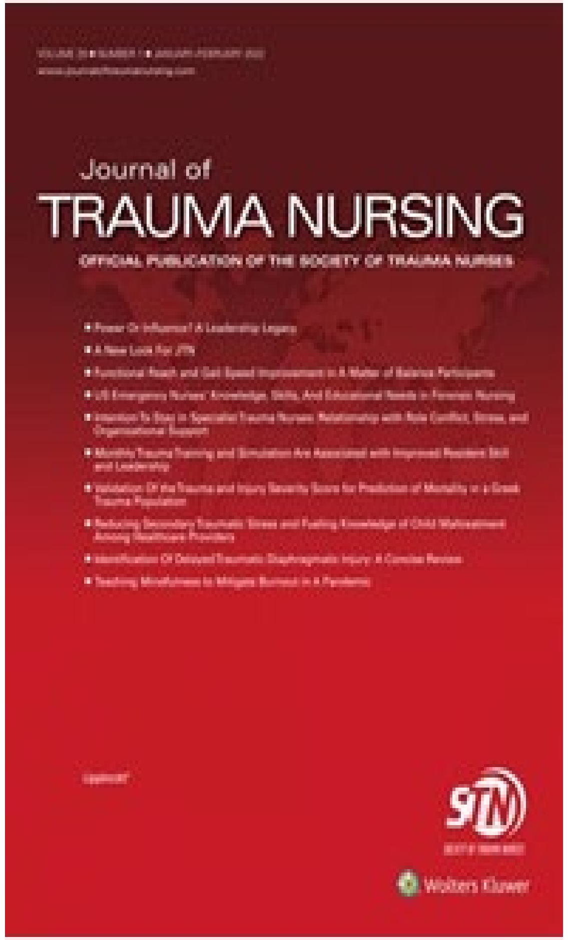
A Nurses Guide to Writing for Publication



Judy N. Mikhail PhD, MBA, RN

Editor in Chief

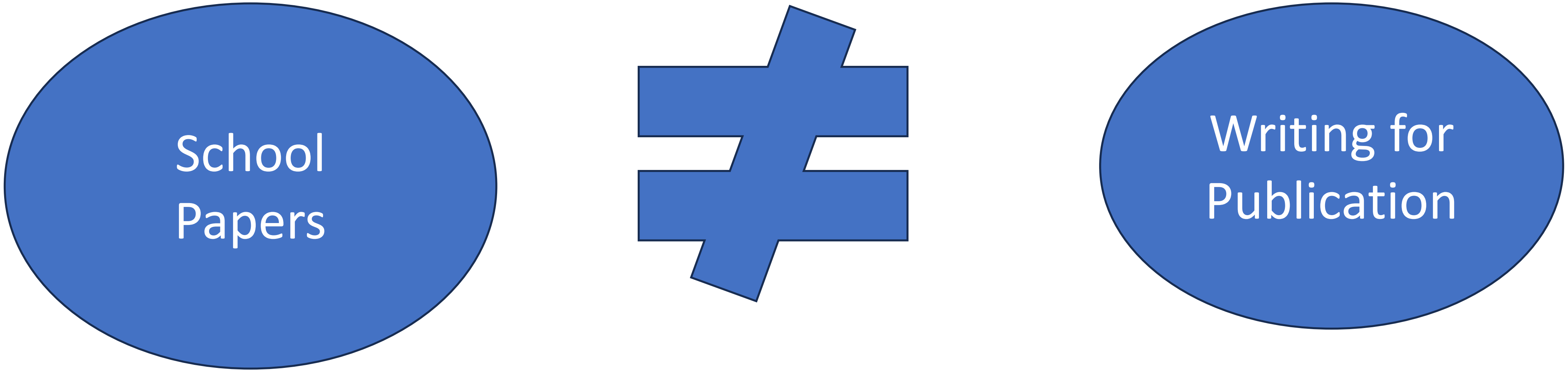
Journal of Trauma Nursing

Senior Program Manager

Michigan Trauma Quality Improvement Program (MTQIP)

University of Michigan

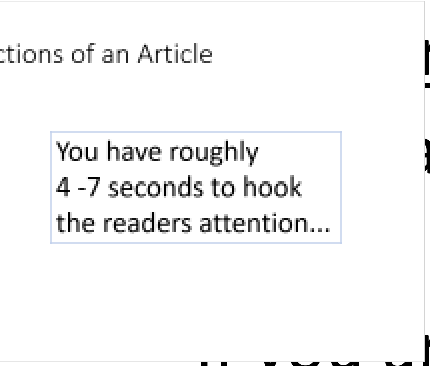
Nurses Knowledge of Writing



Most Read Sections of an Article

<u>First Glance</u>:

- Title
- Abstract Conclusion



<u>re lucky</u>:

- act

<u>re *really* lucky</u>:

- Article

You have roughly
4 -7 seconds to hook
the readers attention...

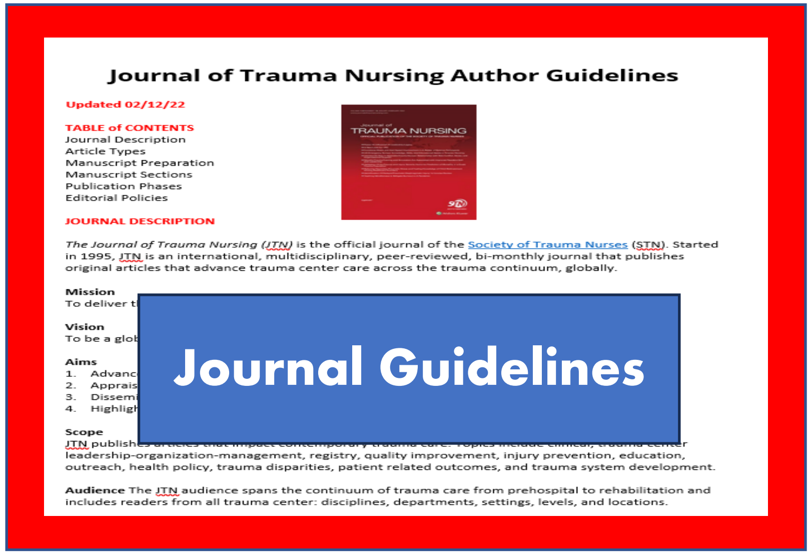
Objectives

1. Identify article sections and related content
2. Identify elements of good writing
3. Identify key steps in the publication process

Publishing Black Box

Known Rules

IMRAD FORMAT



Journal of Trauma Nursing Author Guidelines

Updated 02/12/22

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Journal Description
Article Types
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Publication Phases
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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 t

