. Sadly, the Martian will be confused of medicine has not changed, but the role of has. This has become blurred by the signific professionals into clinical practice, often u roles through task substitution.2 We now h tioners and physician assistants in general prac medicine, rural and remote medicine, obsta other areas of clinical practice.

Nowhere is doctor displacement more general practice. Nurse practitioners now autonomous practice, in which they enjoy Benefits Schedule prescribing rights and N Schedule arrangements for which remunerati different to that of non-vocationally registe tioners.3 To further compound this sudden e vation of their role, nurse practitioner carnings will soon exceed the current reimbursements for non-vocationally regis-

tered practitioners, through indexation (JF O'Dea, Manager, Medical Practice Department, Australian Medical Association, Canberra, personal communication). Nurse practition operate within the framework of recent feder legislation that requires loosely formulate "cooperative agreements" with GPs arrangement that is ripe for entrepreneur exploitation

One may well ask how we have come t this turn of events. Firstly, the powerful Australian Nursing Federation has been without peer in influencing an ideologically driver federal Minister for Health and Ageing an promoting the cause of its members. Secon there is the federal government's impl agenda of fostering competition through leve ling financial rewards and downgrading co parative professional intellectual standard Underpinning this ongoing absurdity is the fallacious assumption that equivalence (between doctors and nurse practitioner exists, where there is none.



EDITORIAL

'Whither inter-professional collaboration in emergency care? - Calling for symbiotic mutualism'

We open Volume 14 of the Australasian Emergency Nursing Journal for 2011 with a fine selection of scholarly contributions. The theme of this issue is advanced practice in emergency nursing. Leading academics and clinicians provide papers that reflect the diversity of advanced practice in emergency nursing. Emergency nursing is a speciality practice for which there are established standards.1 The College of Emergency Nursing Australasia defines an emergency nursing as:

...a unique practice dealing with unstable, undiagnosed patients often presenting unexpectedly. Emergency care is provided to all age groups in a variety of settings, including out-of-hospital and in-hospital situations and in metropolitan and rural locations. Emergency nursing practice covers many different areas of care ranging from minor to major illnesses and injuries. Its uniqueness lies in its diversity of practice where the emergency nurse specialist is able to apply principles and concepts to differing situations.

Our authors make valuable contributions to the clinical, managerial, education, and service-delivery aspects of emergency nursing practice, as an established specialty. Their contributions reflect the diversity of emergency nursing, and illustrate how our speciality is shared with the profession as a whole. Importantly, the authors respectfully contribute to the evidence-base underpinning emergency nursing and healthcare practice to ensure the central tenet of providing high quality and safe healthcare to our patients is upheld.

In recent times, critics have stepped up their irrational and illogical attacks on the quality and safety of healthcare provided by nurses, particularly nurse practitioners, in Australia.^{2,3} More disappointing is the fact that a reputable medical journal⁴ has elected to ventilate unsubstantiated, inflammatory, and irresponsible claims that nurse practitioners place patients at risk; claims completely devoid of evidence and made by insiders of the medical and nursing professions with self-appointed legitimacy. In his editorial 'Whither medicine? The expansion of non-doctor

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practice, Van Der Weyden, as Editor of the Australian Medical Association's Medical Journal of Australia, laments the 'displacement' of doctors within the contemporary health setting by nurse practitioners and physicians assistants. The antecedents to this supposed displacement includes the access nurse practitioners now have to the Pharmaceutical Benefits Schedule and Medicare Benefits Schedule arrangements in Australia (despite the fact that nurse practitioners have always had legislative authority to prescribe), the 'power' and influence of the Australian Nursing Federation within Australian federal politics (with no mention of the political clout of the Australian Medical Association), and an astonishing claim that there is a lack of an accepted definition of a doctor in Australian medicine.⁴ These, coupled with concerns that nurses practitioners will soon be earning more than non-vocationally registered general practitioners, are what Van Der Weyden uses to guestion 'whither medicine?'.'

