Writing for Publication

2022 STN
Preconference Workshop

Judy N. Mikhail PhD, MBA, RN

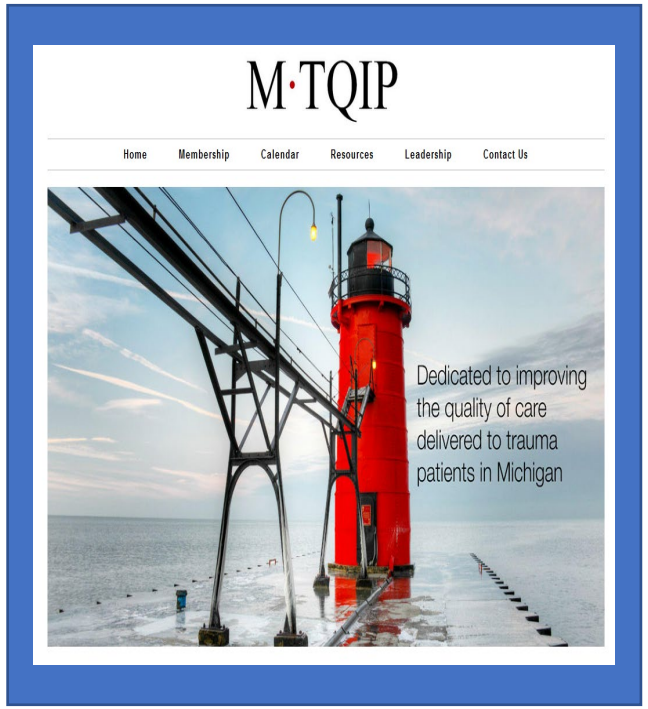
Editor in Chief

Journal of Trauma Nursing

Senior Program Manager

Michigan Trauma Quality Improvement Program (MTQIP)

University of Michigan



Introduction

✓No matter how spectacular the results, a study is not finished until published.

✓Bad writing is easy. Good writing is hard.

Aim

To help participants prepare manuscripts with a high probability of acceptance for publication and being completely understood by the reader.

Sections

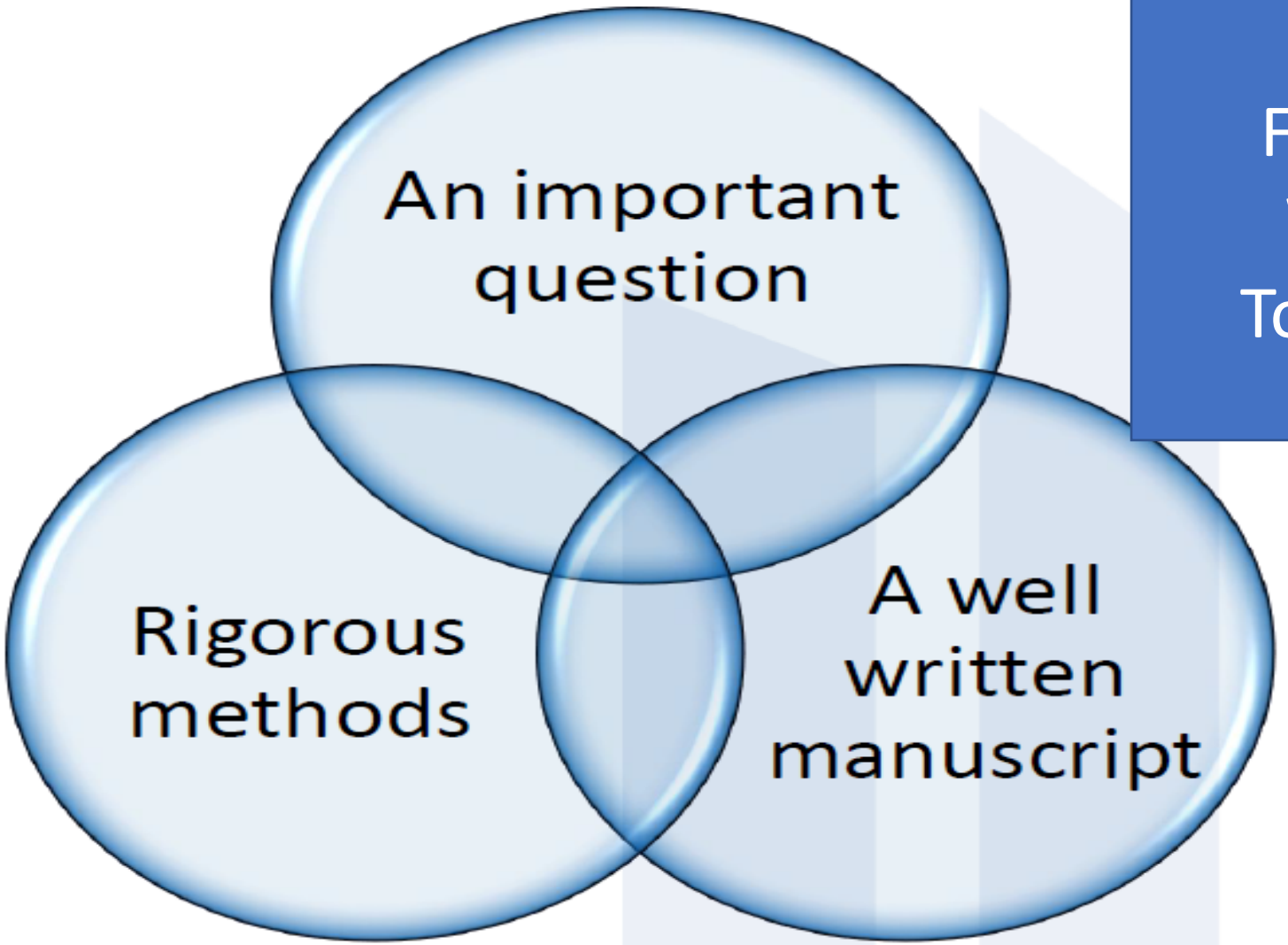
1. Writing philosophy
2. Manuscript Sections
3. Writing advice
4. Publication Process

Writing Philosophy

Why work to improve your writing?

- IMPACT
- DISSEMINATION
- Change practice or policy
- A good paper is a good paper, no matter where it is published
- Good writing isn’t just good writing, good writing is clear thinking
- Good writing is a ***process***, not an ***event***

Recipe for a high impact publication:



Challenge

Finding a good topic

With broad appeal

To a trauma audience

High Impact Academic Writing

Invest like Warren Buffet

Train like Tom Brady

Strike out like Babe Ruth

Build and diversify your writing portfolio

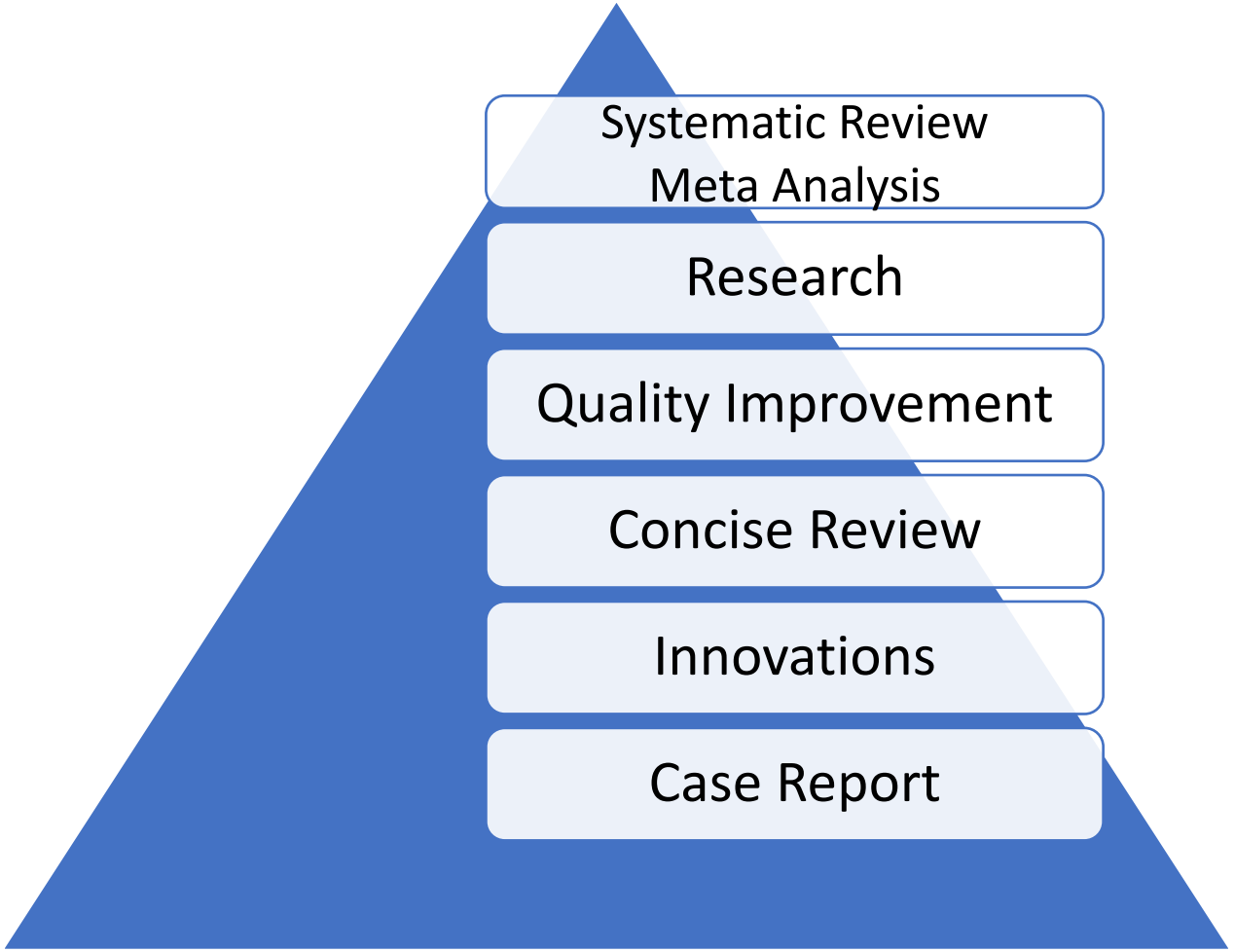
Overcome bibliopenia

- Gain experience
- Writing is a muscle
- Get on the scoreboard
- Reputation building
- Mentoring other nurses

Changing the world

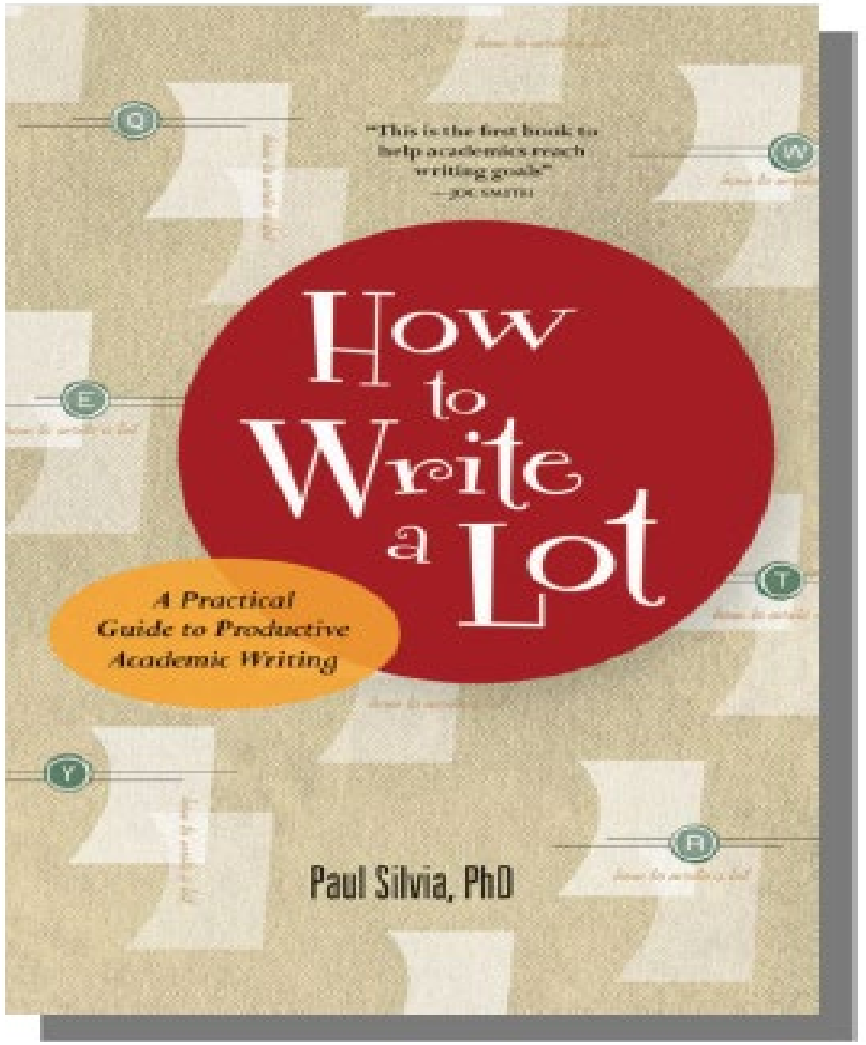
- Ground breaking
- Long term horizon
- Obtaining external funding

There is a place for everyone at the table…



Curiosity and Learning

- Learn about writing
- How much time each week do you [really] spend becoming a better writer?
- Train Hard
  - Read a lot
  - Write a lot



- Seek out the right coach
- Someone who writes better than you

- Follow and study the writing of authors you admire

What to Write When

- Establish protected time
- Write every day/week?
- At your best time?
- Write the background and methods first
- Write the abstract last

Just starting out

- Read the journal you are submitting to
- Study previous articles
- Read the Author Guidelines

Writing strategies

- Start early – a substantial portion of the manuscript can be written before the project is completed.
- Focus on high-visibility components
  - Pay attention to what readers are most likely to look at
  - Title, Abstract, Tables, Figures
- Systematically organize the material (everything in its place)
- Continuous Improvement:
    - Improve the paper by sharing it with others
    - Learn how to elicit and receive feedback
    - Incorporate useful feedback
    - Revise frequently

Overcome fear of rejection

You strike out more often than you hit a home run

Strike out like Babe Ruth

"Every strikeout brings me closer to my next home run."

"I swing with everything I've got. I hit big or miss big. I like to live as big as I can."

Developing a “growth” mindset:

New England Journal of Medicine 16-11870

Inbox

Thoughtful reviewers
I'll bring to our next meeting to plan revisions before sending elsewhere

Note the mature response of the rejected author

Begin forwarded message:

From: New England Journal of Medicine <onbehalfof+editorial+nejm.org@manuscriptcentral.co
Date: September 26, 2016 at 10:28:43 AM EDT
[redacted]
Subject: New England Journal of Medicine 16-11870
Reply-To: <editorial@nejm.org>

Dear

I am sorry to inform you that your submission, "Realizing the Benefits of Hospital Consolidations by Decentralizing Specialty Care," has not been accepted for publication in the Journal. It was evaluated by members of our editorial staff and by two outside experts. After considering its focus, content, and interest, as well as the concerns expressed by the reviewers (see below), we made the editorial decision not to consider your submission further. We are informing you of this decision promptly so that you can submit it elsewhere.

Thank you for the opportunity to consider your submission.