Vision
To be a glob

Aims
1. Advanc
2. Apprais
3. Dissemi
4. Highligh

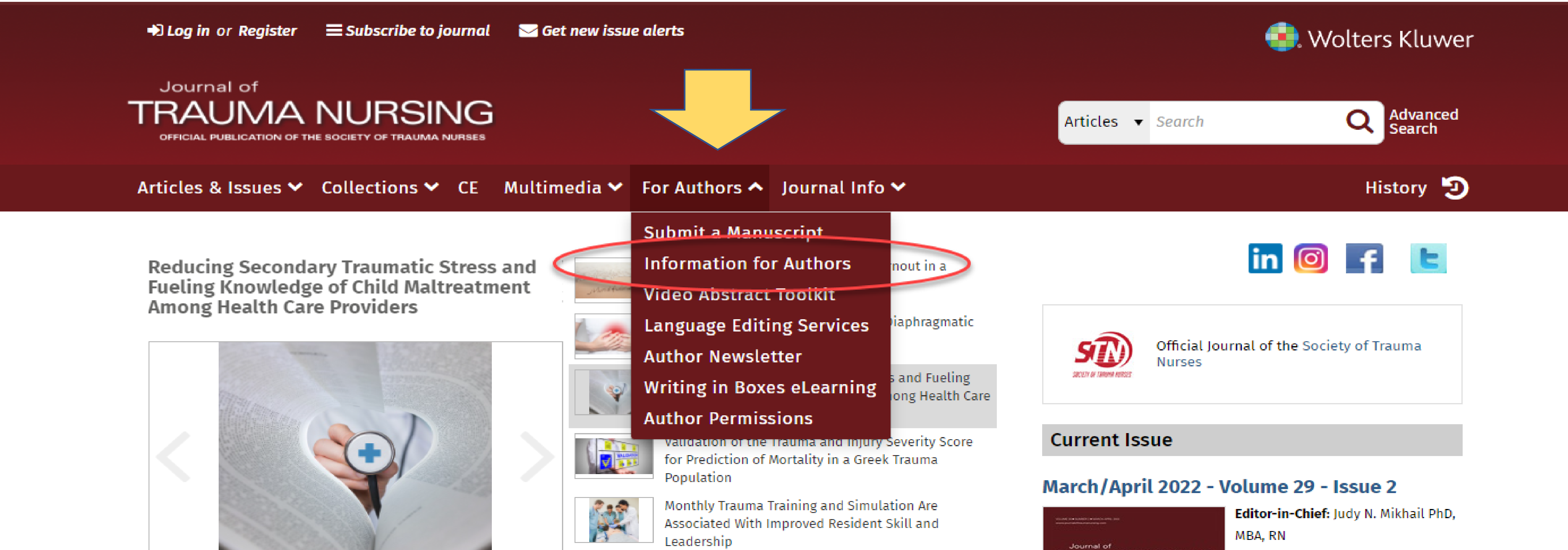
Scope
JTN publish
leadership-organization-management, registry, quality improvement, injury prevention, education, outreach, health policy, trauma disparities, patient related outcomes, and trauma system development.

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.

Journal Guidelines

Where can you find the Author Guidelines?

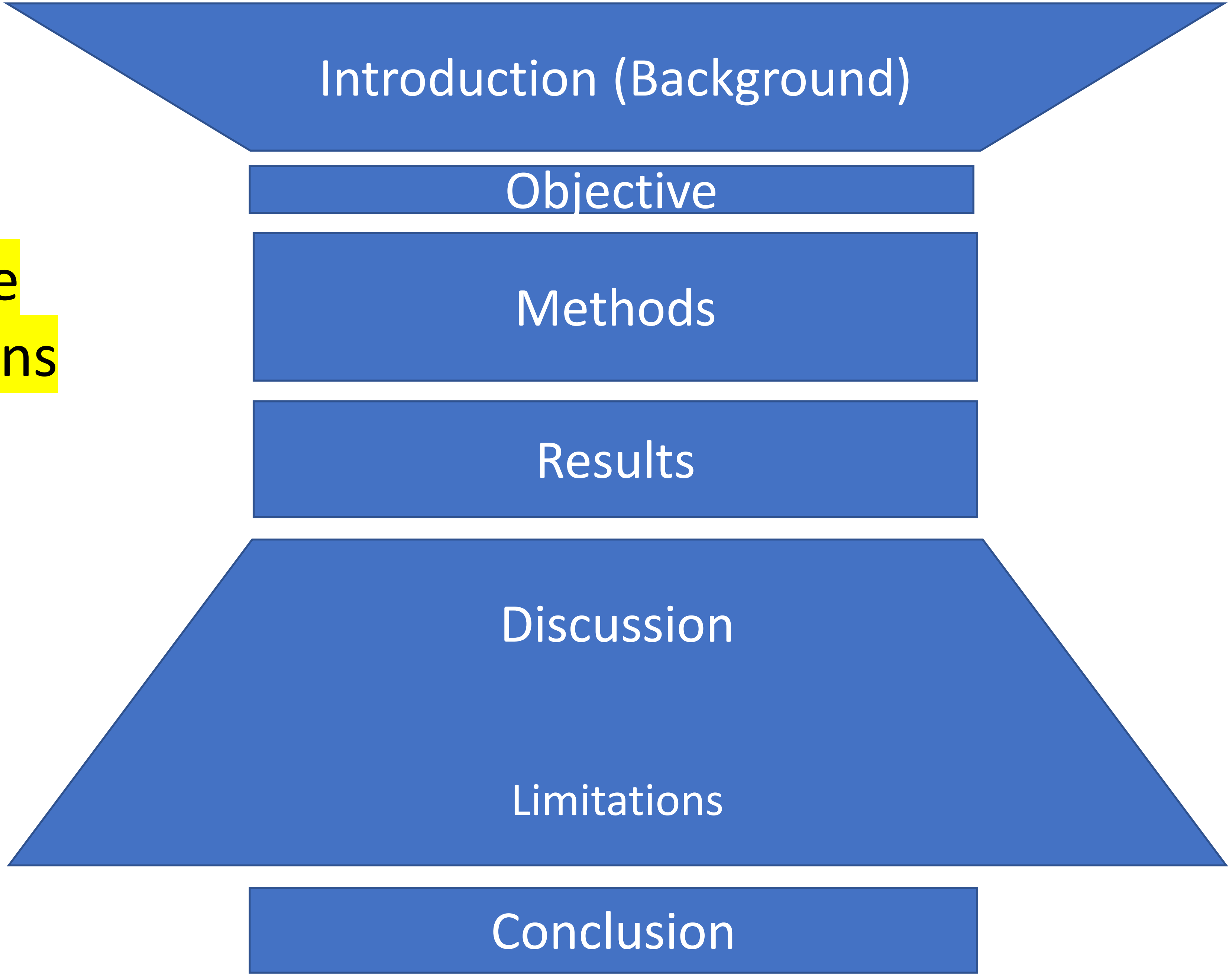
https://journals.lww.com



Manuscript Sections IMRaD

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

Note the Proportions



Manuscript Sections

Title

J Trauma Acute Care Surgery 2017

ORIGINAL ARTICLE

A novel method of optimizing patient- and family-centered care in the ICU

Steven R. Allen, MD, Jose Pascual, MD, Niels Martin, MD, Patrick Reilly, MD, Gina Luckianow, PA-C, Elizabeth Datner, MD, Kimberly A. Davis, MD, MBA, *and* Lewis J. Kaplan, MD, *Philadelphia, Pennsylvania*

BACKGROUND: Patient- and family-centered care permeates critical care where there are often multiple teams involved in management. A method …

METHODS: …

RESULTS: …

CONCLUSION: …

What is this article about?