In lamenting the current state of affairs, Van Der Weyden bemoans the fact that discussion and debate about such matters has been limited to medical tabloids such as Australian Doctor,2,3 In doing so, he cites unsubstantiated claims that nurse practitioners place patients at risk. are 'a disaster unfolding' and 'people will die'.2,3 Such remarks are an unfortunate, unprofessional, and unreasonable slight on Australian nurse practitioners, a large proportion of who are emergency nurse practitioners. They demonstrate a surprising level of ignorance about the role of nurse practitioners and the evidence-base that supports their, particular in emergency care.⁵ Moreover, they demonstrate insensitivity and disrespect to the needs of many patients treated in emergency departments and the truly collaborative relationships between emergency nurse practitioners, emergency physicians, and emergency nurses. In an era where the drum of quality and safety in healthcare and evidence-based practice beats the loudest, I askwhere is the evidence to support such claims? Here is the point-debate about the so-called 'risks' nurse practitioners present to patients only features in medical tabloids away from the rigorous scrutiny of peer-review that demands an evidence-base such assertions.

AENJ patient presenta-

mplex care, includ mostic services that ertise.

> ontinue to provide not a good use of ining and experihat could be protitioners, include and prescribing nedical leadership) ments (such as nt or routine dia-

ple repetitive diagocedures. doctors are bored limited aspects of he quality of their enhanced when work in partnerners, Again, in my y-educated nurses ir limited clinical personal care) and the clinical team by end of their skill

nces between docis of selection proning. However, this professional groups ope of practice and that best use their taining roles based that are no longer

and lead the role can ensure that senir clinical tasks to rs can occur with and disengagement ole redesign, as we health workforce in model that has not 00 years. Resistance ore likely to lead to being produced, trong relationship on required for the

the Board of Health

VIC. org.au

ither medicine? The expansion of non-doctor practice [editorial]. Med J Aust 2010: 193: 634-635

Ramon Z Shaban, Julie M Finucane and Dianne J Crellin

TO THE EDITOR: In his recent editorial,1 Van Der Weyden laments the "displacement" of doctors in modern health care by nurse practitioners and physician assistants, and bemoans the fact that discussion and debate about these matters is largely confined to medical tabloids such as Australian Doctor. In this context, the editorial cites unsubstantiated and inflammatory comments from Australian Doctor correspondents claiming that nurse practitioners place patients at risk.2.3 Remarks that nurse practitioners are "a disaster unfolding" and "people will die"3 are not only inflammatory but also inaccurate. Medical and nursing insiders have made these claims with selfappointed legitimacy and without evidence. They demonstrate a surprising level of ignorance about the role of nurse practitioners and the evidence base that supports their practice, particularly in emergency care.4 In an era where the drum of quality and safety in health care and evidence-based practice beats the loudest, where is the evidence to

support such claims? Perhaps the lack of evidence is the reason why such claims implying that nurse practitioners present a risk to patients are housed in medical tabloids, where they escape the rigorous scrutiny of peer review that would otherwise expose this deficit.

Van Der Weyden bewails that nurse practitioners are the only health professionals whose skills and talents are extolled".1 We doubt whether such trivialities are at the

forefront of the minds of emergency nurse practitioners, who comprise a large proportion of nurse practitioners in Australia. As part of the broader health care team, their focus - and the focus of their physician, nurse and allied health colleagues - would be on the immediate and ongoing needs of their patients.

Van Der Weyden asserts that an assumption of the equivalence of nurses and physicians underpins the political and industrial agenda for "doctor displacement" in general practice in Australia. Such an assertion is entirely moot. High-quality and safe health care cannot be realised by a monopoly of nurses, or physicians, or any other health profession. Nurses and physicians are only two of the many threads in the tapestry of high-quality, safe and evidence-based health care. Their success lies in symbiotic mutualism, not commensalism, amensalism, or parasitism. And, just like in tapestry, pulling any one thread from the fabric renders the picture incomplete.