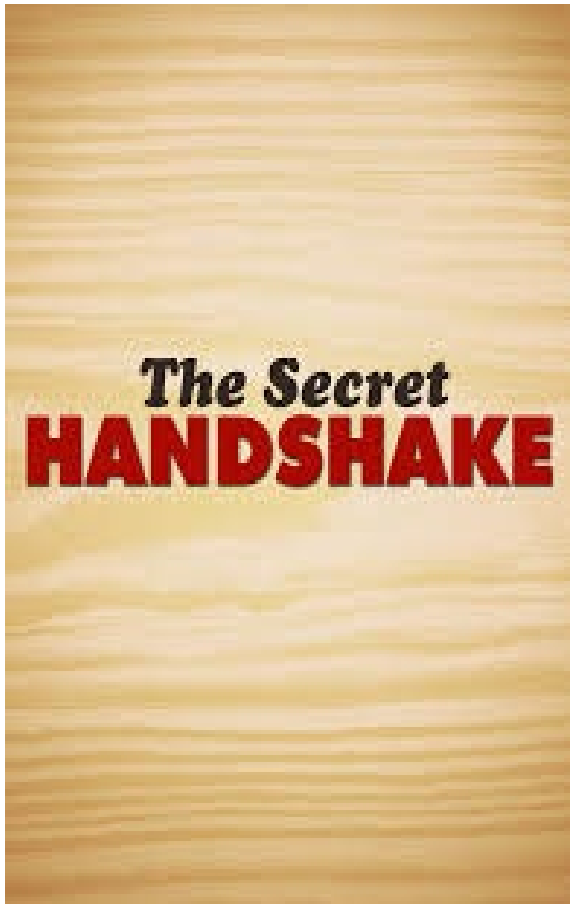
Sincerely,

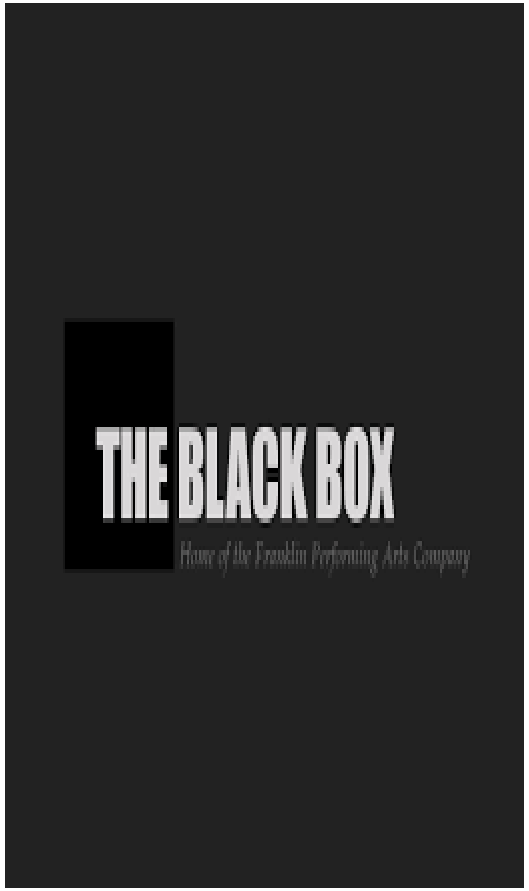
Debra Malina, Ph.D.
Perspective Editor

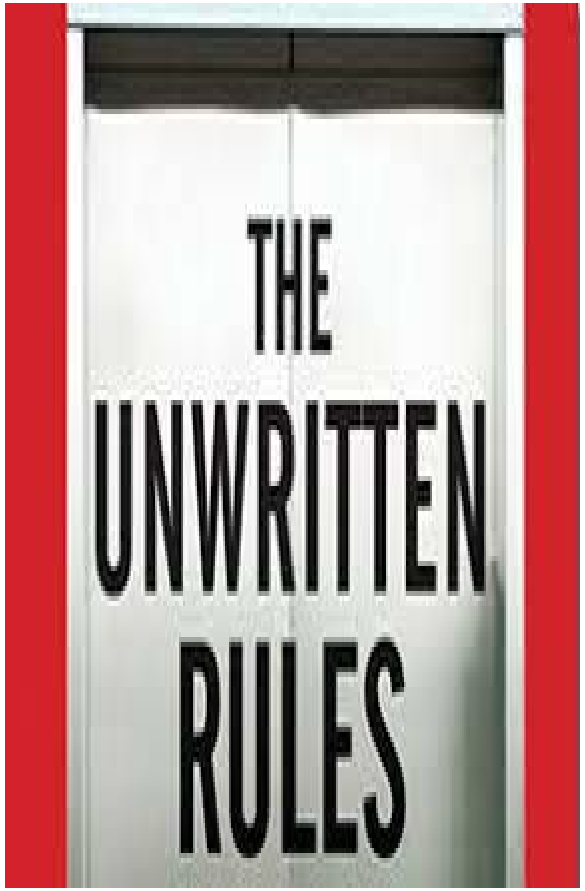
New England Journal of Medicine
10 Shattuck Street
Boston, MA 02115
(617) 734-9800
Fax: (617) 739-9864
http://www.nejm.org

Manuscript Sections

Common Publishing Perceptions



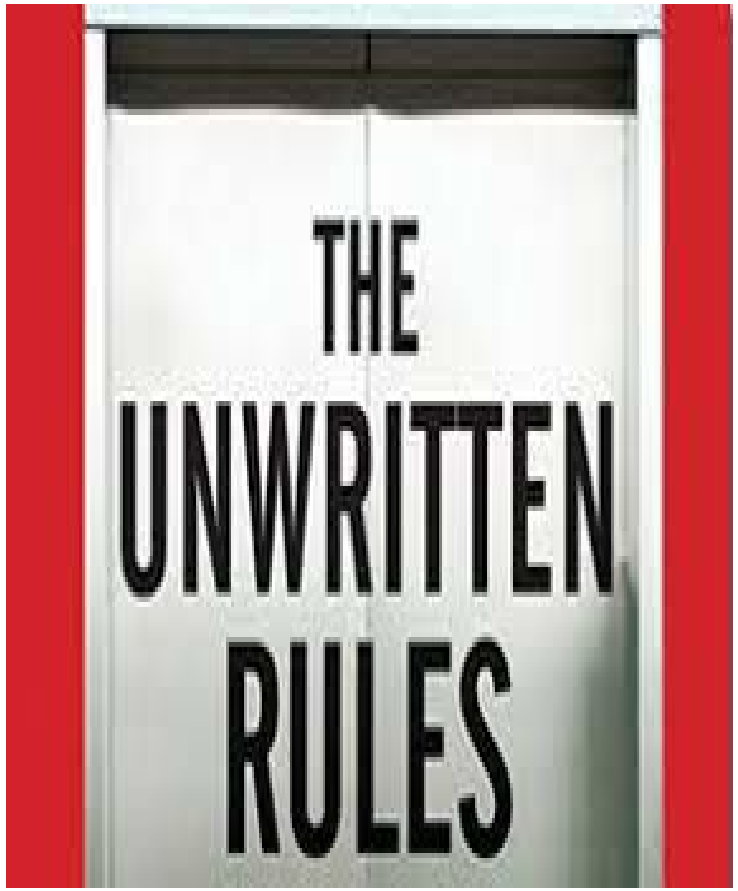




Scientific Writing

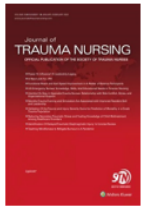
- Scripted
- Formulaic
- Structured
- Organized
- Everything in its place

The rules are written!



Journal of Trauma Nursing Author Guidelines

Updated 02/12/22



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Journal Description
Article Types
Manuscript Preparation
Manuscript Sections
Publication Phases
Editorial Policies

JOURNAL DESCRIPTION

The Journal of Trauma Nursing (JTN) is the official journal of the Society of Trauma Nurses (STN). Started in 1995, JTN is an international, multidisciplinary, peer-reviewed, bi-monthly journal that publishes original articles that advance trauma center care across the trauma continuum, globally.

Mission
To deliver the highest-quality evidence to trauma teams globally.

Vision
To be a global leader in advancing impactful trauma center care.

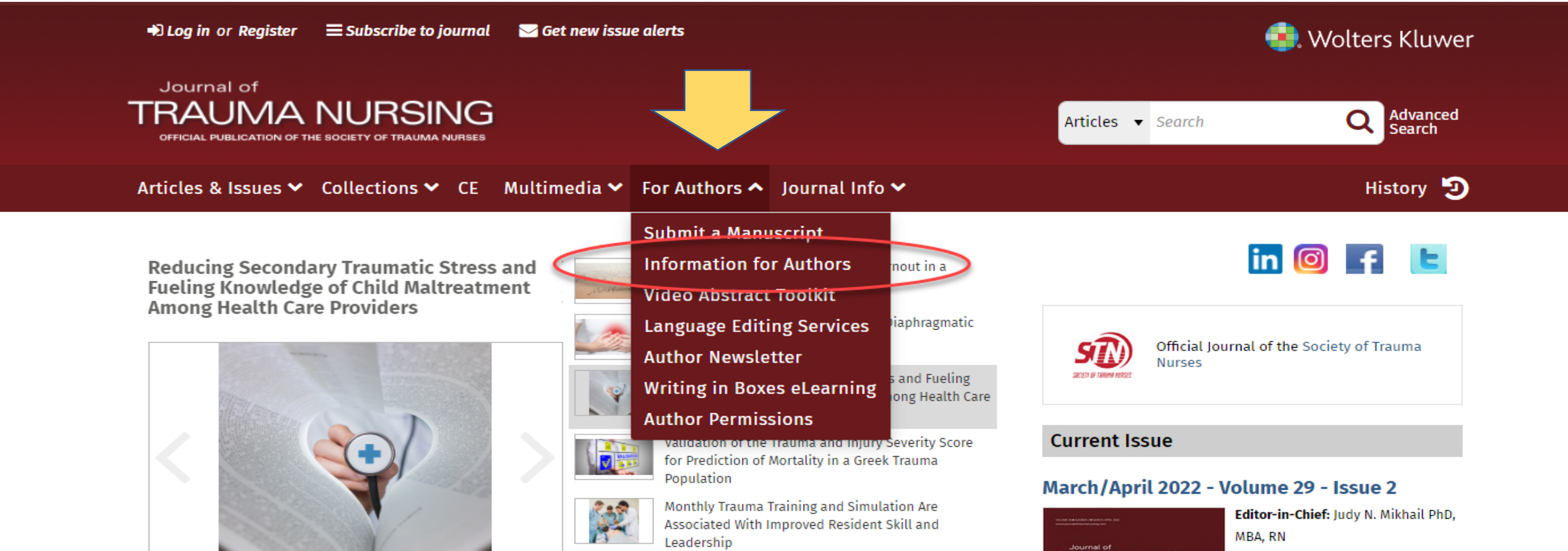
Aims
1. Advance knowledge
2. Appraise current knowledge
3. Disseminate quality improvement
4. Highlight novel innovations

Scope
JTN publishes articles that impact contemporary trauma care. Topics include clinical, trauma center leadership-organization-management, registry, quality improvement, injury prevention, education, outreach, health policy, trauma disparities, patient related outcomes, and trauma system development.

Audience The JTN audience spans the continuum of trauma care from prehospital to rehabilitation and includes readers from all trauma center: disciplines, departments, settings, levels, and locations.

Where can you find the Author Guidelines?

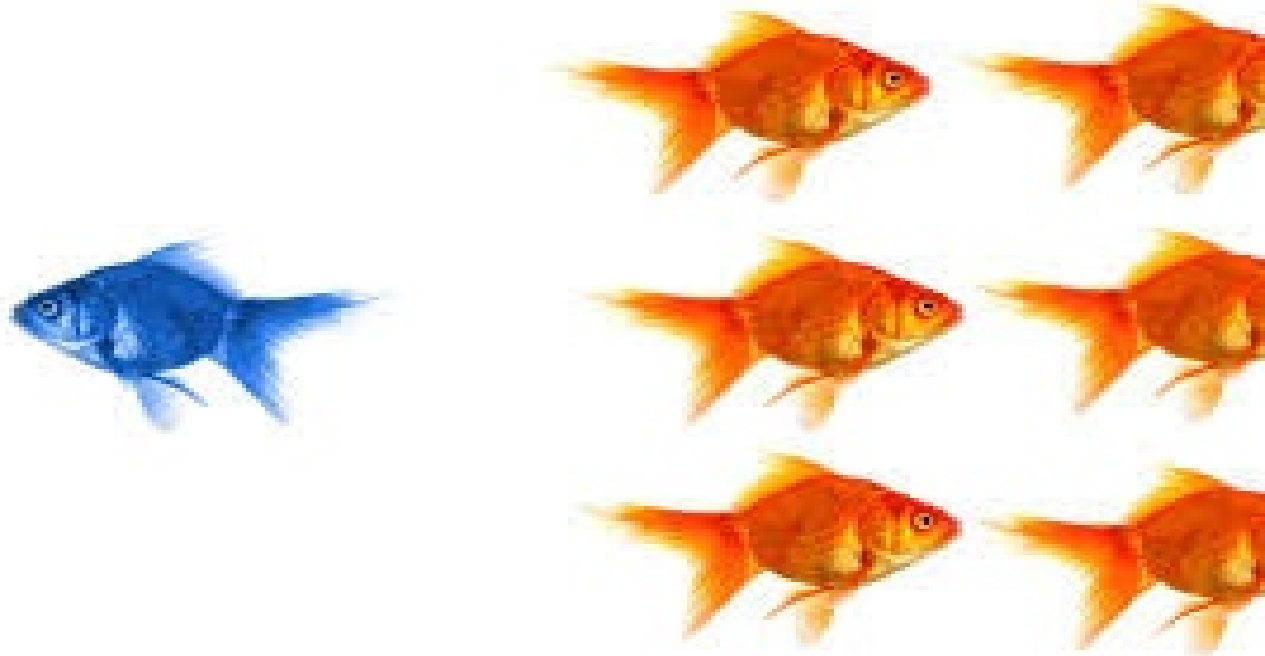
https://journals.lww.com



What Do Editors Want From Authors?

Follow the rules → Author Guidelines

>75% of article feedback is around not following the author guidelines



Example

[redacted]

[redacted]

[redacted]

This thesis is submitted as a master's thesis.

[redacted]

[redacted]

Nursing Major in Emergency Nursing,

[redacted]

84
Pages

Good Topic

- Is your topic ***pertinent*** to contemporary trauma care?

- Is your topic ***interesting***, innovative, or novel ?

The Title

Why is it so important?

Elements of a Good Title

- Concise and descriptive (strive for < 15 words)
- Place main topic early
- Use keywords
- No abbreviations
- May state as a question
- May reveal findings
- Not too cute
- Avoid trauma center level or country in title unless specific to topic

Why is it so important?

Abstract

Abstract

Heading	Suggested Information Order	Suggested Length
BACKGROUND:	Problem, significance, gap, intervention	2-3 sentences
OBJECTIVE:	The purpose of this study…; This study aims to…	1 sentence
METHODS:	Study design, population, data collection dates, setting, variables, statistical analysis	3-4 sentences
RESULTS:	Total n=x participants, group demographics n (%), key findings [point estimate, CI, p value]	3-5 sentences
CONCLUSIONS:	State what data support, do not overstate	1-2 sentences
KEYWORDS:	5-7 keywords for indexing, consider MeSH terms	1-2 sentences

Original Investigation

Association of Hospital Critical Access Status With Surgical Outcomes and Expenditures Among Medicare Beneficiaries

Andrew M. Ibrahim, MD; Tyler G. Hughes, MD; Jyothi R. Thumma, MPH; Justin B. Dimick, MD, MPH

JAMA 2016;315: 2095-2103.