LEVEL OF EVIDENCE: Therapeutic, level III.
KEY WORDS: Patient- and family-centered care; communication; satisfaction; quality.

Title

- Concise and descriptive (intervention & population)
- Strive for <13 major (>3 letter words)
- Place main topic early (enhance search engine optimization)
- Do not:
  - Include abbreviations
  - State as a question
  - Reveal findings
  - State too Informally (cute)
  - Include trauma center level (unless specific to topic)
  - Include Country (unless specific to topic)

Why is it so important?

Abstract

- ✓ Must stand alone in explaining study
- ✓ Often only thing that gets read
- ✓ Informationally dense
- ✓ Avoid abbreviations
- ✓ No citations
- ✓ Structured Headings
- ✓ Limit 250 words

Abstract Sections

- Background
- Objective
- Methods
- Results
- Conclusion
- Keywords

Concisely mirrors
the main text
250 words

Abstract Structured Headings

HEADING	SUGGESTED LENGTH	COMMON ERRORS
BACKGROUND	1-2 sentences	No gap statement
OBJECTIVE	1 sentence	Unclear, does not align to methods/results
METHODS	3-5 sentences	Missing information
RESULTS	3-5 sentences	Excess data with lack of narrative explaining what data show
CONCLUSIONS	1-2 sentences	Wordy, with the lead buried
KEYWORDS		Missing terms

Abstract Tip - Methods Section

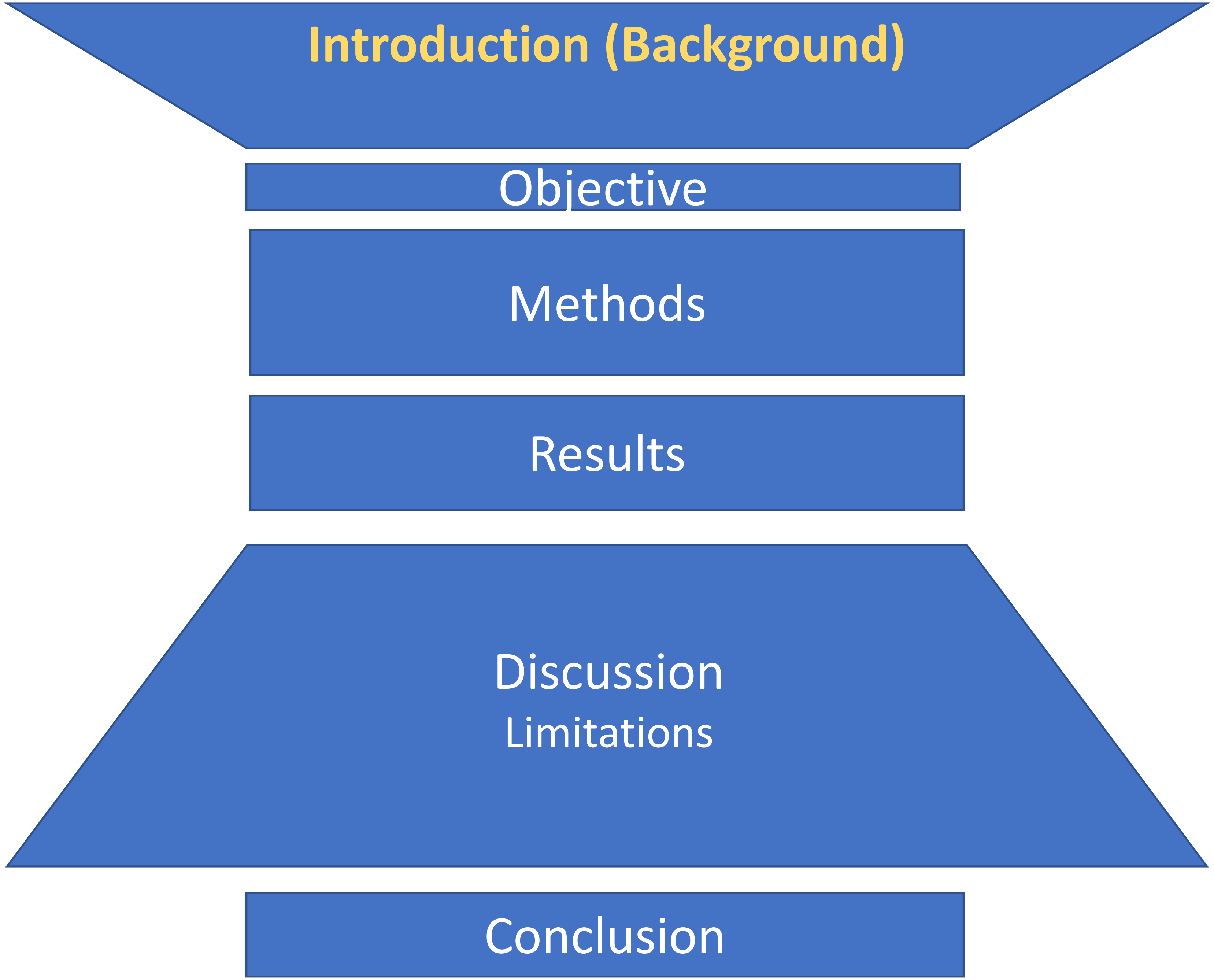
Methods Informationally Dense

- 1-2 sentences
- Includes elements of D-PICOTS
  - Design
  - Population
  - Intervention/initiative/program
  - Comparison (if applicable)
  - Outcomes
  - Timing (dates of data collection)
  - Setting
  - Statistics (optional-<u>only</u> if unusual)