Unless there is substantial evidence to the contrary, bringing the safety of nurse practitioners into question is senseless, particularly given the well deserved support they have from their peers in the wider health community and their patients, both in Australia and overseas.

Ramon Z Shaban, Editor-in-Chief, Australasian Emergency Nursing Journal Julie M Finucane, Associate Executive Director Dianne J Crellin, Executive Director College of Emergency Nursing Australasia, Melbourne, VIC editor@cena.org.au

Special GP ISSUE for 2011 Do you have an interest in general practice? MJA We are planning our annual General Practice issue and we welcome submissions and suggestions for topics. We are looking for: high-quality research on any aspect of general practice * commentaries, viewpoints * reviews of "hot topics" If you are unsure whether your article is suitable for this issue, please feel free to send us a dot point summary of what you have in mind or phone and discuss your xecutive Officer thoughts with us. General Practice Special Issue: Closing date 4 April 2011 Commissioning Editor: Dr Annette Katelaris Coordinating Editor: Dr Ann Gregory Phone: 02 9562 6666 * Email: medjaust@ampco.com.au * MJA Advice to Authors: ww.mja.com.au/public/information/i

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Most editors are <u>not</u> like this...



Don't be a <u>writer</u> like this...



1



ABOUT WRITING...

Why write?

- Q: Who has published a paper in a journal?
- Knowledge creation and translation
- Critique and challenge status quo
- Professional obligations
- Identity forming and shaping
- Contribute to the discipline
- Fix problems
- Learning
- <u>Make a learned, scholarly point</u>....



So What? The Fundamental Four...

Table 1

The Fundamental Four for informing quality research.

 What do we know? 	 What has already been written about the topic / issue of interest? Has the issue of interest already been investigated? –If so, by whom, when, and in what context?
	 Has the guestion already been answered?
2. What don't we know?	 Is this a new or emerging issue that has not been addressed previously?
	 Is there a gap in the research literature that makes this a new problem or issue? For example, has the problem or issue been investigated at a different time? In a different context?
What should we know?	 What is the specific gap that this study/literature review is going to address?
4. Why should we know it?	 Why is addressing that gap important? for patients? for families? for clinicians? for the broader health system?

FINCY

Evidence based emergency nursing: Designing a research question and searching the literature

Julie Considine ^{a,*}, Ramon Z. Shaban ^b, Margaret Fry^c, Kate Curtis^d

^b Denkin University – Exstern Health, Geedong, Victoria, Australia ^b Oriffiel University & Gold Coast Hospital and Health Service, Brisbane, Queensland, Australia ^cUniversity of Technology Sydney – Narthern Sydney Local Health District, Sydney, New South Wales, Australia ^d University of Sydney – St. George Hospital, Sydney, New South Wales, Australia



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Key people in writing...

- 1. The Writer
- 2. The Reader
- 3. The Editor
- 4. The Reviewers

1. The Writer

People who write want to:

- Create and transfer knowledge
- Critique and challenge the status quo
- Fix problems
- Complete professional obligations
- Form and shape their identify
- Contribute to their profession and discipline
- Learn

The Writer...

Before you write you must ask yourself...

- Why do I want to write?
- What is my goal?
- What outcome do I want from the paper?
- Which journal?
- Are my aims consistent with the journal?
- Who is the audience?
- What are my biases?
- What lens colours my view of your world?
- What information and help do I need?
- What is my point!

The Writer...

- Our writing tells others things about us that we are not conscious of
- Reviewers comments bring this to our attention
- Have (find) a (your) voice
- Know what your point is
- Go on the public record
- Take a stand or position
- Stand by what you say and your work

2. The Reader...

- Who are the readers?
- Our audience
- Our client
- Our focus
- Papers that meet the needs of the readership are those most successful
- Not about pleasing them
- Challenging, constructing
- Extending, informing
- Must have the so what?