TABLE 1
Framework for a Three-Paragraph Introduction

PARAGRAPH	QUESTION	EXAMPLE 1
1	What is the general problem or current situation?	Otitis media is the most common reason that children receive antibiotics.
2	What is the specific problem or controversy?	Many patients receiving the diagnosis of otitis media have no microbiological evidence of infection.
3	How will this study help?	To better delineate the vagaries of the otologic examination, we studied interobserver variability in the diagnosis of otitis media.

Critical access hospital designation was created to help ensure access to the more than 59 million people living in rural populations.[1] Established in 1997 under the Medicare Rural Hospital Flexibility Program when policy makers were worried these hospitals would close due to financial hardship, the critical access hospital provision entitled hospitals to increased reimbursements if they had fewer than 25 inpatient beds and were located more than 35 miles away from another hospital.[2] More than 1300 hospitals enrolled in this program, but concern about the resultant Medicare budget growing to more than $9 billion annually led government agencies and advisory groups to call for modification and even elimination of the critical access designation.[3-6] Advocates for critical access hospitals argue that changes would be disruptive to communities that heavily rely on them for their health care.[7,8]

Debates about the value of critical access hospitals continue with limited evidence about the clinical outcomes and costs to Medicare in these settings. Increased mortality rates and worse process of care measures have been reported for common medical admissions at critical access hospitals[9,10]; however, far less is known about patients undergoing surgical procedures. To date the largest study of surgical outcomes captures only approximately one-third of critical access hospitals and lacks postdischarge follow-up and payment information.[11] Nevertheless, this single study found no difference in postoperative mortality rates suggesting that critical access hospitals may provide comparable surgical care with their acute care counterparts. Whether these findings are representative of surgical care across all critical access hospitals and what the costs are to Medicare remain unknown.

The purpose of this study was to evaluate outcomes and costs among Medicare beneficiaries undergoing surgical procedures at critical access and non–critical access hospitals.

The Three Paragraphs of an Effective Introduction

Give Context

Get the reader to care about the topic.

Bring the reader up to speed on the why the topic is important.

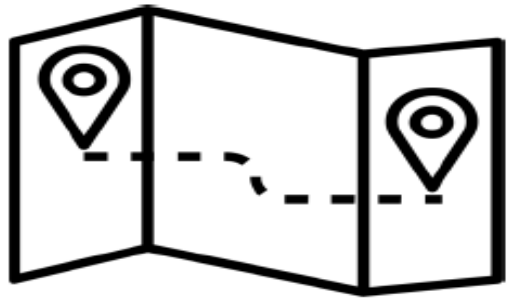
Create a Knowledge Gap

Get the reader curious about what is missing.

Make clear what is known and what is unknown to date.

Preview Your Plan

Connect the knowledge gaps to your study plan.



State how your study will fill the knowledge gap.

Ibrahim AM, Dimick JB. "Writing for Impact: How to Prepare a Journal Article." Medical Writing and Editing. Editors Markovac, Kleinman, Englesbe. Forthcoming in 2017.

Clear: Aim, Objective, Purpose, Question, or Hypothesis *(used interchangeably)*

Think PICOT:

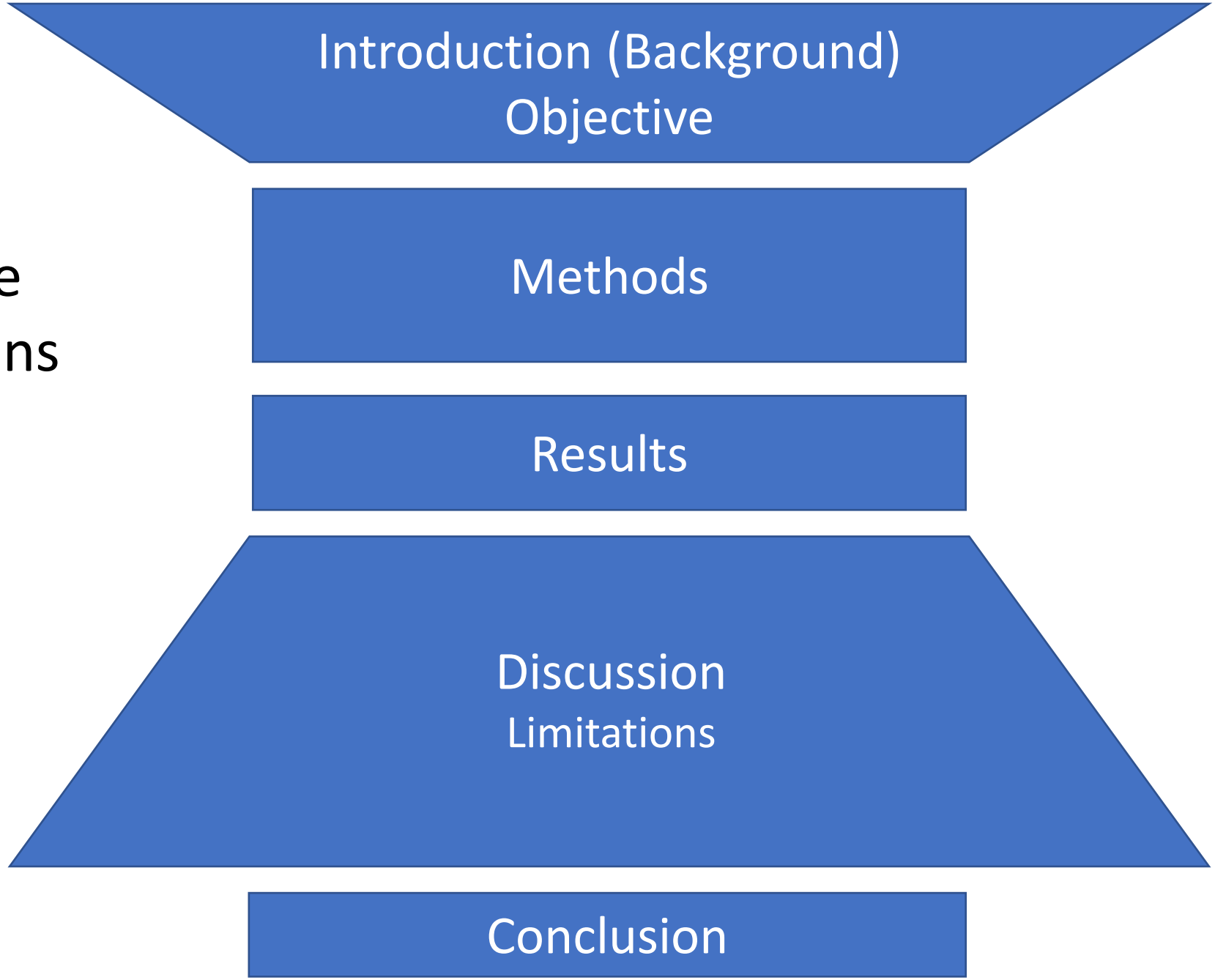
- Population (adult trauma)
- Intervention (MTP)
- Comparator (no MTP)
- Outcome (mortality, # blood products)
- Time frame (4 year period)

Simple
One
Sentence

Manuscript Sections IMRaD

- **I**ntroduction → Why?
- **M**ethods → How?
- **R**esults → What?
- **D**iscussion → So what?

Note the Proportions



IMRAD Overview

Introduction (Background)	What is the problem and significance "Set the stage". Select research→ What is known/not known-gap? How you plan to address gap? 1-2 pages max.
Objective	State the aim, question, purpose in one simple sentence. *Think PICO*
Methods	Begin with study design statement. Population, inclusion and exclusion criteria, recruitment, consent, setting, study dates, data collection procedure, variable definitions, procedures, instruments/scales: validity & reliability, power/sample size, planned statistical analysis, stats program version, IRB statement name & #.
Results	Report <u>data</u> objectively without interpretation. Report total sample then groups, primary then secondary findings. Report missing data. Cite Figures/Tables
Discussion	Start with restatement of key findings. Put findings into context with literature. Interpret how your results refute, contrast, validate, or add to previous literature. Discuss practical application → So What?
Limitations	Acknowledge 3-5 limitations-be self critical. Highlight efforts to mitigate.
Conclusion	Re-emphasize key findings. Suggestions for future research.

Manuscript Sections

A Closer Look

Background

- State problem, significance.
- Provide background context.
- Hook the reader. Why should they care?
- What is currently known about the topic?
- Include select, pertinent references.
- What remains unknown about the topic? What is the research gap?
- What intervention are you proposing to address the gap?
- Include the rationale with brief description of any supporting theory, framework, or model.
- 3-4 paragraphs max

Objective

- State the purpose or aim in one sentence. The purpose of this article is…This project aims to…
- The objective should be one sentence and it should match the objective in abstract.

Methods

- Study Design. Begin the methods section with the study design.
- E.g. This is a retrospective cohort study of…
- Setting. Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection.
- Participants. Describe inclusion and exclusion criteria, sources, and methods of participant selection.
- Variables. Clearly define all variables including independent, outcome, exposures, predictors, potential confounders, and effect modifiers.

Methods

- Interventions. Describe the intervention, including:
- Content. What was done?
- Delivery method: How were the subjects grouped ?
- Deliverer: Who delivered the intervention?
- Setting: Where was the intervention delivered?
- Exposure quantity and duration
  - How many sessions or episodes or events were delivered?
  - How long did they last?
- Activities to increase compliance or adherence (e.g. incentives)

Methods

Setting

- The name of the hospital should appear once in the IRB statement.
- In the Methods section, JTN prefers the context with a description of the hospital setting rather than the name of the hospital itself which means nothing to a global audience.
- For example, rather than stating "...admissions to ABC Hospital from January-December, 2020…" restate as "…admissions to an urban, academic, Midwest, Level I trauma center from January-December, 2020…”

Methods

- Data Sources. For each variable, give the source of the data and details of methods of assessment (measurement). Describe all tools, including the validity and reliability, with supporting references.
- Bias. Describe any efforts to address potential sources of bias.
- Study Size. Explain how the study size was arrived at.
- Outcomes. Clearly define the primary and secondary outcomes measures.
- Blinding (masking). Describe whether or not participants, those administering the interventions, and those assessing the outcomes were blinded to study condition assignment; if so describe how the blinding was accomplished and how it was assessed.

Methods

- Statistical Analytics Paragraph
  - Describe all statistical methods used, including those used to control for confounding.
  - Describe methods used to examine subgroups, interactions, or sensitivity analyses.
  - Explain how missing data or participants' loss to follow-up were addressed.
  - Specify the significance level used to interpret the data.
  - List the statistical software program used (name, version, city, state, or country)
  - State the Institutional Review Board (IRB) status. Provide the full institution name granting the IRB and the approval number.
  - Specify the reporting guideline followed.

IRB Statements

Example IRB Statements:

- This study was deemed exempt by the University of X Institutional Review Board.
- This study was approved by the University of X Institutional Review Board and followed the
- Consolidated Criteria for Reporting Qualitative Research (COREQ) reporting guideline.
- This cross-sectional, descriptive study was approved by the University of X and the X Hospital ethics committees.

Results

- State results numerically, without interpretation
- They should align to the methods section.
- Start with the total number of study participants.
- Describe recruitment or participants assignment to group
  - Typically shown in Figure 1 as a Flow Diagram
- Describe participant characteristics

  Typically shown in Table 1

Results

- Express percentages as n (%) making clear the numerator and denominator to reader.
  - E.g. A total of *N*=150 patients were studied, of which 90 (60%) were in the pretest group versus 60 (40%) in the posttest group.
  - E.g. Of 255 frail patients, 179 (70.2%) were women.
- Denominators of 30 or less, report as frequencies (not %)
  - E.g. Instead of stating “of 15 patients studied, 26.67% presented with fever," state as, "Four of 15 patients presented with fever."

Measures of Central Tendency and Spread

- Express normally distributed data as Mean (Standard Deviation)
- E.g. Mean = x.x, *SD* = x.x; or as *M* (*SD*). Do not express *SD* as +/- or ±
- Standard deviation reporting is preferred over standard error
- Express non-normally distributed data as Median (Interquartile Range)
- E.g. Median = xx.x, *IQR* = xx-xx.
- Interquartile Range reporting is preferred over range
- Express confidence intervals as: (95 % *CI*, lower limit, upper limit).
- E.g. (95% *CI*, 1.31,13.52)

p value

- Report *p* values as exact numbers to 2 *or 3* decimal places, without a leading zero
- Exception: when *p* is less than .001, write $p < .001$
- Express the term *p* value as lowercase, without a hyphen
- In tables, express the *p* value column heading simply as a lowercase *p*
- Do not report *p* values in isolation-they fail to convey size of effect, importance of result.
- Report as (point estimate, *CI, p*)
- E.g. (*OR* 0.8, 95% *CI* [0.22,1.86], $p = .13$).

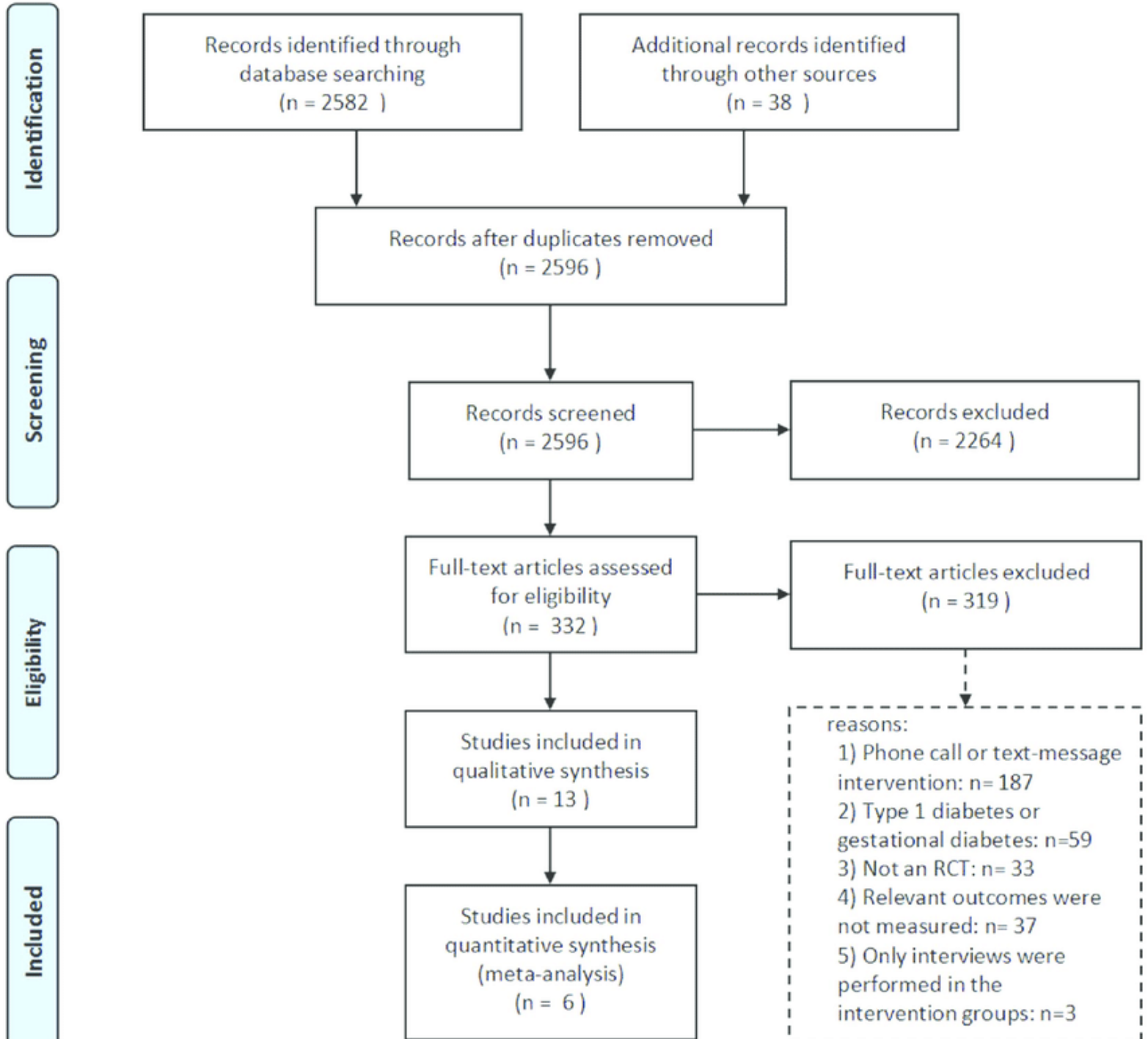
Decimal Places

- Round statistics to enhance reader comprehension
- General Rule: Express most statistics to 2 decimal places
- Descriptive statistics: percentages, mean (*SD*), median (*IQR*), may be expressed to 1 place
- *p* values may be expressed to 2 *or* 3 decimal places; when *p* is less than .001, $p < .001$)