State D-PICOTS in a Run On Sentence

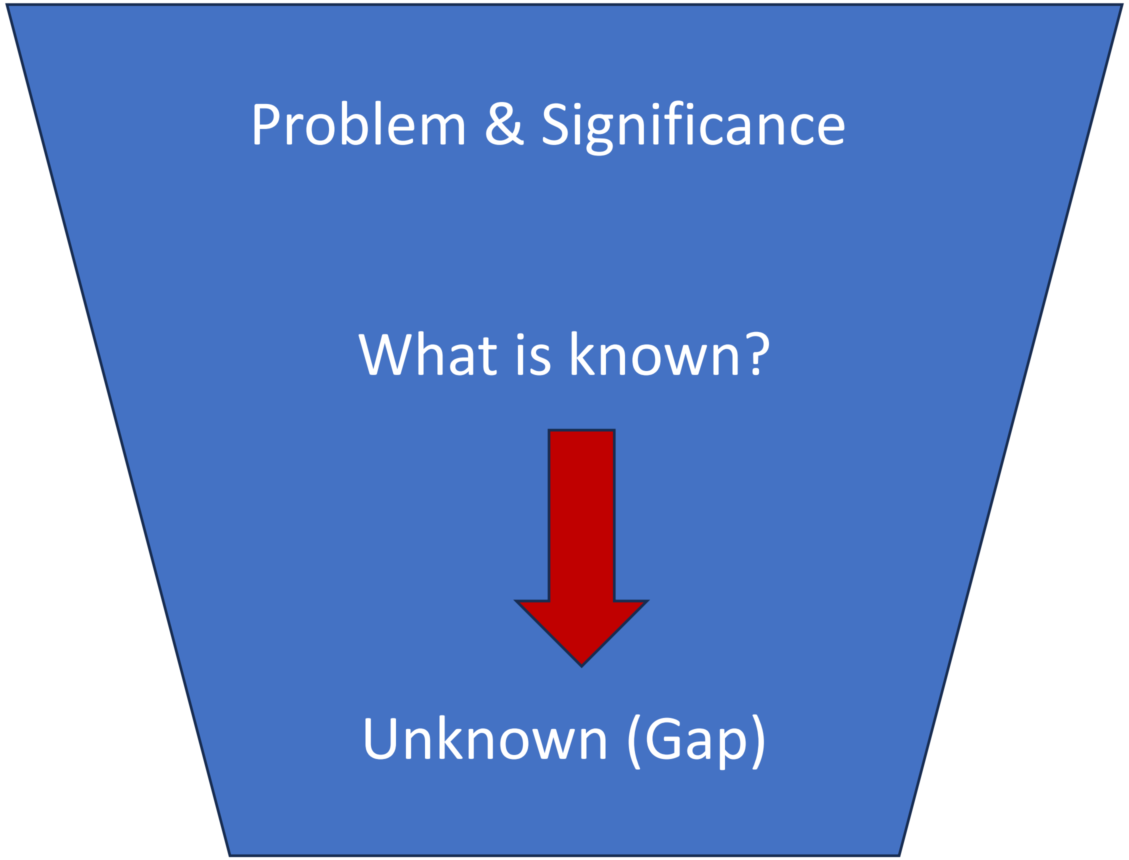
- This is a single center pre and postintervention study (*design*) on an integrated electronic health record screening brief intervention and referral to treatment tool (intervention) for alcohol and drug use compliance (*outcome*) in adolescent trauma (aged 12-21) (population) performed at a Level I pediatric trauma center in the Southeastern United States (*setting*) from January 2021 to May 2023 (*timing*).

Main Text Sections


Introduction (Background)
Objective
Methods
Results
Discussion
Limitations
Conclusion

Background

- <u>Goals</u>: Hook readers interest, prepare reader to understand the paper
- Start broad
- State problem & significance
  - What is currently known?
  - Use *select* references
- Begin to narrow down
  - What remains unknown → gap?
- 3-4 paragraphs max, 1 ½-2 pages



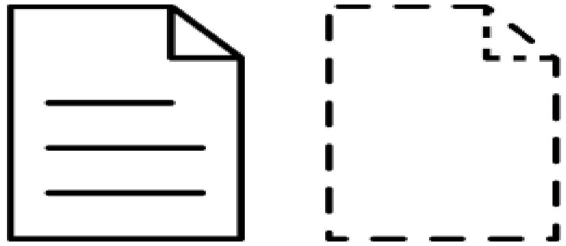
Common errors: Too long, no gap

The Three Paragraphs of an Effective Introduction

Give Context
Get the reader to care about the topic.

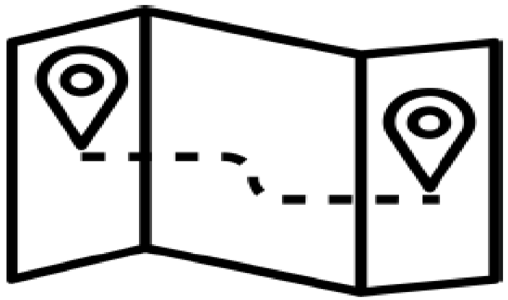
Bring the reader up to speed on the why the topic is important.

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, A. M., & Dimick, J. B. (2017). Writing for Impact: How to Prepare a Journal Article
Also the originator of the visual abstract
See Dr. Ibrahim's work at www.surgeryredesign.com

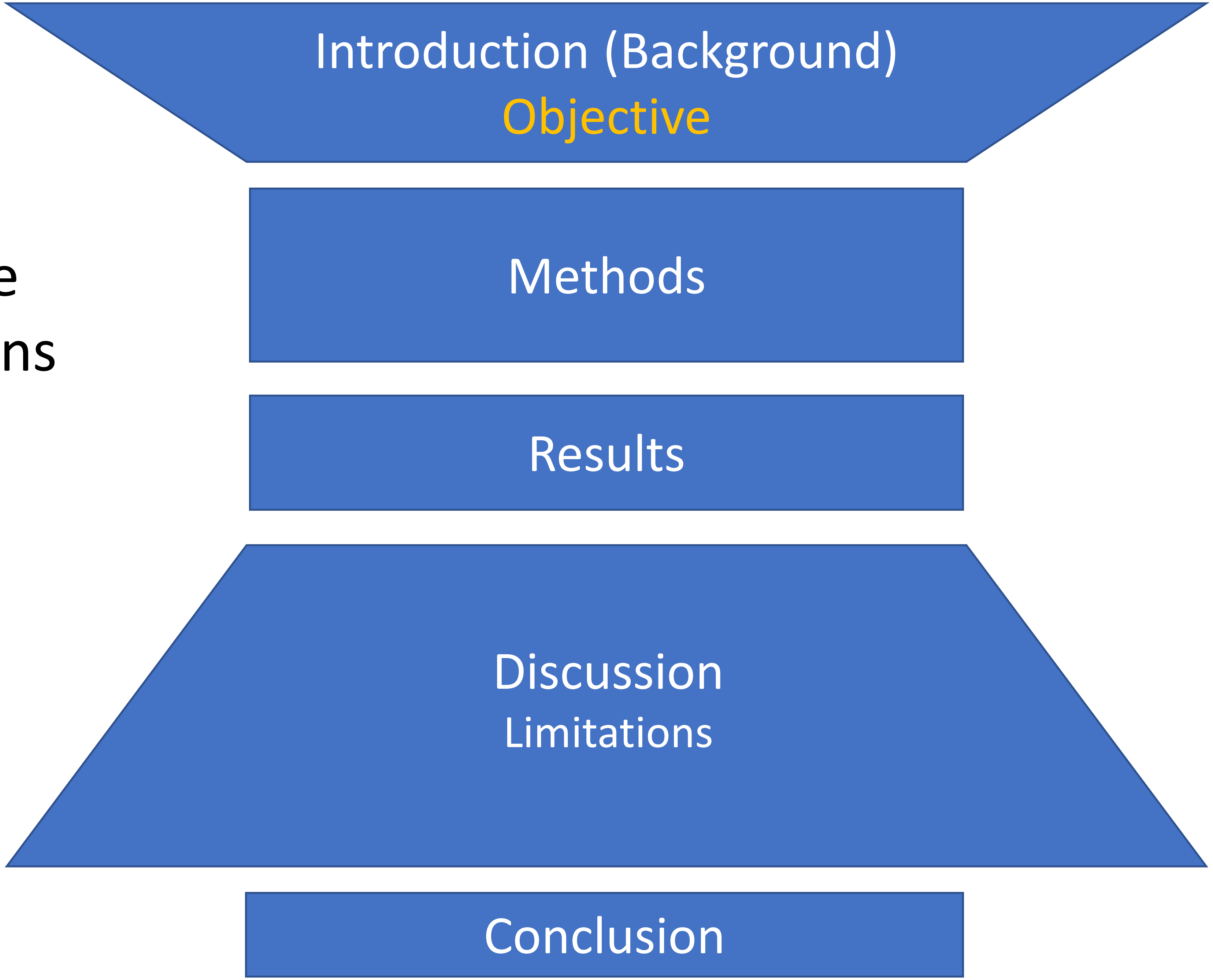
Gap Statement [Why was this study needed?]