3. The Editor

- Responsible for the content of the journal
- Meet the needs of the readership and the profession
- Lead, support, gate keep, encourage, enable, protect...
- Make important decisions about the journal and
- Appointed by journal owners



http://193.178.1.126/link/20050903/images/Editor-cartoon.jpg

Most editors are <u>not</u> like this...



As a <u>writer</u>, don't' be like this...



When do we accept papers?

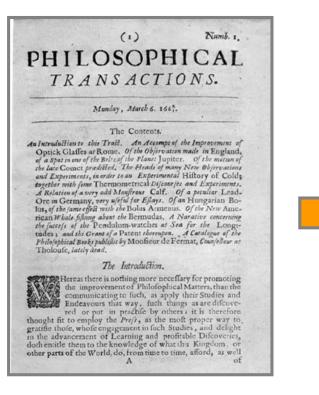
- 1. Inside the scope of the journal
- 2. Original contribution, that is new or different
- 3. Audience-focused
- 4. Clear, Coherent, Considered, Comprehensive, Contributory
- 5. Helps the read to read
- 6. Take readers with you to new a new place, even if they disagree
- 7. Narrative outcome is evident
- 8. Nail the "So What"

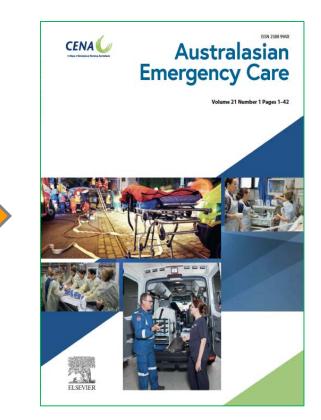
When we do not accept papers...

- 1. Not written for the correct journal or audience
- 2. Nothing new or different, not original
- 3. Narrow audience focus
- 4. Old information
- 5. Lack of clarity and focus
- 6. Fatal errors in the manuscript e.g. data, methods, unsubstantiated claims, errors in grammar and spelling that lead to reader confusion
- 7. Well written and executed, but completely misses the point and is not grounded in a significant problem.

4. The Reviewers

- Cornerstone of the scholarly publication system
- Maintain integrity in the advancement of knowledge
- Well-established process over centuries





What is Peer Review?

- Act as gatekeepers
- Helps to determine validity, significance and originality
- Provide journals with invaluable expertise that it absolutely critical to journal quality and success
- Improve the quality of the work submitted for publication by giving reviewers the opportunity to suggest improvements
- Advise Editors

Who are the Reviewers?

- Experts in specific fields and topics
 - clinical experts
 - research experts
 - methodologists / statisticians
- Provide variability in readership essential to the validity and reliability of the paper
- Average number of completed reviews is 4-6 per year

Why Do Reviewers Review?

- Fulfill an academic and professional 'duty'
- Contribute to the work of others
- Provide contemporary advice
- Helps with their own research
- Build associations with prestigious journals and editors
- Maintain awareness of new research
- Develop career
- Help with their own writing

THE STEPS AND PROCESSES IN WRITING AND PUBLISHING

The process...

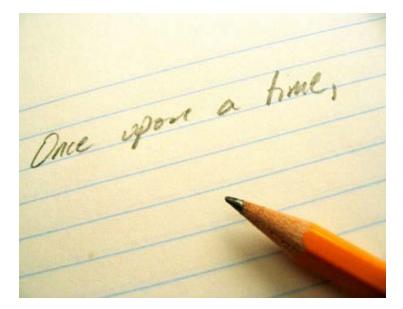
- 1. Topic selection
- 2. Journal and audience selection
- 3. Gathering results and information
- 4. Writing and pitching your message
- 5. Rewriting (and rewriting!)
- 6. Submission
- 7. Responding to the Editor and Peer Review
- 8. Rewriting and resubmission
- 9. Publication!