Figure 1
Table 1

Figure 1

Flow Diagram



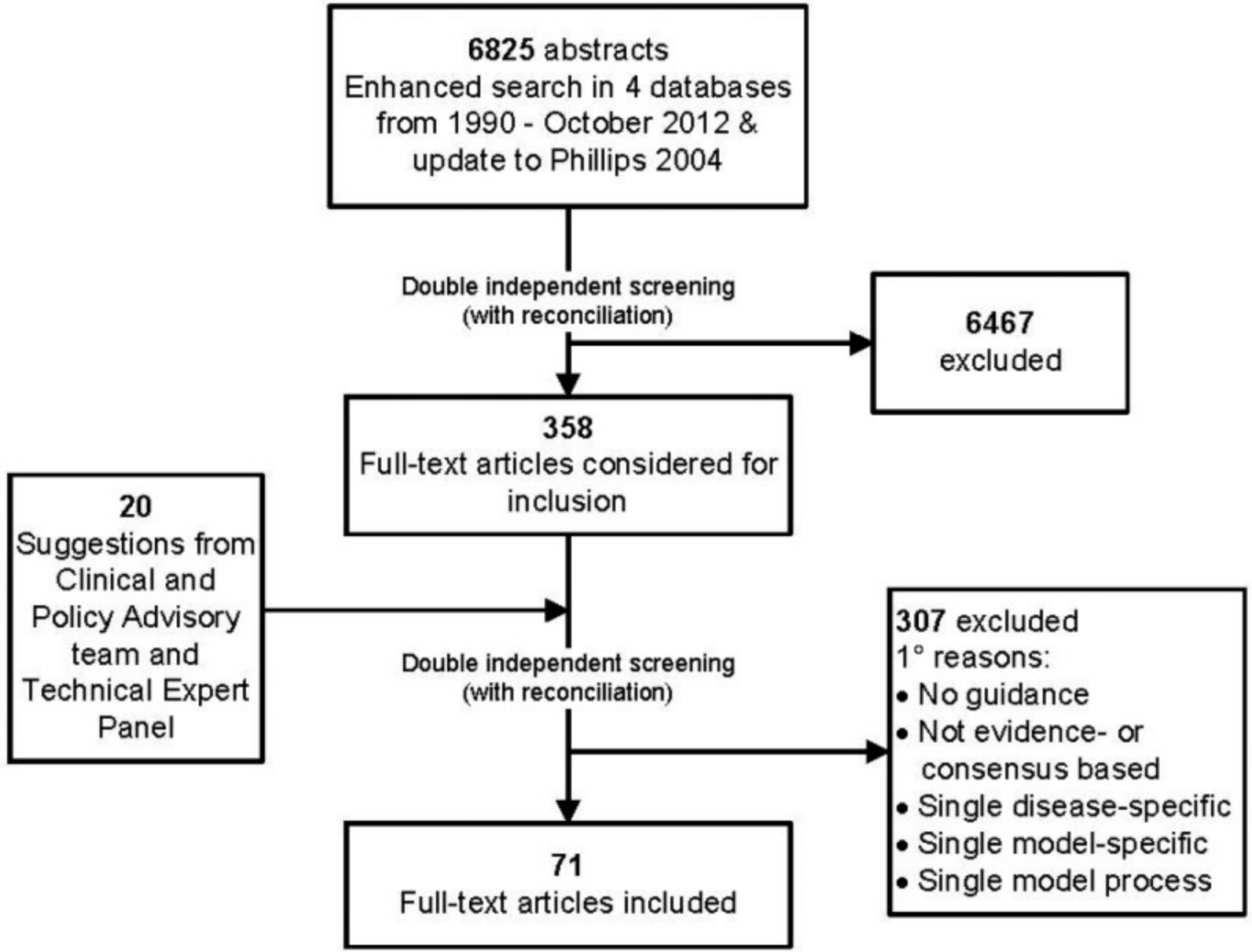

6825 abstracts
Enhanced search in 4 databases from 1990 - October 2012 & update to Phillips 2004
Double independent screening (with reconciliation)
6467 excluded
358 Full-text articles considered for inclusion
20 Suggestions from Clinical and Policy Advisory team and Technical Expert Panel
Double independent screening (with reconciliation)
307 excluded
1° reasons:
• No guidance
• Not evidence- or consensus based
• Single disease-specific
• Single model-specific
• Single model process
71 Full-text articles included

TABLE 1. *Demographic Characteristics*

	CAP (n = 72)	No-CAP (n = 351)	*P**
Age (years), mean ± SD	72 ± 14	37 ± 25	<0.001
Male (%)	67	61	0.38
CAP (%)			
Aspirin	64		
Warfarin	17		
Aspirin and clopidogrel	9		
AP + AC	10		
Mechanism (%)			<0.001
Motor vehicle accidents	30	60	
Falls	64	34	
Assault	6	6	
ISS, median (range)	17 (9–39)	14 (2–48)	<0.001
Head AIS, median (range)	3 (1–5)	2 (1–5)	<0.001
Admission GCS, median (range)	15 (3–15)	15 (3–15)	0.3
ED SBP, mean ± SD	143 ± 33	135 ± 22	0.007
ED HR, mean ± SD	80 ± 21	98 ± 26	<0.001
Intubation on arrival (%)	11	8	0.4
Abnormal neurologic examination (%)	15	6	0.004
Length of stay (days)			
Hospital	6 ± 8	4 ± 6	0.005
ICU	3 ± 5	2 ± 5	0.006
Mortality (%)	5.5	1.7	0.07

* $P \leq 0.05$ considered significant.

CAP, Coumadin, aspirin, Plavix; SD, standard deviation; AP + AC, antiplatelet and anticoagulant; ISS, Injury Severity Score; AIS, Abbreviated Injury Scale; GCS, Glasgow Coma Scale; ED, emergency department; SBP, systolic blood pressure; HR, heart rate; ICU, intensive care unit.

Results

- Next report any secondary analyses, subgroup, or sensitivity analysis.
- Address missing data.
- Always use the same order when presenting data
  - Always report findings from the experimental group before those from the control group.
- Report effect size (point estimate), CI, and p value, rather than p values alone.
- Highlight findings from tables and figures, avoid repeating lines of results.
- Emphasize key results with figures.

Results: Numbers vs Words

- Three variables were independently associated with delayed graft function: recipient height (odds ratio (OR) 1.20; 95% confidence interval (CI) 1.04–1.39; P = 0.131), number of HLA matches (OR 2.26, 95% CI 1.07–4.75; P = 0.032), and cold ischemia time (OR 1.25; 95% CI 1.06–1.48; P = 0.008) (Table 0).
- Multivariate analysis showed that only recipients' height, number of HLA matches, and cold ischemia time were independently associated with delayed graft function (See Table 3).

Discussion

- Summarize key results as aligned to study objectives.
- Do not overstate the findings.
- Provide insights (**interpret**) how your results refute, contrast, validate, or add to previous work.
- Discuss the practical application (implications) of your work.

Discussion

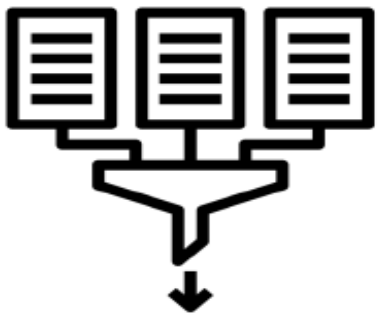
- Don’t rely on reader’s statistical knowledge to interpret results
- Give a measure of effect and practical significance in plain language
- Example: The logistic regression model indicated that television viewing was significantly associated ($P < .001$) with sedentary time after controlling for physical activity, age, and gender.
- Better: The logistic regression model indicated that television viewing (OR = 1.73; 95% CI, 1.43-2.09) was significantly associated with sedentary time in that children who watched >3 hours of TV per day were 73% more likely to spend >5 hours per day sedentary after controlling for physical activity, age, and gender.

Discussion
Emphasize the importance

- Mean (SD) recipient wait time was 1.8 (0.9) for transplant recipients versus 4.1 (1.4) years for historical controls ($p < 0.001$)
- Transplant recipients waited less than half as long as historical controls [1.8 (0.8) versus 4.1 (1.4) years, $p < 0.001$]

Components of a Compelling Discussion

Summarize the Findings



Summarize plainly the study and key findings

Put Your Findings Into Context

Review other major studies on same topic

Recognize Limitations

Explain limitations & how you tried to mitigate them

Implications Moving Forward

Outline implications & recommendations moving forward

Ibrahim AM, Dimick JB. "Writing for Impact: How to Prepare a Journal Article." Medical Writing and Editing. Editors Markovac, Kleinman, Englesbe. Forthcoming in 2017.

Conclusion

- Single brief paragraph
- Provide a brief restatement of the key results.
- State only what the study data support
- Do not overstate results.
- Make suggestions for future research.

Key Points

- List 3-5 bullet points that capture ***the key, novel aspects*** of your study.
- For display in a call-out box within the article for impact.
- Example format
- The current state of [problem/topic] is _____. *What is currently known*
- The key findings of this paper are_____. *What we found*
- The key implication for practice is _____. *What this means in practice*
- May state as sentence fragments or phrases- max 100 characters each
- Place Key Points on its own page
- Place at the end of the manuscript, after references.

Figures

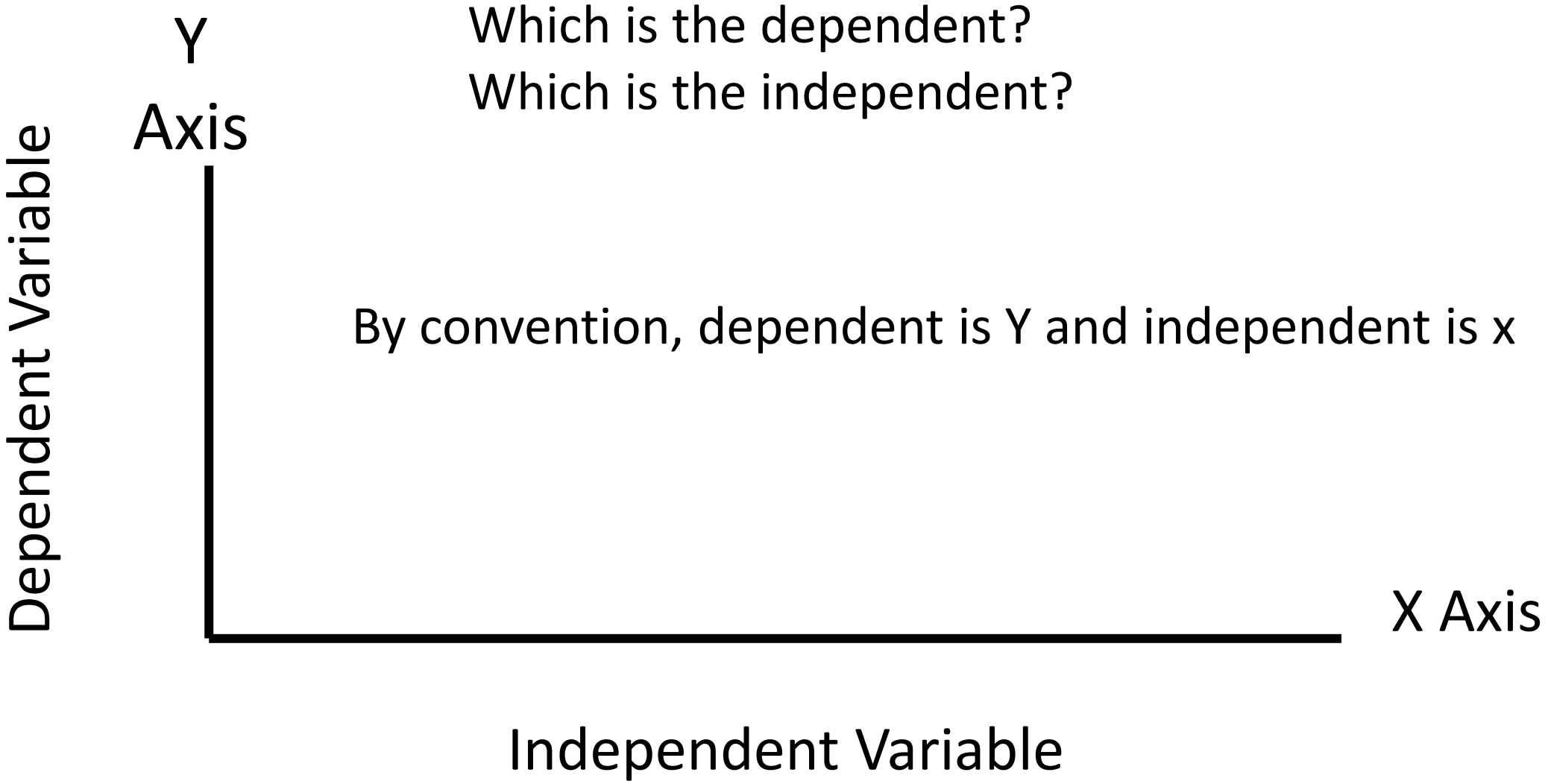
Figures/Graphs

- Tell much of the story
- Provide a visual anchor to help authors see, understand, and remember information.
- Can you recall text? Numbers? Unlikely
- But you can recall much about the trends, relationships, outcomes, categories, or general findings shown in a graph.

Basics of a Good Graph

1. It draws attention to the data and not the graph itself.
2. The data points (symbols) and connecting lines are easy to read
3. Both the numbers and labels for the axes are read
4. The lengths of the 2 axes are visually balanced (ratio of x axis to y axis 1.0 to 1.3).
5. The scales used on each axis match the range of the data.
6. Tick marks are used appropriately.
7. The legend is clear and concise.
8. The reader can understand the message without referring to text.
9. The data deserve to be graphed.

Serum phenytoin concentration vs prescribed dose.
Which is the dependent?
Which is the independent?