- Focus the reader's attention:
  - area not previously explored
  - unknown information
  - unsolved problem
  - limited prior studies
  - extend to a new population
  - extend to a superior database
  - extend to larger a sample size
  - extend from single-center to multi-centered study
  - extend to superior research design
- Often signaled by
  - yet
  - but
  - however
  - despite

Example Gap statements

- “Yet, limited research has been conducted on...”
- “Yet, studies have focused only on adult trauma, with none in the pediatric population.”
- “Despite extensive research in the field, little is known about...”
- “Yet previous studies were limited to single-center studies”
- “However, there is a lack of evidence regarding...”
- “Yet, no studies to date have examined the relationship between X and Y.”
- “However, existing literature does not adequately address the issue of...”
- “Yet, previous research is limited by weak study designs with low sample size”
- “But, the current literature lacks a comprehensive analysis of....”

Note the Proportions



Objective

Think elements of PICO:

- Population
- Intervention
- Comparator (if applicable)
- Outcome

Simple
One
Sentence

Objective

- <u>Definition</u>: single sentence outlining the study's specific goal

- <u>Terminology</u>:
  - Aim, objective, purpose are used interchangeably
  - Hypothesis or research questions infrequently used (journal dependent)
  - Plain language preferred
- <u>Wording</u>:
  - ➢ This study aims to...
  - This study's objective is to...
  - The purpose of this study is to...
- <u>Format</u>: verb → intervention → (outcome/population)
- <u>Verbs</u>: assess, analyze, compare, describe, determine, evaluate, examine, etc.

Objective Examples (verb-intervention-pop/outcome)

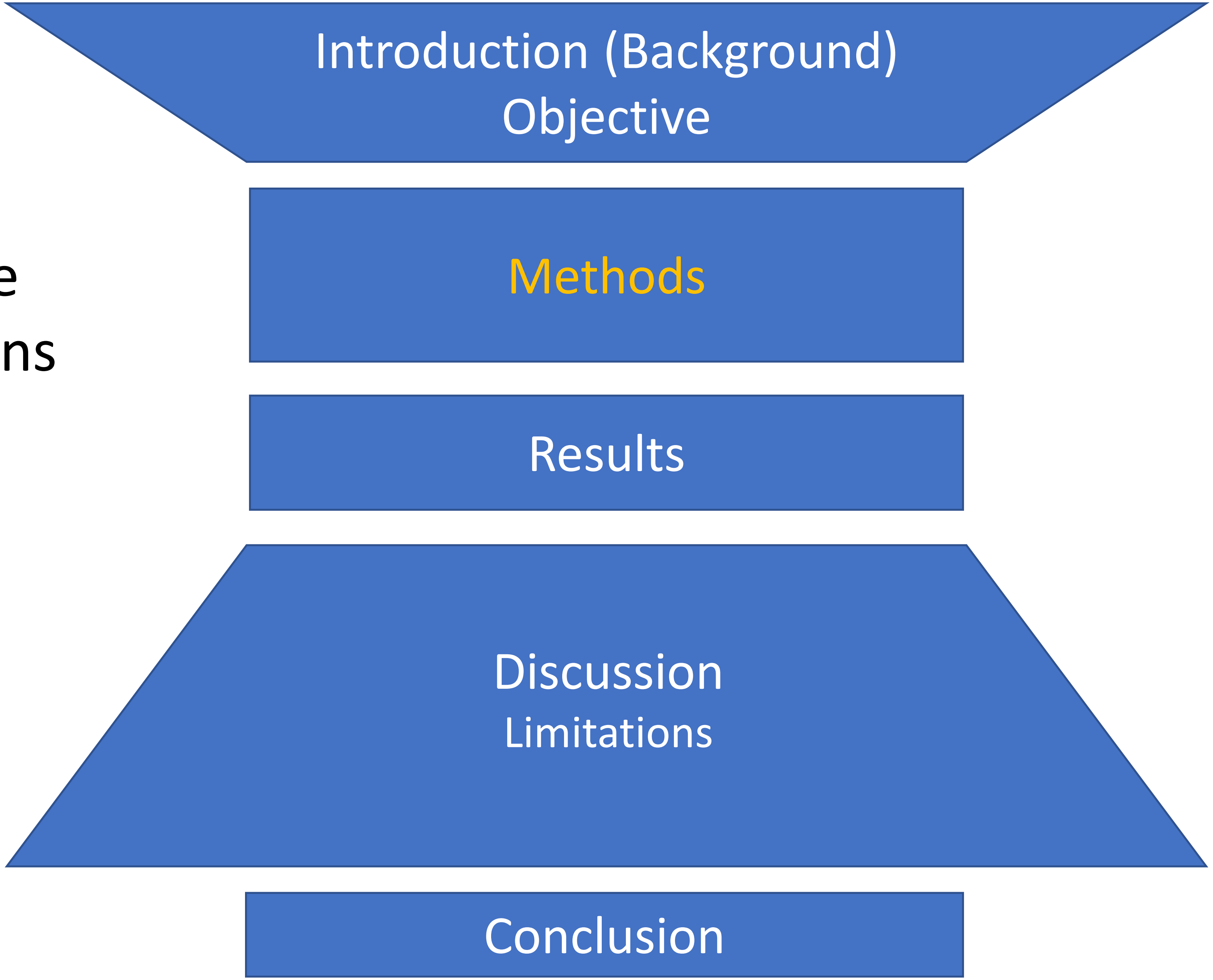
1. To evaluate (verb) the effect of an EMR computerized screening tool (intervention) on substance abuse screening compliance (outcome) in pediatric trauma (population).

2. To assess (verb) the effectiveness of a delirium prevention protocol comprised of simulation, microlearning, and mobile phone screening application (intervention) on pain, functional status, sleep quality, and delirium (outcome) in older patients with hip fractures (population).

OR 2 Simplified

2. To assess (verb) the impact of a multicomponent delirium prevention protocol (intervention) on clinical outcomes (outcome) in older patients with hip fractures (population).