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1. Purpose and Topic

Original and significant

- 1. Problems and solutions
- 2. Old topics, new approaches
- 3. New topics, old approaches
- 4. Learn from the evidence



Ask yourself the following...

- What is the readership of the paper?
- What story do they want to tell?
- What story do they ACTUALLY tell?
- What's the so what?
- Is it learned?
- Original and significant (which does not mean earth shatteringly so)

2. Establishing Authorship

- Formal criteria follow <u>ICMJE Criteria</u>:
 - Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; <u>AND</u>
 - 2. Drafting the work or revising it critically for important intellectual content; <u>AND</u>
 - 3. Final approval of the version to be published; <u>AND</u>
 - 4. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.
- Discuss authorship with co-authors and people who have contributed to your work
- Establish who will be the order of the other by formal agreement

Conflicts of Interest and Provenance

- <u>Conflict of interest</u>: defined as a situation in which a person has a private or personal interest sufficient to appear to influence the objective exercise of his or her official duties as, say, a public official, an employee, or a professional. For example, a financial or personal relationship that influences decisions about a manuscript.
- Provenance: Knowing the beginning of something's existence; something's origin. Important for declarations about commissioning of papers.
- Can be actual or potential, and vary in the ways they might influence a person's scientific judgment
- All conflicts of interest (actual and potential) <u>MUST</u> be disclosed to the journal and managed in a systematic manner. <u>Serious consequences if</u> <u>not declared</u>.

Human and Animal Research Ethics

- Must have HREC approval or exemption.
 - Helsinki Declaration of the World Medical Association (2000)
 - NHMRC National Statement (2007) on Ethical Conduct in Human Research
 - NHMRC (2003) Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research
 - NHMRC (2003) When does Quality Assurance in Health Care Require Independent Ethical Review?
- <u>http://www.nhmrc.gov.au/health-ethics/human-research-ethics</u>

Ethical Issues

- Plagiarism
- Fraud
- Consent
- Medical ethical concerns
- Criminal
- Professional

Profile: Hwang Woo-suk

South Korea's Hwang Woosuk was feted as a national hero when, in 2004, his research team said it had successfully cloned a human embryo and produced stem cells from it, a technique that could one day provide cures for a range of diseases.

But allegations he used unacceptable practices to acquire eqgs from human donors, then faked two landmark pieces of research into cloning human stem cells, have left his reputation in tatters.



Dr Hwang captured the public's imagination

3. Pitching the Message

- One paper = one argument
- Message should be
 - clear, useful, and exciting message
 - presented and constructed in a logical manner
 - readers, reviewers and editors can grasp the significance easily
- What is the "So What"

The Awesome Foursome

- 1. What do we know
- 2. What don't we know
- 3. What should we know
- 4. Why should we know it

Pitching the Message

- Your argument

- must come from the analysis of the data you present
 - maybe research data
 - maybe a literature review
- must be original

- Look at the data carefully regarding the message

Pitching the Message

- Ensure message is reflected in the title of the paper
- Ensure headings reflects the message in a consistent way
 - Use sign posts lead the reader through your argument in a logical way that points to the main message of your paper.

"The critical review of the literature yielded five themes..."

4. Presentation of the paper...

- More important than people realize
- Attention to detail is vital
- Structure means that:
 - a consistent argument is presented
 - there are connections made between various sections of the paper
 - there is synergy between the aims, methods, results, discussion and conclusion



- Avoid complicated use of language

- use simple English
 - resist the temptation to sound clever!
- Clear
- Concise
- Considered

Structure

Key sections included and are laid out clearly

Title
Abstract
Introduction
Methodology
Results
Discussion/
Conclusion
References

Title
 Abstract Does it reflect what was done and what the major findings
Introduction
Methodology
Results
 Discussion/ Conclusion Are the claims in this section supported by the results, do they
 References/Previous Research If the article builds upon previous research does it reference that work appropriately? Are there any important works that have been omitted? Are the references accurate?
 Does the article make it clear what type of data was recorded; has the author been precise in describing measurements?