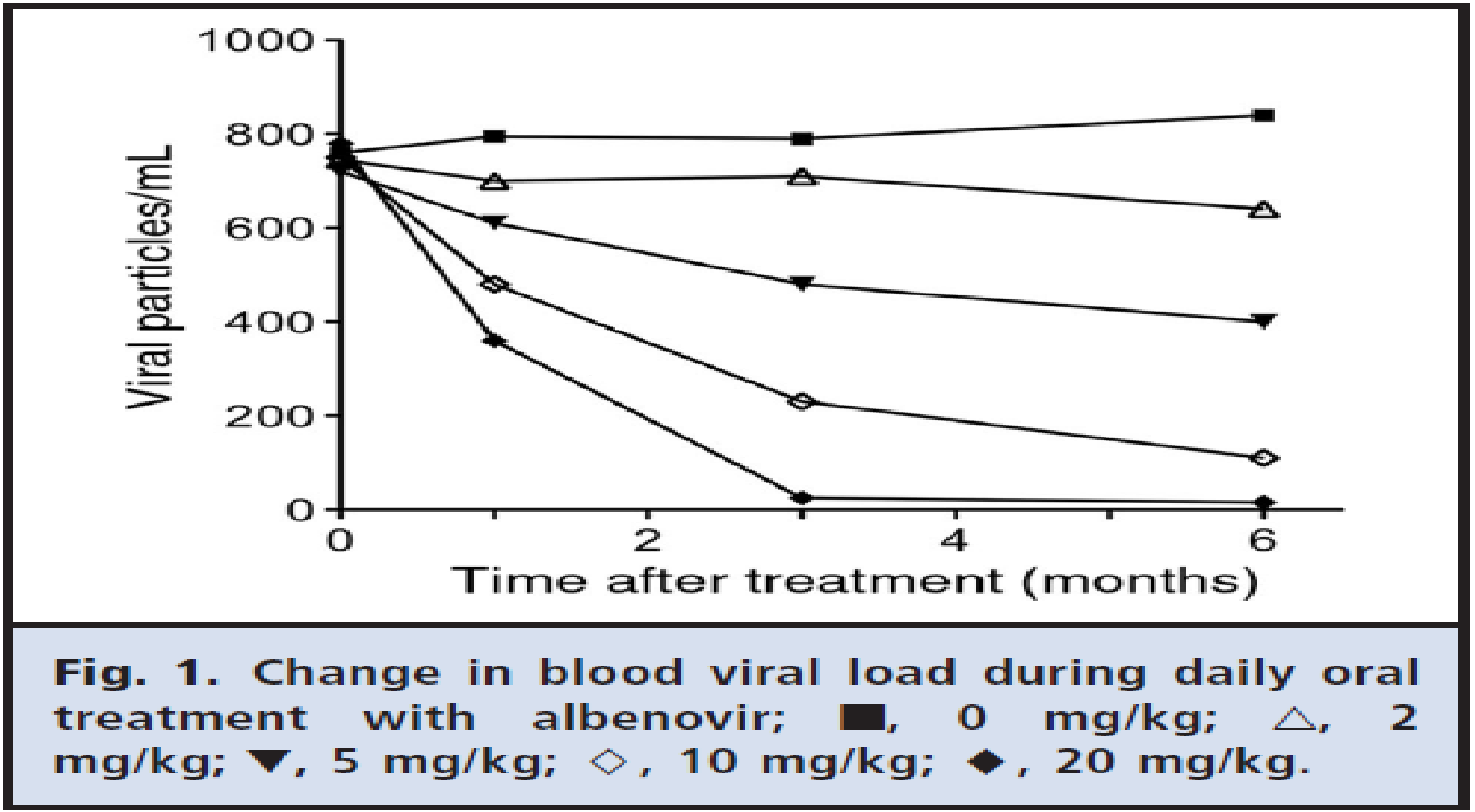
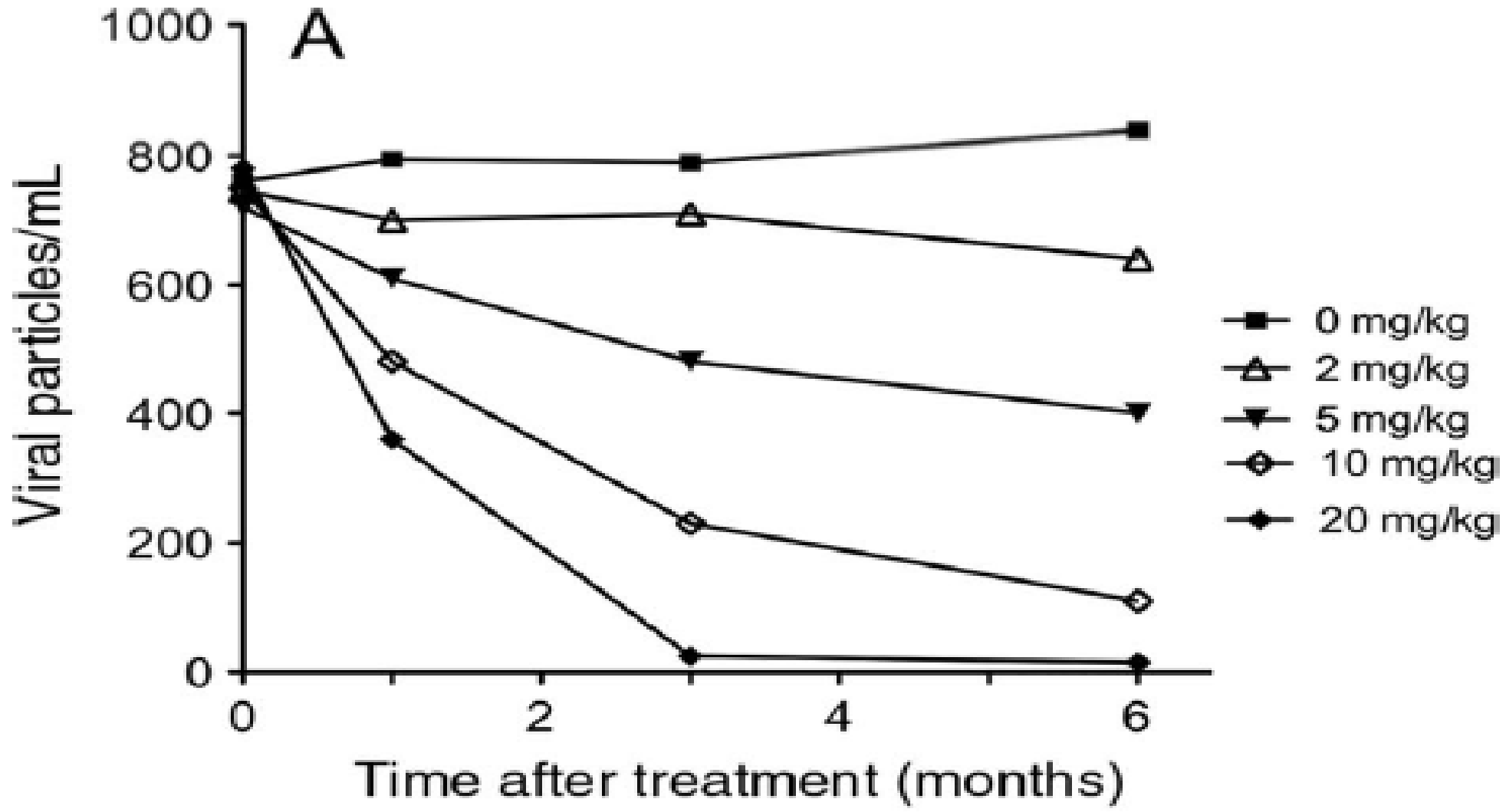
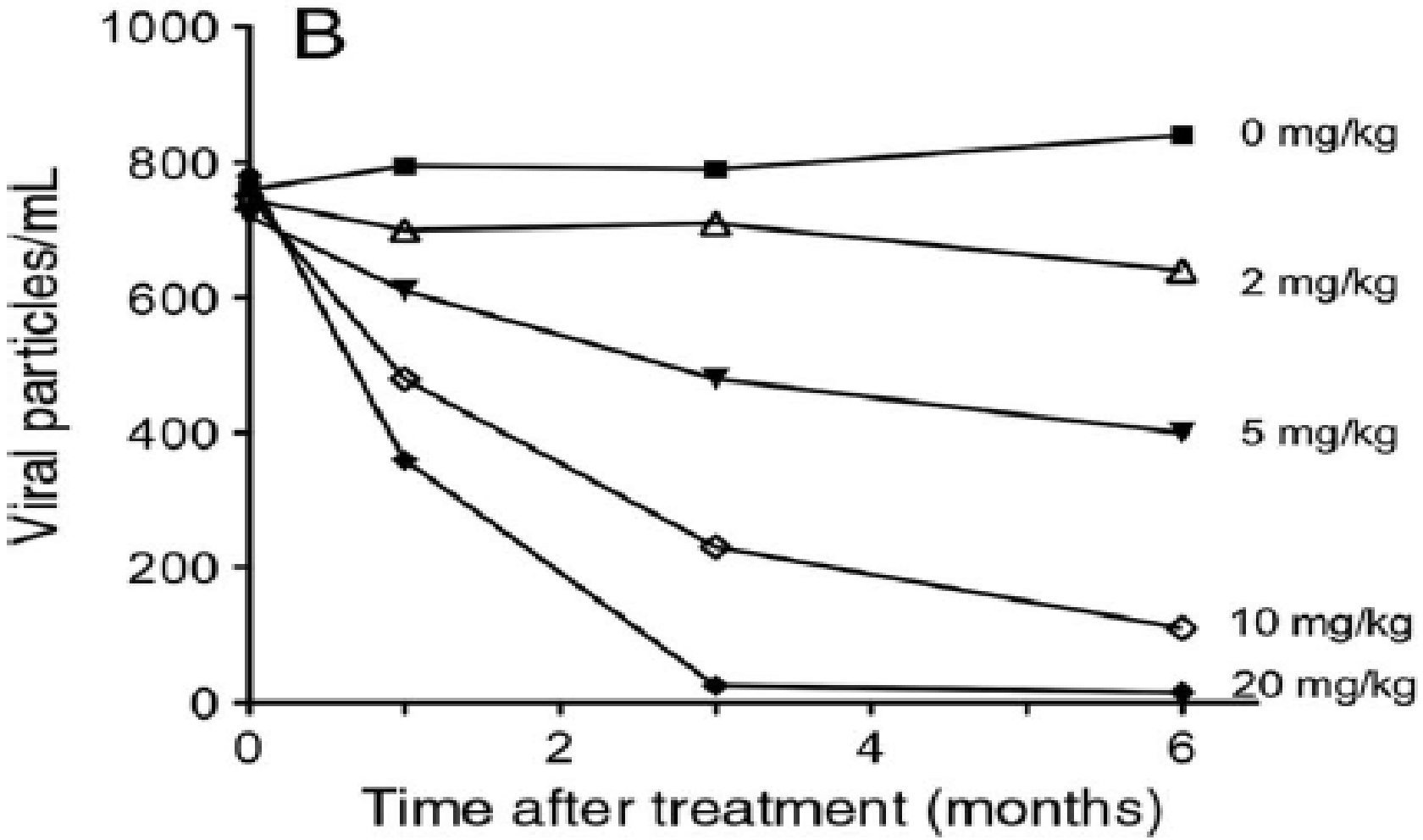
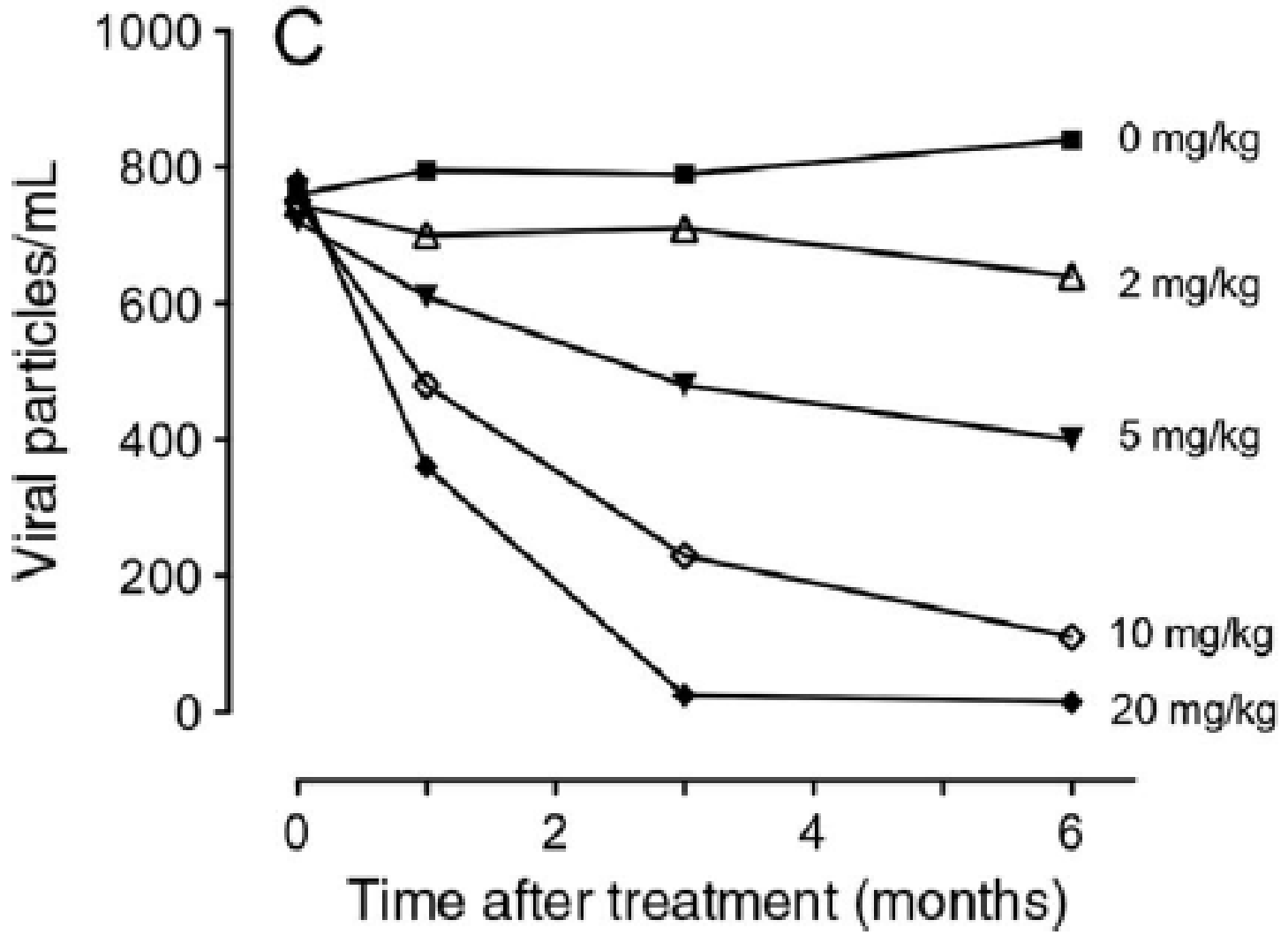


Fig. 1. Change in blood viral load during daily oral treatment with albenovir; ■, 0 mg/kg; △, 2 mg/kg; ▼, 5 mg/kg; ◇, 10 mg/kg; ◆, 20 mg/kg.