Note the Proportions



Methods Section

- Includes elements of D-PICOTS
  - Design
  - Population
  - Intervention/initiative/program
  - Comparison (if applicable)
  - Outcomes
  - Timing (dates of data collection)
  - Setting
  - Statistics (only if unusual)

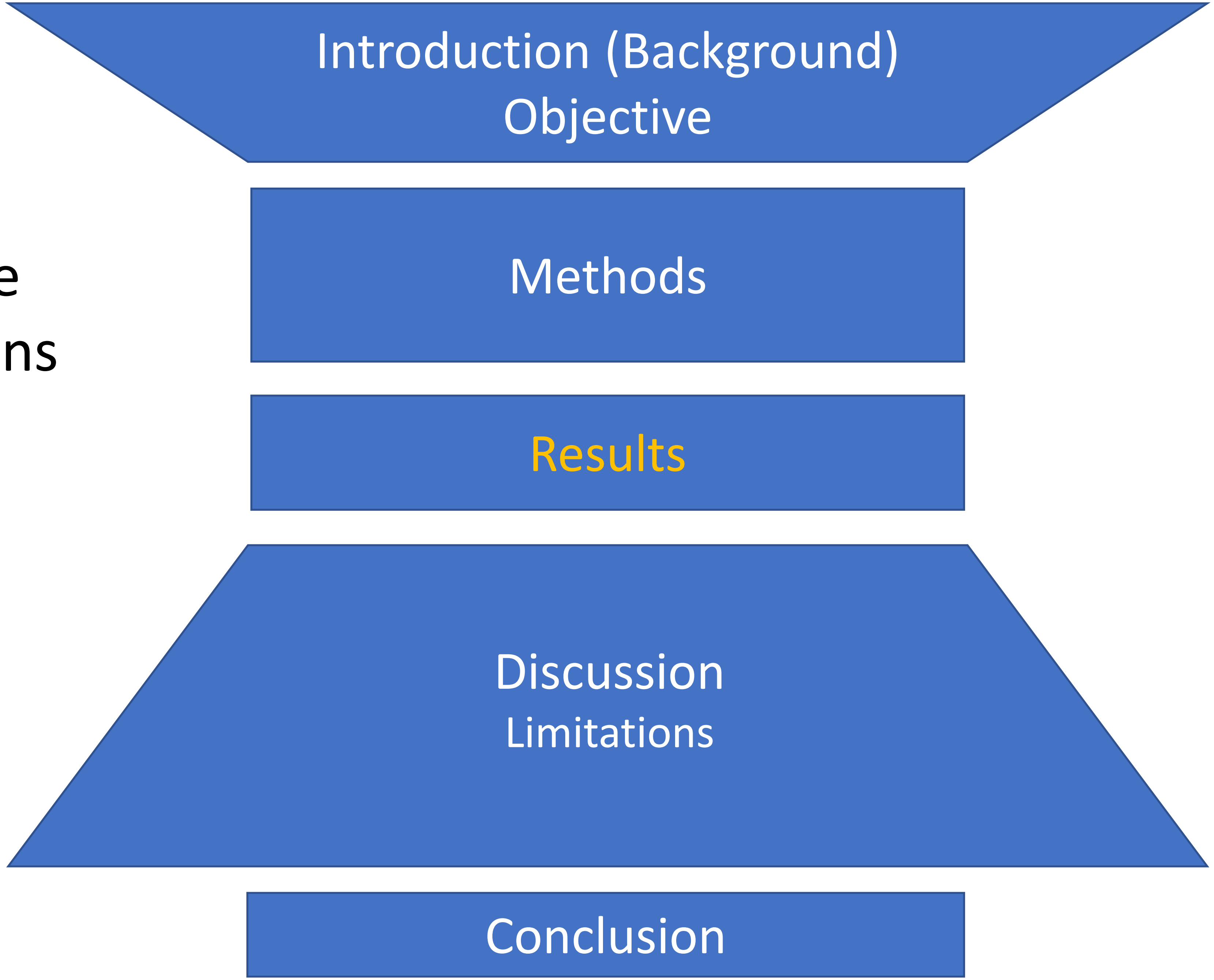
Methods

Enough detail to replicate the study

But balance detail with brevity

- Use subheadings to group material logically
- Study Design
  - Study design, IRB statement, Reporting Guideline
- Population and Setting
  - "…admissions to an urban, academic, Midwestern, U.S., Level I adult trauma center from January-December, 2020…"
- Data Collection
- Instruments
  - One paragraph per instrument
  - Describe the instrument, number and type of questions, how scored'
  - Reliability and validity with original references
- Intervention
  - Consider a figure showing intervention steps
- Statistical Analysis

Note the Proportions



Results Order

A total of N=241 patients met inclusion criteria, of which most were male n=168 (69.7%), White n=185 (76.8%), and Hispanic n=179 (74.3%). Screening compliance increased from preintervention n=192 (79.6%) to postintervention n=224 (92.0%).

1. Total number of participants
2. Key demographics
3. Key results
   a) List outcomes in same order as stated in methods
   b) List results in the order of numbered tables & figures
   c) Typically one paragraph per table and figure

Results Format

- Should be a combination of Numbers and Narrative
- Data are numbers reported in tables/figures
- Results are statements that explain what the data show
- Most authors repeat the data but offer no results

Results: Data vs Results

Data

- 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 3).

Results

- 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).

Results

Original

- Mean (SD) recipient wait time was 1.8 (0.9) for transplant recipients versus 4.1 (1.4) years for historical controls ($p < .001$)

Better

- Transplant recipients waited less than half as long as historical controls [1.8 (0.8) versus 4.1 (1.4) years, $p < .001$]