Structure

- Paragraphs will provide the framework for the structure of the manuscript
- One key message per paragraph
- All sentences in the paragraph will link to the main idea
- Vary paragraph lengths

Expression

- A variety of sentences will engage the reader
- Avoid the use of long and complex sentences
- Use punctuation correctly to separate ideas in a sentence
- Take care with spelling and beware the spell check!
- Voice...

Passive Voice

- longer, more words
- non committed
- indirect
- ambiguous
- weak, timid
- dissociates the author
 from the reader



Active Voice



- Directed to the reader and catches their attention
- Strong
- Easy to read
- Less words
- Authoritative
- Used by both informal and academic publications
- But NOT in an autocratic or bossy way

Passive voice

- The handwashing practices of staff were observed by four members of the nursing staff during rostered shifts
 (17 words)
- Patient assessment was the responsibility of the nursing staff
 - 9 words

Active voice

- Four members of the nursing staff observed the handwashing practices of staff during rostered shifts
 - 15 words
- Nurses were responsible for patient assessment
 - 6 words

Presenting the Manuscript

- Make sure that you cannot be identified in text
- Make sure your data is presented in a logical sequence to support your main message
- Write clearly
 - you will do this if you are clear about your message
- Grammar, punctuation, spelling MUST be correct

The Covering Letter

- Sell the paper to the editor so they wont reject it outright
- How and why is this work original?
- What is the gap and why is the gap important to the journals readership?
- How does it fit with aims and scope of the journal?
- Attention to detail



4

PEER REVIEW

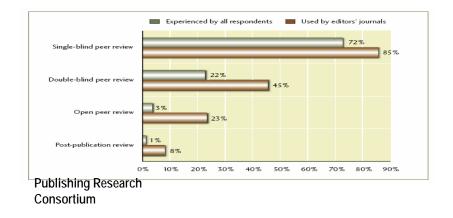
5. Peer Review

Functions:

- Act as a gatekeeper
- Helps to determine validity, significance and originality
- Provide journals with invaluable expertise that it absolutely critical to journal quality and success
- Improve the quality of the work submitted for publication by giving reviewers the opportunity to suggest improvements
- Advise Editors

Types of Peer Review

- "Single blind" peer review
 - commonly, the author is known to the reviewer
- "Double blind" peer review AENJ
 - the author and reviewers are anonymous
- Open peer review
 - the authors and reviewers know who each other are
- Experimental
 - Post-publication peer review
 - Dynamic peer review



Remember, Top Reasons for Rejection

- 1. Not written for the correct journal or audience
- 2. Nothing new or different
- 3. Narrow audience focus
- 4. Old information
- 5. Lack of clarity and focus
- 6. Fatal errors in the manuscript e.g. data, methods, unsubstantiated claims, errors in grammar and spelling that lead to reader confusion
- 7. Fail's the So What Test

Responding to unfavorable reviews

- Provide a response to reviewers outlining what you have changed and justify what you have not.
- Addressing concerns in the manuscript and in summary for to editor
- Remain objective
- If you have conflicting comments consider both and adjust to the most relevant
- Editors are most impressed with robust arguments that respond to reviewer comments
- Query the assumptions
- Challenge the arguments
- It is up to the Editor to make the determination, NOT the reviewer

Maintaining Momentum

- Re-submit quickly if possible
- Engage with critical friends, mentors or writing peer group
- Ask questions, seek counsel
- You will be given a time to make revisions
- Take on board all feedback, this will improve your paper
- Keep in touch with the Editor

Critical aspect for success...

- 1. Mentor or critical friend
- 2. Appropriate journal and authorship
- 3. Pitch of your message
- 4. Having a 'ready', but not 'perfect' manuscript.
- 5. Insight into the peer review process
- 6. Respond to reviews in a learned fashion
- 7. Maintain momentum
- 8. Enjoy it!





To your future success...