A
1000
800
600
400
200
0
Viral particles/mL
0
2
4
6
Time after treatment (months)
0 mg/kg
2 mg/kg
5 mg/kg
10 mg/kg
20 mg/kg


B
1000
800
600
400
200
0
Viral particles/mL
0
2
4
6
Time after treatment (months)
0 mg/kg
2 mg/kg
5 mg/kg
10 mg/kg
20 mg/kg


C
1000
800
600
400
200
0
Viral particles/mL
0 mg/kg
2 mg/kg
5 mg/kg
10 mg/kg
20 mg/kg
0
2
4
6
Time after treatment (months)

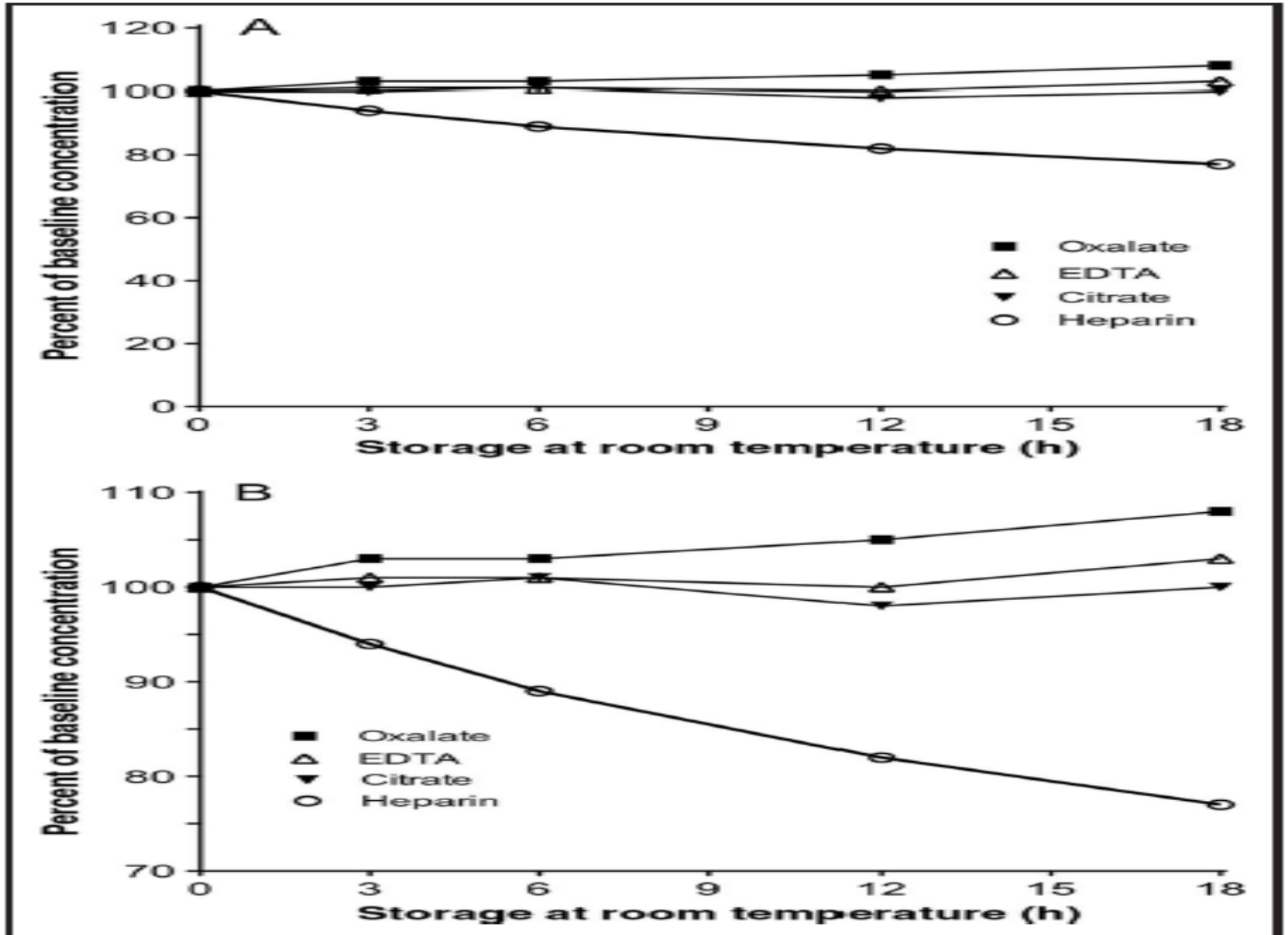
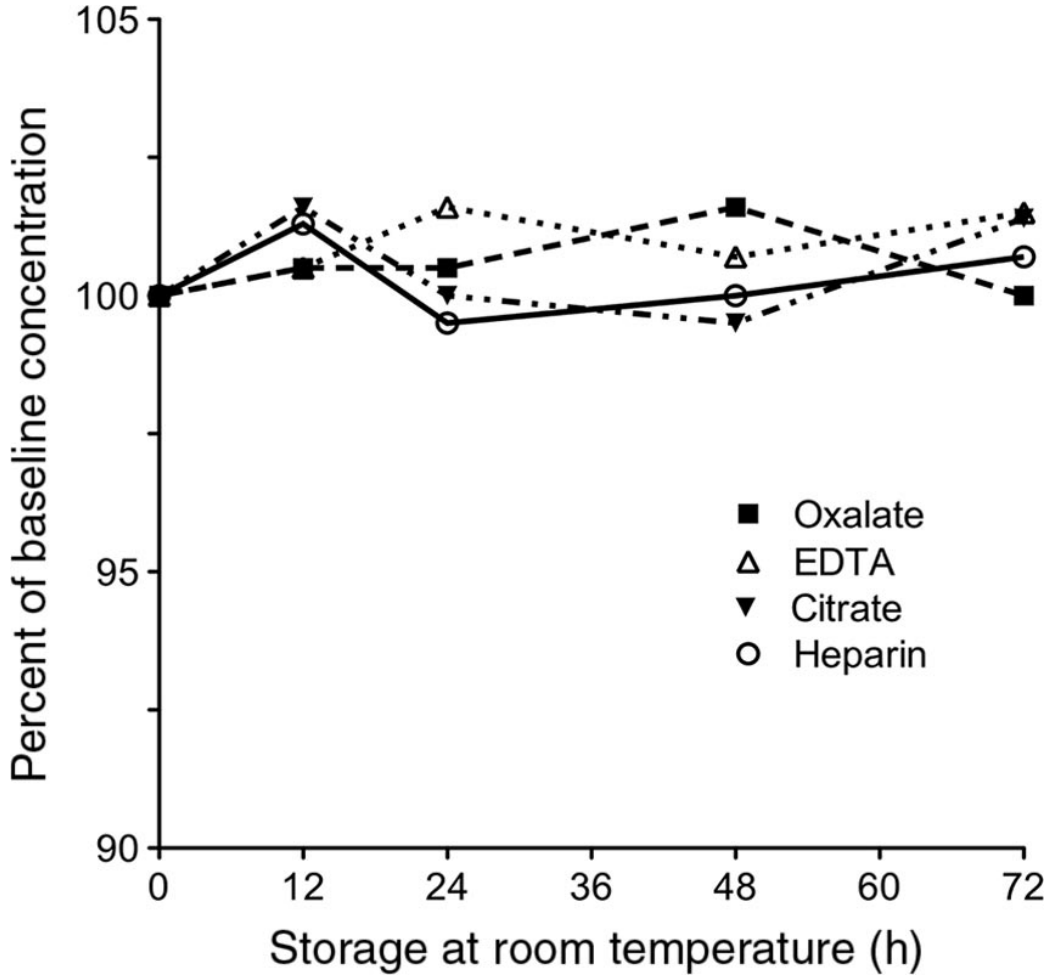


Fig. 4. Percent change in plasma alanine concentra-

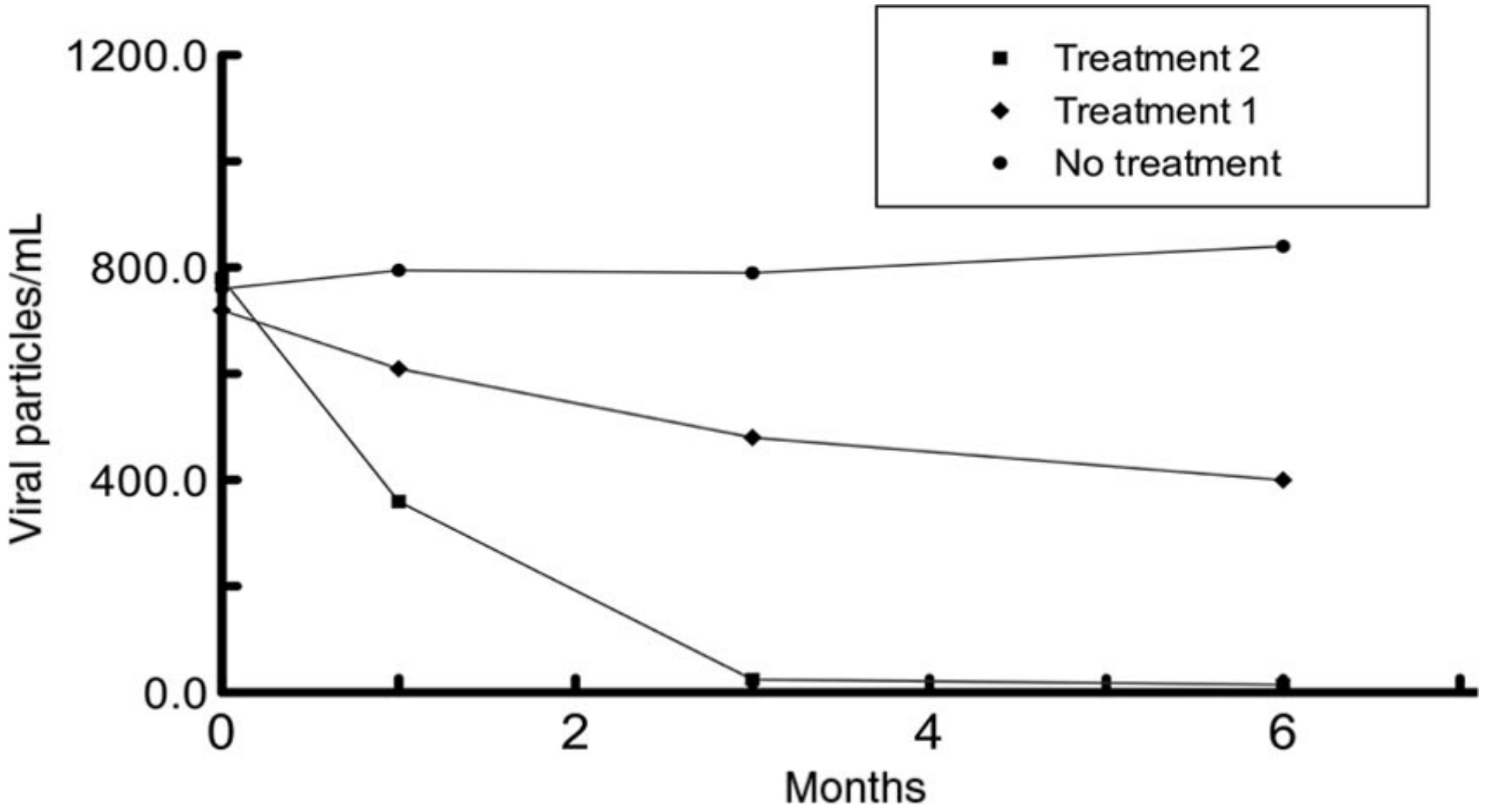


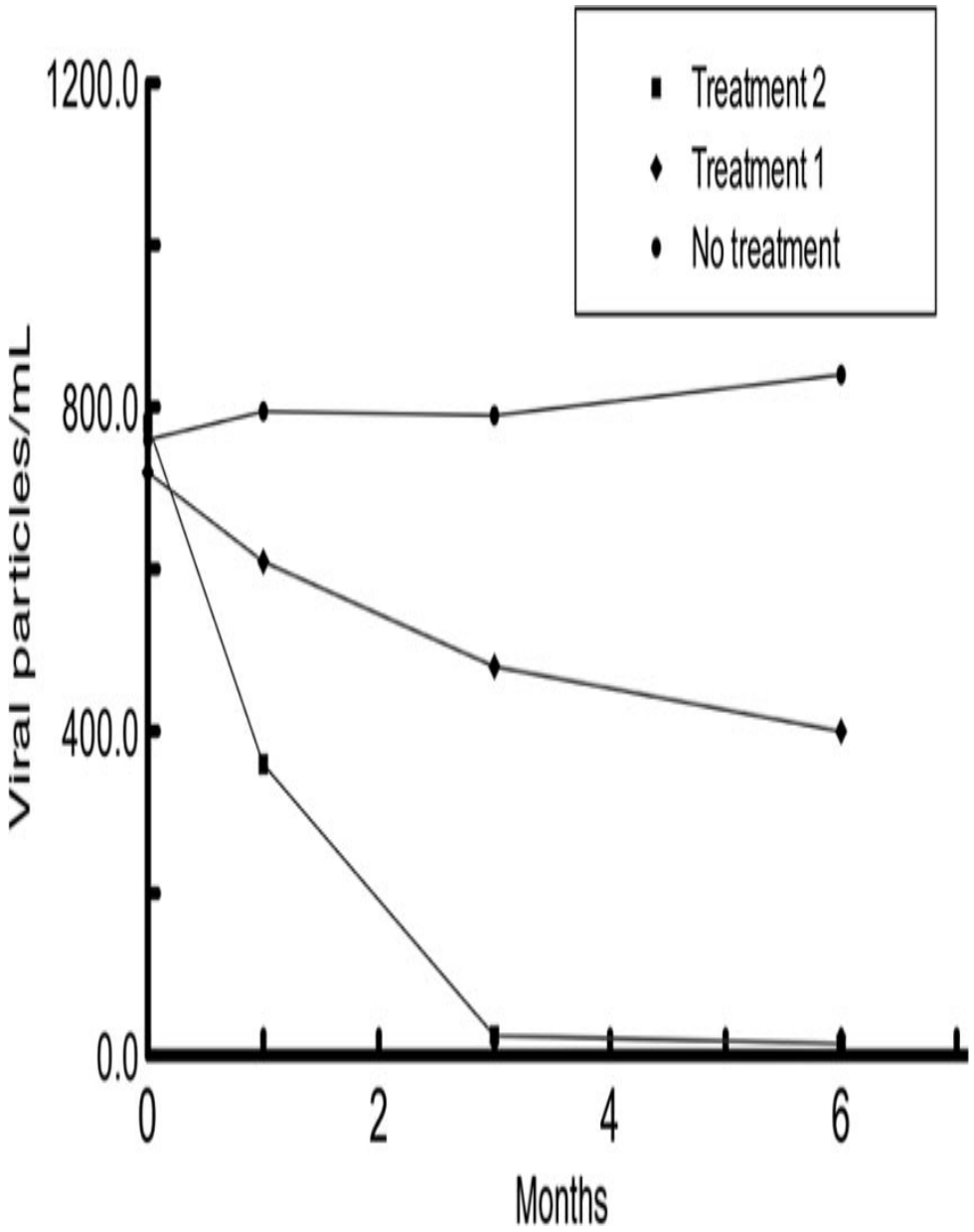
Example of when you don’t need a graph

Message can be conveyed in a sentence:

“When whole blood specimens were collected into Oxalate, EDTA, citrate, or heparin-containing tubes, stored at room temperature for up to 72 hours, no statistically significant change in tacrolimus concentration was observed.”