Figure 1
Flow diagram

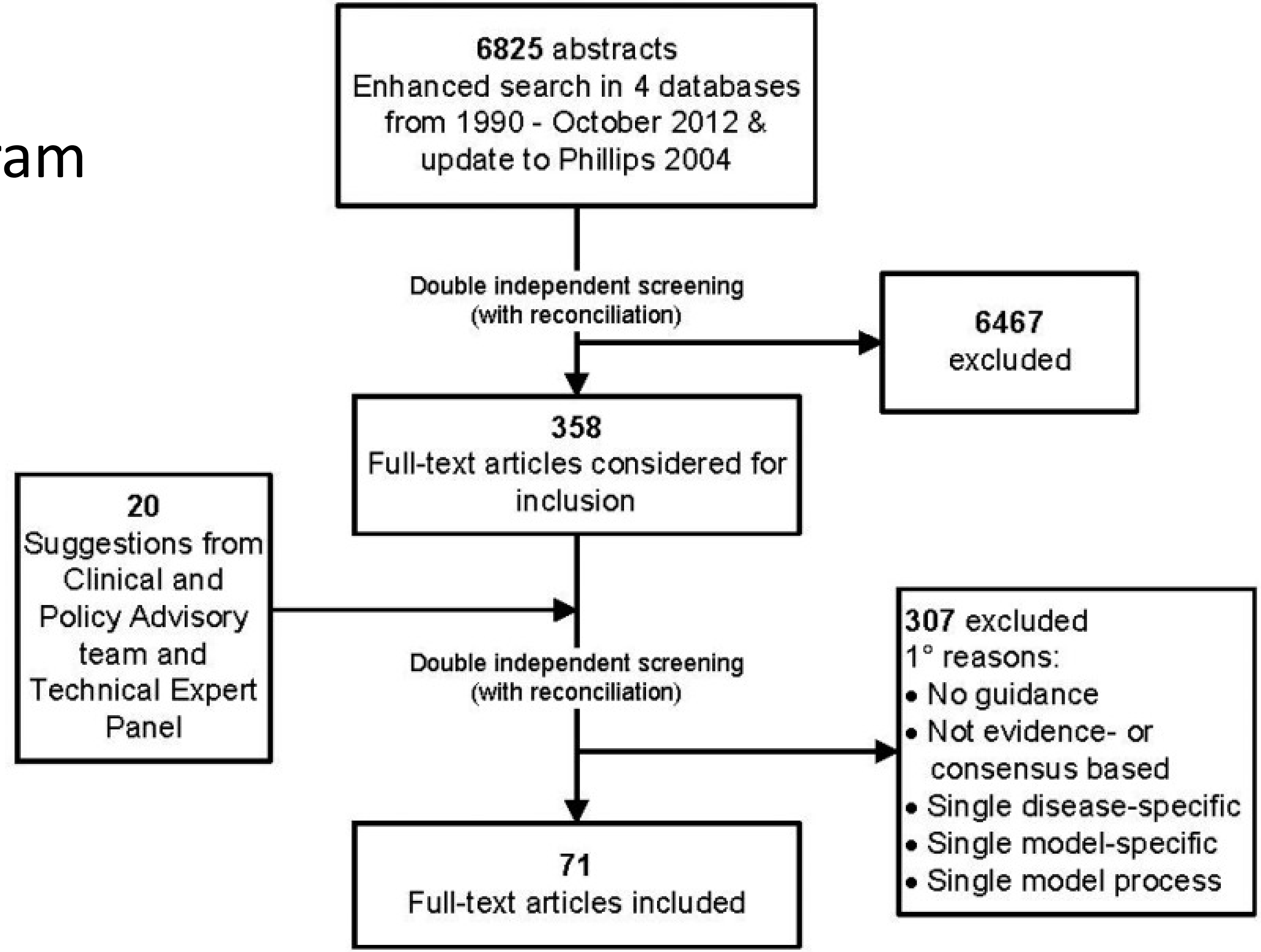


TABLE 1. *Demographic Characteristics*

	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.

Do not embed or state where tables go

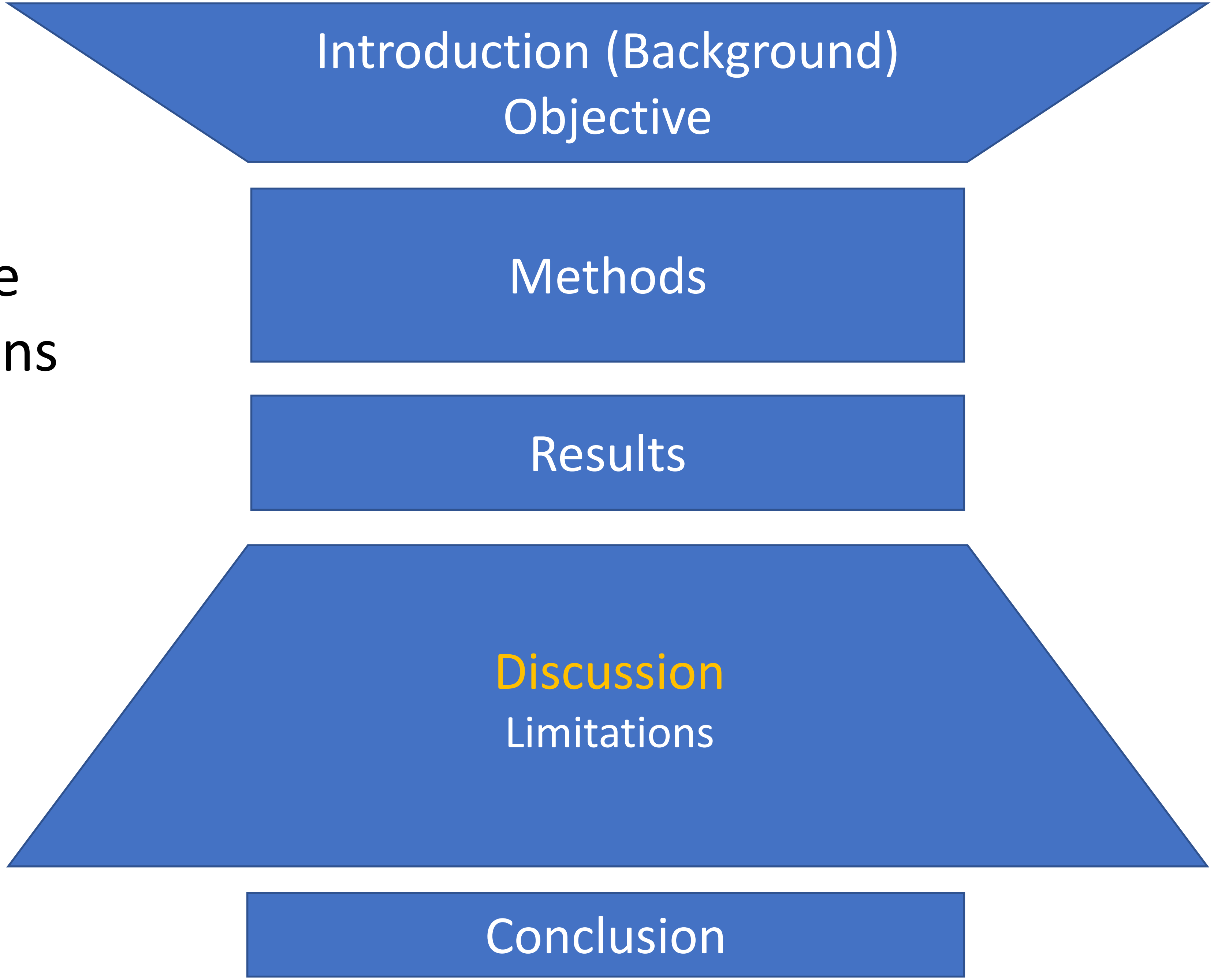
Sensitivity analysis was used to assess the ability of both scales to predict mortality among ICU patients. The results show that both scales had a high sensitivity on admission and equal on discharge to predict mortality. FOUR scale has a high specificity in three phases, and this means that the FOUR scale ismore accurate than GCS in predicting outcomes. Table 5

[Please insert Table 5 here]