What can be improved?

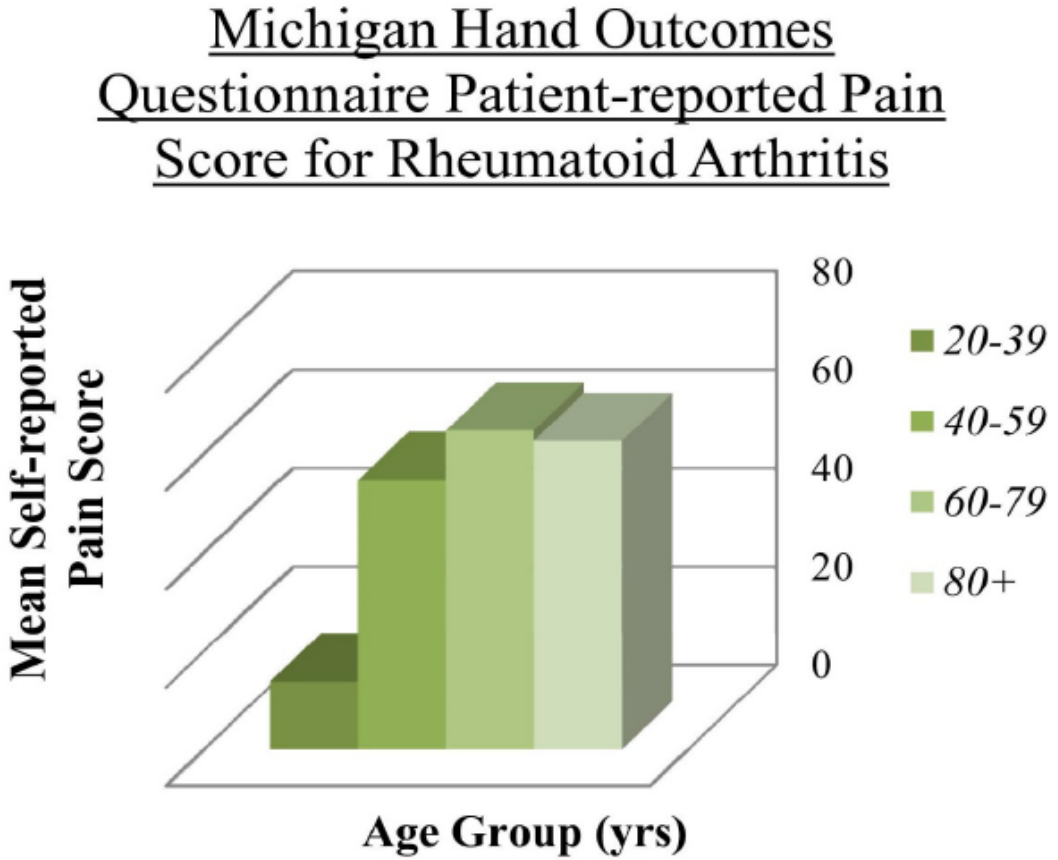


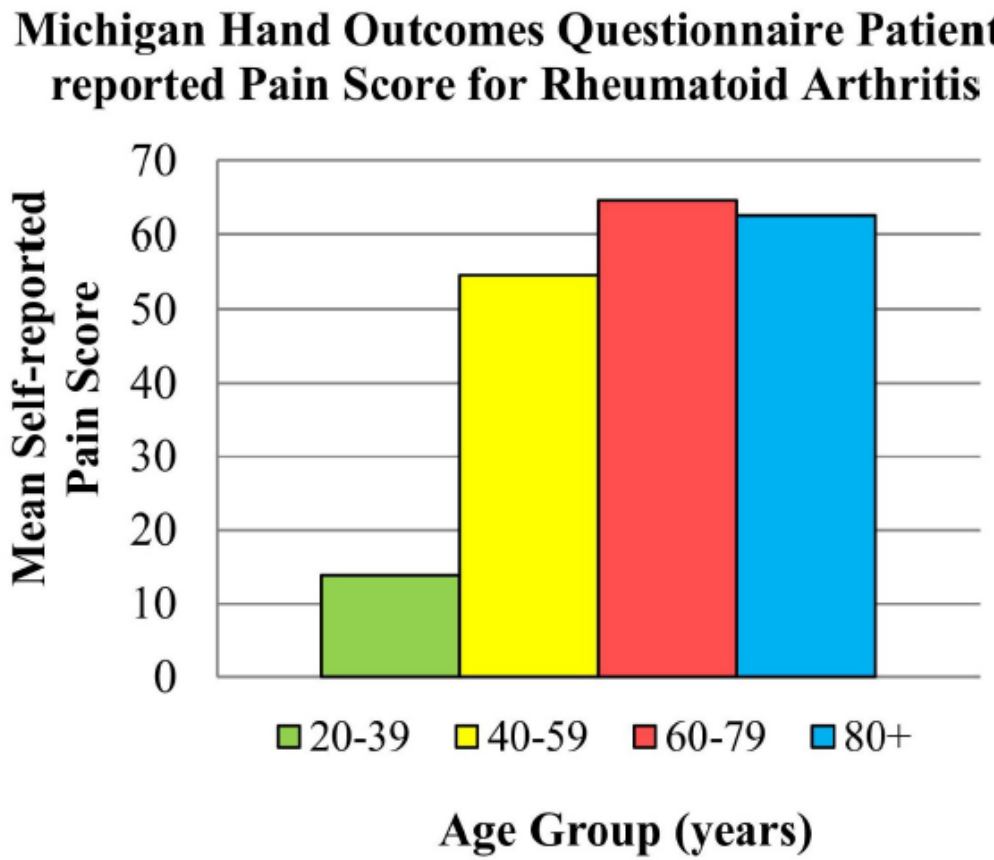


(Problems with Fig. 6)

The symbols are too small.
The symbols are too similar
The data-connecting lines are narrow
The text in the labels is small.
The *x* and *y* axes are too wide and draw the focus away from the data.
The numbers on the axes are proportionately too large.
The numbers on the axes are 2 different font sizes.
The *y*-axis numbers have an unnecessary decimal point.
The scale for the *y* axis is too large and creates wasted space.
The *x* axis says “months” and a fuller description may alleviate the need for the reader to refer to the main text.
The tick marks are on the inside of the axes and hide the symbols.
The ratio of the *x* axis to the *y* axis is too large (ideally 1.0 to 1.3)
The symbol legend within the graph identifies different treatments, whereas the figure legend identifies milligram per kilogram doses.
The symbol order (top to bottom) in the legend within the graph is different from the order (top to bottom)of the actual symbols in the figure.

Figure Example





Lauren E.Franzblau & Kevin C.Chung, *Graphs, Tables, and Figures in Scientific Publications: The Good, the Bad, and How Not to Be the* Latter, The Journal of Hand Surgery, Volume 37, Issue 3, March 2012, Pages 591-596

Tables

- Summarize and display large amounts of data concisely
- Should be self-explanatory and complement the text – not duplicate
- Use 10- or 11-point font, with 1.0, 1.5, or 2.0 spacing.
- Place major independent variables in the left-most column
- Outcome variable comparisons read across the table columns
- Increase table white space by minimizing gridlines and removing all background shading.

Tables

- Label all axes, elements, and units of measurement within tables.
- Ensure copyright attribution to all or parts of a table being reprinted or adapted and submit a copy of the written permission with the manuscript.
- Define abbreviations in Note beneath, even if previously defined in the text.
- When category percentages do not sum to 100%, explain the reason in a brief note underneath.

Table Placement

- Submit tables as editable text in Word (not as images pasted into Word)
- Start each table on a separate page (do not embed within the text)
- Place all tables - figures after references and key points
- The total number of tables and figures combined should not exceed 5
- Submit extra tables as Supplemental Digital Content.
- Submit large tables (over 8 columns or 40 rows) as Supplemental Digital Content.
- Cite each table within the text in the order first mentioned

Example A. Sample Demographic Characteristics Table 1

Baseline characteristic	Guided self-help		Unguided self-help		Wait-list control	
	n	%	*n*	%	*n*	%
Gender						
Female	25	50	20	40	23	46
Male	25	50	30	60	27	54
Marital status						
Single	13	26	11	22	17	34
Married/partnered	35	70	38	76	28	56
Divorced/widowed	1	2	1	2	4	8
Other	1	1	0	0	1	2
Children [a]	26	52	26	52	22	44

Note. [a] Reflects the number and percentage of participants answering "yes" to this question.

Example B. Sample Demographic Characteristics Table 1

	Total	Discharged	Died	*p*
n (%)	4007	3599 (89.8%)	404 (10.1%)	
Age, mean (SD), years	37 (12.8)	38 (12.8)	36 (12.7)	.004
Sex				.000
Male n (%)	3019 (75.3)	2681 (88.9)	335 (11.1)	
Female n (%)	988 (24.7)	918 (93.0)	69 (7.0)	
Injury Severity Score, median (IQR)	17.39	15.52 (8.5)	33.98 (16.9)	.000
Systolic Blood Pressure, mean (SD)	128.42 (40.6)	135.54 (28.3)	61.03 (68.5)	.000
Glasgow Motor Score, mean (SD)	5.29 (1.65)	5.67 (1.1)	1.83 (1.7)	.000
Glasgow Motor Score				.000
High Function (6)	3200 (81.0)	3153 (88.6)	47 (12.0)	
Moderate Function (2-5)	282 (7.1)	246 (6.9)	36 (9.2)	
Low Function (1)	471 (11.9)	161 (4.5)	310 (78.9)	

Table Example

Measures	Times
Patient Measures	
Primary outcome, medication adherence, measured 2 ways: patient self-report (past 7 days of behaviors), EMR query (prescription refill examination)	T0, T1, T2, T3
Self-Efficacy – 11 questions measure patient self-efficacy in care	T0, T3
Satisfaction with care	T0, T3
Clinical/laboratory measures: blood pressure, weight, heart rate	T0, T1, T2, T3
Demographics: age, sex, race, ethnicity, income, education, marital status, employment status	T0
Provider Measures	
Provider demographics: discipline, years in practice, sex, race	T0
Willingness to adopt intervention	T0
Fidelity to intervention	T3
Provider self-efficacy – 11 questions measure provider self-efficacy	T0, T3

Table X. Study Measures	T0	T1	T2	T3
Patient Measures				
Medication adherence (self-report & EMR query)	X	X	X	X
Self-efficacy in care	X			X
Satisfaction with care	X			X
Clinical measures (blood pressure, weight, heart rate)	X	X	X	X
Demographics	X			
Provider Measures				
Provider demographics	X			
Willingness to adopt intervention	X			
Fidelity to intervention				X
Provider self-efficacy	X			X

Order and Separation of Manuscript Pages

Cover Letter

Title page -new page

Abstract -new page

Manuscript

1. Background
2. Objective(s)
3. Methods
4. Results
5. Discussion
6. Limitations
7. Conclusions

Continuously connected pages

8. References -new page
9. Key Points -new page
10. Tables -new page each
11. Figures -new page each
12. Supplemental Digital Content -new page each

Writing Advice

Important Tip

Write with the reader in mind

The burden of clarity rests with the writer not the reader

Clarity – Jargon example

- A support vector machine approach will be implemented to establish the cancer score categories.

- Editor comment:
- Will readers be familiar with this?
- Consider describing in more detail to avoid confusion

Clarity: Acronym Example

- The participants' PA minutes (reported on the SFRB) were higher for those in the LR group compared to those in the QR group.

- The participants' physical activity minutes (reported on the Survey for Running Behavior) were higher for those in Long-Run Group compared to those in the Quick-Run Group.

Editing Checklist: Big Picture

Concise Writing

- Cut unnecessary words
  - In order…
  - That
  - Adverbs (-ly)
  - Prepositions
- Remove redundancies
- Revise long sentences

Abbreviations

Editors hate most abbreviations

Commonly known trauma abbreviations are acceptable: LOS, ISS

Only if used 4 or more times

Use sparingly

Example Conclusion: Performance of the TN on the TTS in the identification of missed injuries is similar to that of the TSMO.

Concise Writing Example

~~In order~~ to assess the patient–provider relationship, we will call ~~up~~ patients who have ~~very~~ high HbA1c levels and ask about their satisfaction, ~~because focusing on these patients~~ will ~~completely~~ ensure ~~that~~ we understand the provider relationship for high-risk patients ~~due to the fact that their HbA1c is so high.~~

To assess the patient–provider relationship, we will call patients who have high HbA1c levels and ask about their satisfaction. This will ensure we understand the provider relationship for high-risk patients.

Change Third Person to First Person

First person = I, my, we, our // Third person = they, their

- **Third person:** It was found Renivol lowered heart rate.
- **First person:** We found Renivol lowered heart rate.

- **Third person:** The team will determine patient values in Aim 2.
- **First person:** Our team will determine patient values in Aim 2.

“A” vs. “An” before Acronyms

Use “a” before consonant sounds and “an” before vowel sounds.

- **An R01 proposal** “ar o won” → starts with vowel sound
- **An NIH grant** “en eye aitch” → starts with vowel sound
- **An RCT** “ar see tea” → starts with vowel sound
- **A U-M resource** “you of em” → starts with consonant sound
- **An HIV patient** “aitch eye vee” → starts with vowel sound
- **A HIPAA form** “hipa” → starts with consonant sound

Rule: Focus on the sound (how it is pronounced), not the spelling.

Ensure Subject/Verb Agreement

subject → singular verb → plural

Wrong: This clinical test are the gold standard for the field.

Correct: This clinical test is the gold standard for the field.

subject → plural verb → singular

Wrong: Tests for a breast cancer-associated gene, BRCA1, has been available for 20 years.

Correct: Tests for a breast cancer-associated gene, BRCA1, have been available for 20 years.

Fix Run-On Sentences

Run-on sentence = 2 complete sentences squashed together without proper punctuation or a coordinating conjunction

- **Run-on:** The study will take 1 hour, participants will start with the survey.
- **Fix #1:** The study will take 1 hour. Participants will start with the survey.
- **Fix #2:** The study will take 1 hour; participants will start with the survey.
- **Fix #3:** The study will take 1 hour, and participants will start with the survey.

Punctuation Example

The study showed a strong correlation between life styles and eating disorders, however, we need to investigate this further.

The study showed a strong correlation between life styles and eating disorders. However, we need to investigate this further.

could also use a semicolon: "…disorders; however, we need…"

Spelling

Editing Checklist: Details

- Look for:
  - Commonly misused/confused words
  - Not-so-obvious spelling mistakes
  - Missing short words or duplicated words

Commonly Confused Words

• **Affect**	to change; emotion	will this affect you?
• **Effect**	a result; bring about a result	cause and effect
• **Comprise**	to include or contain	The team comprises 8 people.
• **Compose**	to make up	The team is composed of 8 people.
• **e.g.**	for example	I like candy (e.g., Snickers).
• **i.e.**	in other words	I like candy (i.e., Snickers, M&Ms).
• **Fewer**	for things you can count	I ate fewer M&Ms.
• **Less**	for things you cannot count	I ate less candy.
• **Which**	following info is not necessary	My laptop, which is broken, is inside.
• **That**	following info is necessary	My laptop that is broken is inside.

Not-so-Obvious Spelling Mistakes

Impotence vs. Importance

Causality vs. Casualty

Defiantly vs. Definitely

Reagents vs. Regents (of the University of Michigan)

Principle vs. Principal (Investigator)

Moody vs. Mody (last name)

Don't just trust spell check!

Omitted or Duplicated Words

We will ^ the resources…

We will use the resources…

We will conduct the the research…

We will conduct the research…

Reading out loud can help identify omissions/duplications.

Reviewing Others Work

Editing Tips and Logistics

Logistics

- Use track changes and comment bubbles
- Provide rationale for edits if needed
- Be polite in comments ("consider XXX…")
- Appeal to reviewers ("this might be confusing for reviewers…")

- Don't introduce errors or edit based on preferences

VOICE

- Use active voice to create direct, clear, concise sentences.
- Active Voice (subject, verb, object) or (who, did, what)
- “students completed surveys"
- Passive Voice (object, verb, subject)
- "surveys were completed by students"

Active vs Passive Writing

Active Voice

- Precise
- less wordy
- energizes your writing
- subject is *doing* something

Passive Voice

- Obscures true meaning
- Inflated prose
- It-that examples:
- It is thought that…
- It is clear that…
- It is worth pointing out that

Change Passive Voice to Active Voice

by zombies

Passive: Patient satisfaction data will be collected.

Active: We will collect patient satisfaction data.

by zombies

Passive: Surveys will be completed by participants.

Active: Participants will complete surveys.

Can you add "by zombies" after the verb? If so = passive.

When to Capitalize?

Capitalize:

- Racial or ethnic groups: Black, Hispanic, White
- Tests or scales E.g. Injury Severity Score, Glasgow Coma Scale
- Nouns followed by numerals or letters: Figure 3, Days 7-9, Part A
- Trauma center level: State as Level I, Level II, or Level III trauma center.

Do not capitalize:

- Hospital departments or units: emergency department, intensive care unit
- Titles or positions: respiratory therapist, nurse, surgeon, registrar
- Diagnosis: diabetes, leukemia, subdural hematoma
- Procedures: intramedullary nailing, exploratory laparotomy
- Treatments or protocols: massive blood transfusion protocol

Citations

- Cite primary (original) sources rather than secondary sources (review articles, textbooks).
- Limit the number of citations to 3 or less to support a point.
- Cite the most current, high quality, peer reviewed literature.
- Other than seminal works (landmark articles), roughly 80 % of all cited references should be from peer reviewed primary literature from the preceding 3–5 years.
- Ensure all citations are in the reference list (and vice versa).
- List citations alphabetically separated by semicolons when multiple citations are listed.
- Avoid stating the author's name at the start of the sentence, which also ends with the author's citation.
- E.g. Smith performed a similar study using crash scene data (Smith, 2020).
- Where applicable, position citations precisely throughout the sentence
- E.g. “Mild hypothermia causes surgical site infections (REF), coagulopathy (REF) and increased transfusion requirements (REF).”
- Parenthetical citations are preferred over narrative citations for concise writing.

APA 7th Ed Citation Format

Author Type	Narrative Citation Beginning a Sentence	Parenthetical Citation Mid or End of Sentence
One author	Luna (2020)	(Luna, 2020)
Two authors	Luna and Chin (2020)	(Luna & Chin, 2020)
Three or more	Martin et al. (2020)	(Martin et al., 2020)
Group with abbreviation -First citation	American Trauma Society (ATS, 2020)	(American Trauma Society [ATS], 2020)
-Ensuing citations	ATS (2020)	(ATS, 2020)
Group without abbreviation	Stanford University (2020)	(Stanford University, 2020)

Reference Format

Cahill, A., Pearcy, C., Agrawal, V., Sladek, P., & Truitt, M. S. (2017). Delirium in the ICU: What about the floor? *Journal of Trauma Nursing*, *24*(4), 242-244. https://doi.org/10.1097/jtn.0000000000000298

Paragraphs

- Break your writing up into “manageable units”
- Makes your writing easier to read, comprehend
- Tell a story
- One idea per paragraph
- Zoom your article in to show several pages and examine paragraph size

Paragraph Anatomy

1. Topic sentence (main point). Anchors the paragraph
2. Supportive information to follow.

Most common organization style in scientific writing:

- From most to least important
- For and against
- Chronological order
- Problem-solution

Example problem-solution paragraph

In an effort to curb the emergence of resistant organisms, the Centers for Disease Control and Prevention have issued evidence-based guidelines for reducing the current over-prescribing of antibiotics. Although healthcare providers may understand the harms of over-prescribing antibiotics, they continue to use antibiotics rather than risk the possibility that an infection may worsen. Because no definitive studies have systematically examined the types of soft tissue infections that do not require antibiotic therapy, we designed this randomized controlled trial to define which soft tissue infections require antibiotic therapy and which do not.

Problem

Gap

Addressing Gap

Continuity

- The smooth flow of ideas
- Sentence to sentence
- Paragraph to paragraph

1. Use topic sentences and use the same word for the same thing throughout the paper
2. Transitions- signals how each sentence relates to the story; how parts of sentences are related. Help the reader follow and understand.

Continuity

Write with a consistent point of view

- Which means that—within a paragraph—if the topic of two or more sentences is the same, the subjects and objects in all sentences in the paragraph should be placed in the same order.

Example

*Thrombin **activates** proteinase-activated receptor* (*PAR)1, PAR3, and PAR4. PAR2 **is activated by** pancreatic trypsin, coagulation factors VIIa and Xa, mast cell tryptase, and neutrophil proteases*

Transitions

- Indicate causation: because, as
- Indicate sequence: next, then, after, first, second, third
- Indicate similarity: similarly, likewise
- Indicate contrast: however, although, whereas, nevertheless
  in addition to, in contrast

Hyphens

- Compound words can be written separately, as one word, or as hyphenated words.
- Hyphen use varies and is constantly evolving (health care → health-care → healthcare)
- Hyphen use varies across published literature and across dictionaries.
- APA's use of hyphens is more limited than other formats.
- Avoid using WORD suggested hyphen use or other software programs.
- Check compound words in JTN's preferred online dictionary:
- https://www.merriam-webster.com
-

Hyphens

If still unsure, use the following rules as a guide:

- When in doubt write compound words as separate words, without a hyphen.
- When an adjective precedes a noun, consider a hyphen (decision-making behavior)
- Write words formed with prefixes and suffixes as one word without a hyphen.
- E.g. pretest, posttest, preexperimental, postexperimental, pregroup, postgroup.
- Exceptions: meta-analysis, quasi-experimental use hyphens.
- Express all self-compound words with a hyphen.
  - E.g. self-report, self-paced, etc.

PUBLICATION PROCESS

Cover Letter

All manuscripts should include a cover letter to the editor that includes the following:

1. Confirm that the manuscript has been submitted solely to JTN and no other journal
2. State that it has not been previously published
3. Confirm that authors are responsible for all aspects of the research and writing process, including taking final responsibility for all aspects of the paper

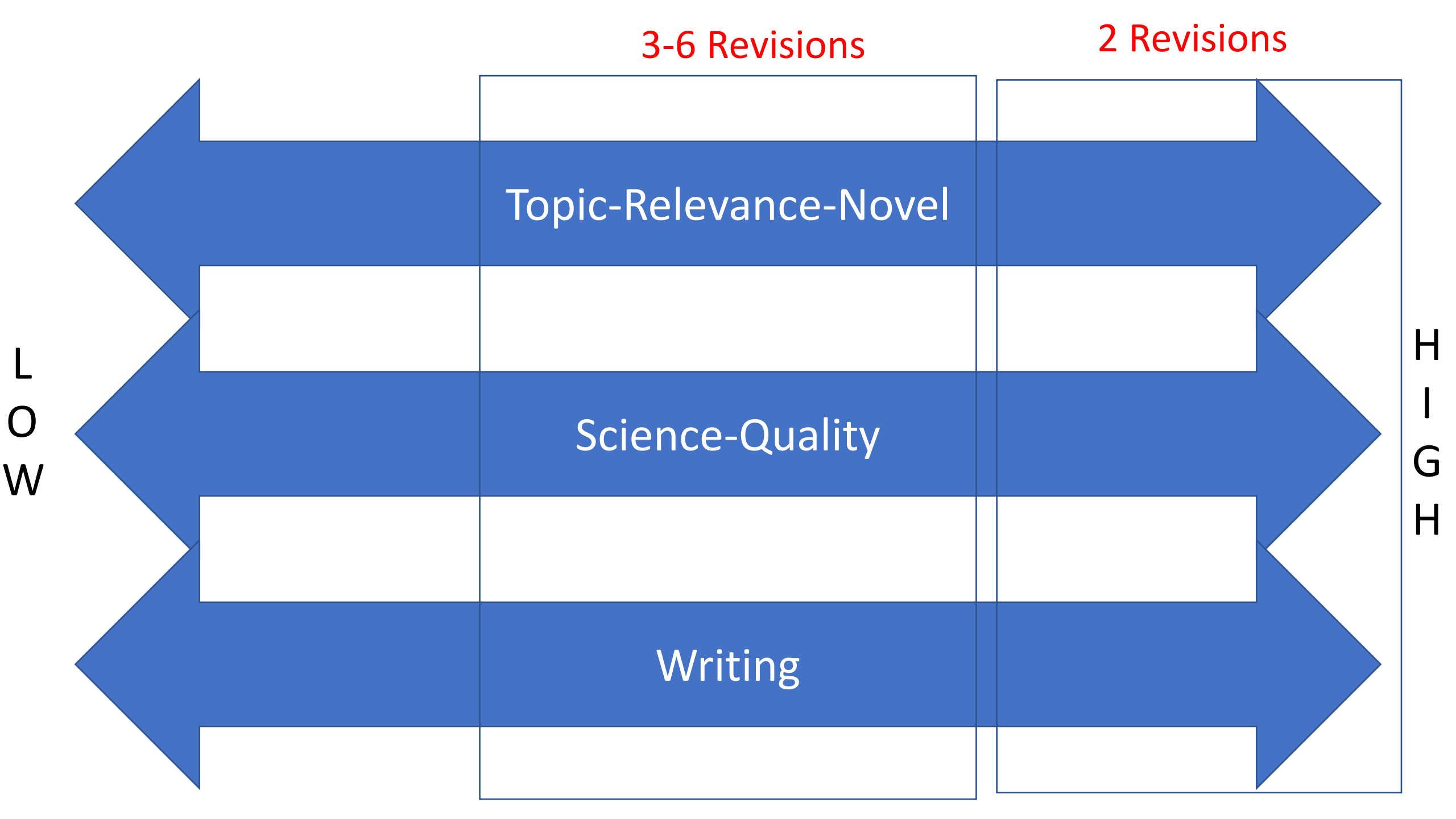
- Note if the study was or will be presented at a conference. List conference name, date, and location.

Peer Review

Double Blind Peer Review

Manuscript Grading Criteria

Categories	
1. **Topic Relevance**	Is the topic pertinent to contemporary trauma care?
2. **Study Originality**	Is the study framed with adequate breadth and currency of related literature?
3. **Study Context**	Is the study framed with adequate breadth and currency of related literature?
4. **Knowledge**	Does the study add, extend, or challenge what is currently known?
5. **Scientific Strength**	Aim, design, data analysis, and conclusions aligned, reliable, and valid?
6. **Writing Impact**	Does the writing communicate with impact, concisely, with continuity and flow?


3-6 Revisions
2 Revisions
Topic-Relevance-Novel
Science-Quality
Writing
LOW
HIGH


LOW
HIGH
ACCEPT
Topic-Relevance-Novel
Science-Quality
Writing


LOW
HIGH
REJECT
Topic-Relevance-Novel
Science-Quality
Writing

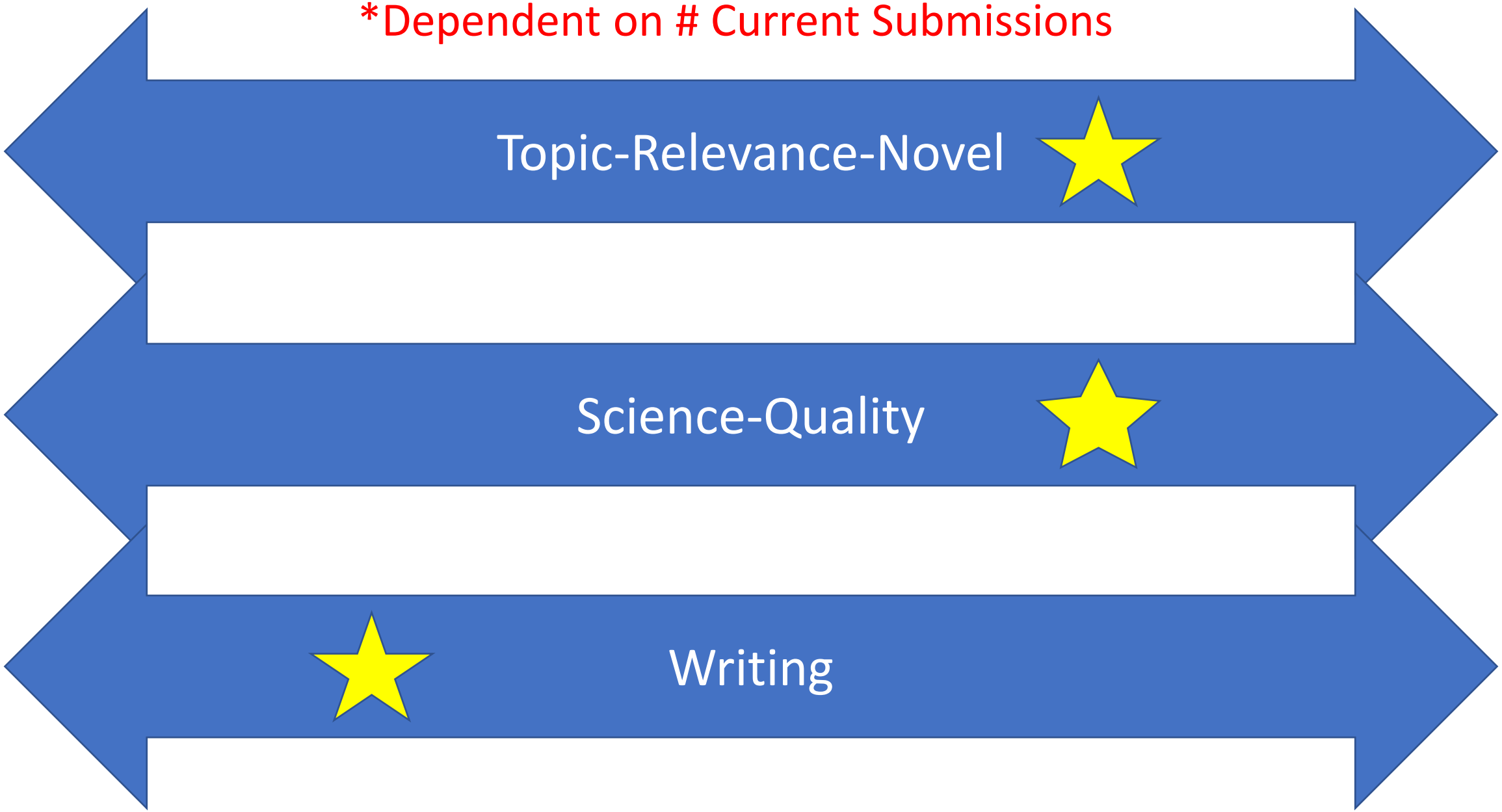

LOW
HIGH
REJECT
Topic-Relevance-Novel
Science-Quality
Writing

LOW

REVISE or REJECT

*Dependent on # Current Submissions

HIGH



My Job as Editor

Diamond in the Rough