ICU Neurological Patients Survival Analysis Curve

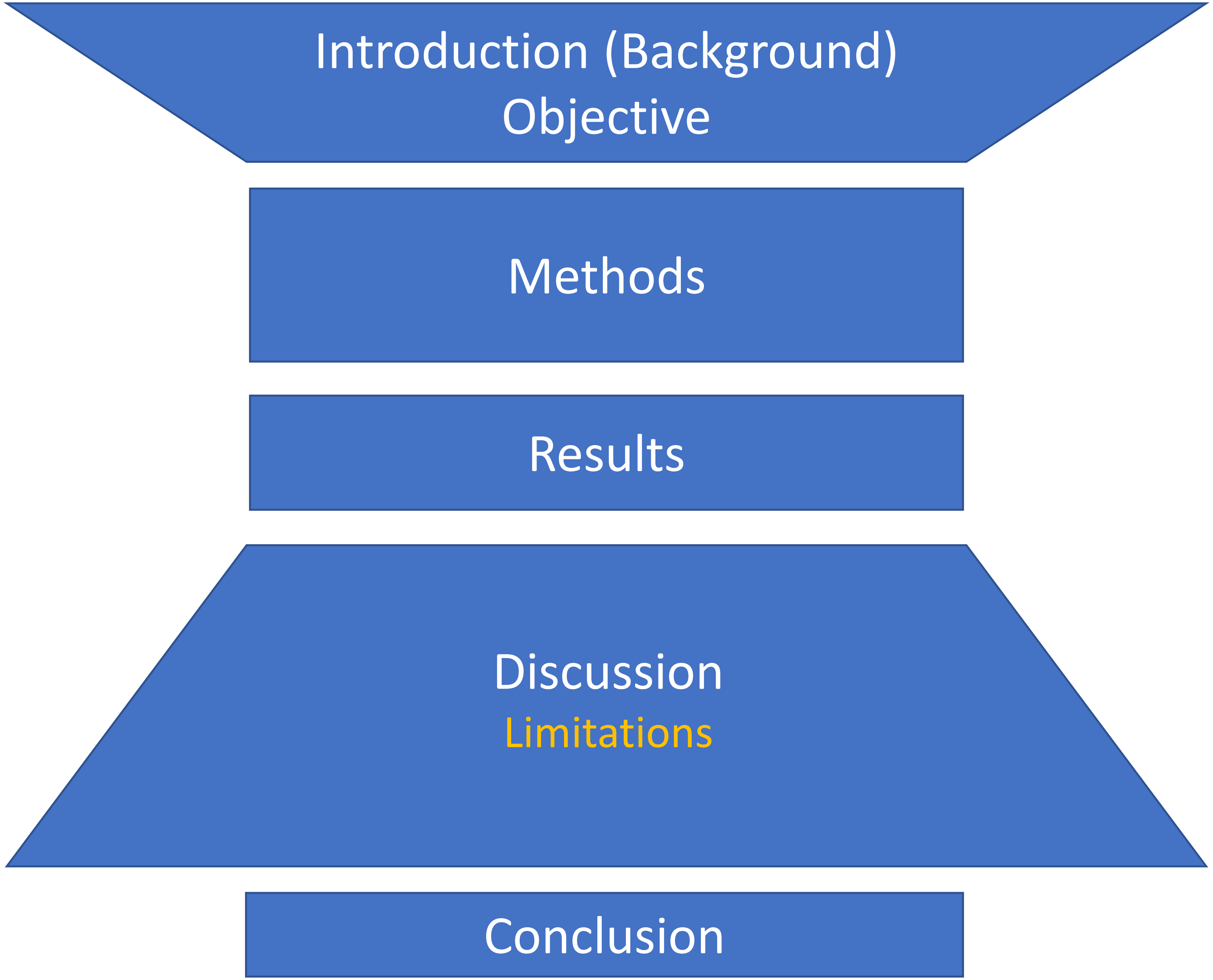
Figure 2 shows that at admission (Zero days) all patients were alive, after 48 hours the results show that 100% of the patients were alive. At 10 days, the probability of survival was 60%. The analysis also shows that by the evaluation on day 13 approximately 42% of the respondents were alive.

Note the Proportions



Discussion Format

- Start with
  - This study showed..., We found..., Our study demonstrates...
  - Restate the objective
- Recap study key findings in plain language
  - Do not overstate the findings.
  - Avoid stating “statistically significant”
- Compare your results to previous studies
  - State how your results refute, contrast, validate, previous work
- Discuss practical implications of your work


Introduction (Background)
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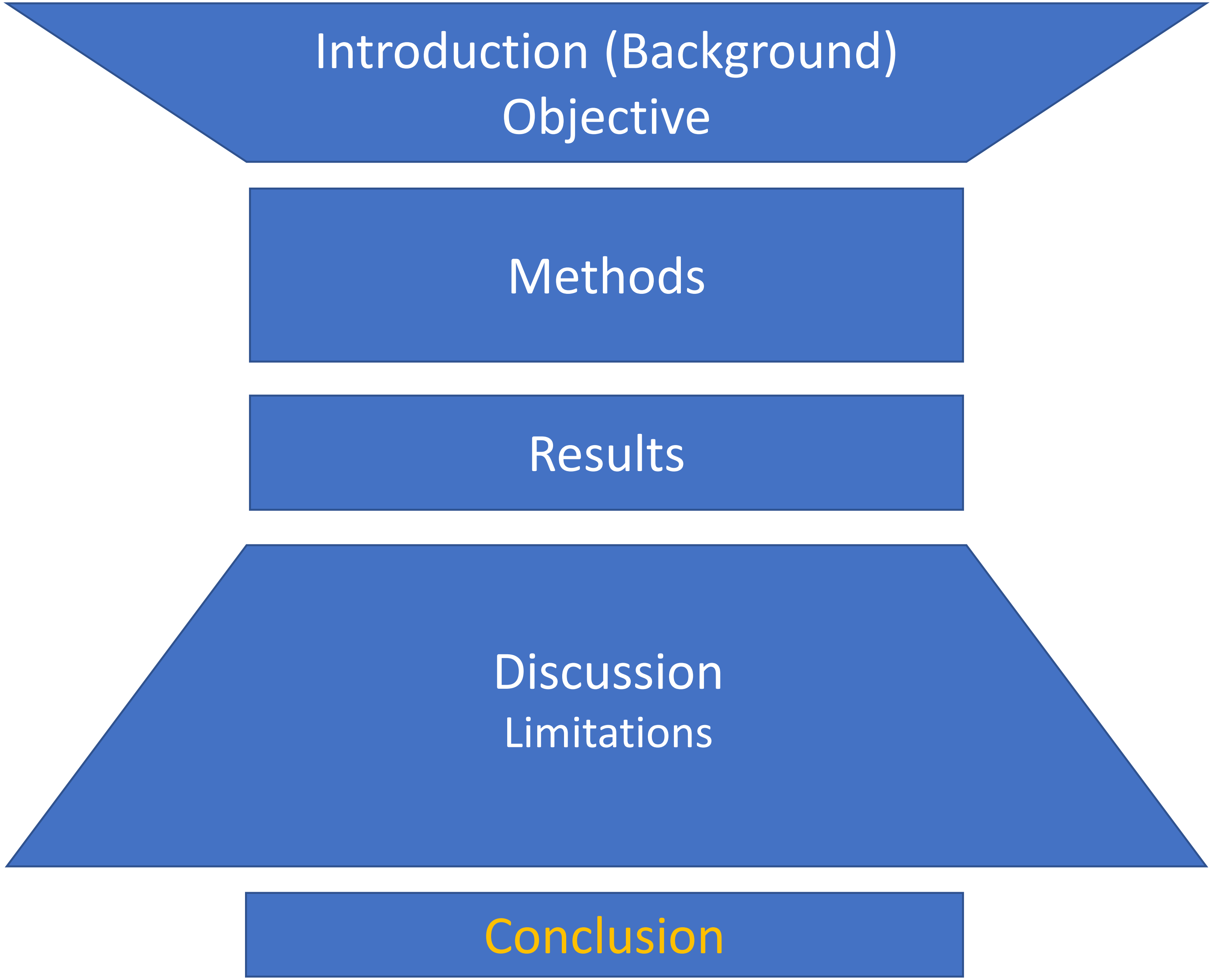
Limitations

- Limitations has it’s own heading in JTN
- Be self critical
- List all limitations and any efforts to mitigate
- Address limitations associated with your study design
    - Selection bias
    - Temporal bias
    - Test-retest bias
    - Measurement bias
    - Low generalizability


Introduction (Background)
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Conclusion

Conclusion

- Single *brief* paragraph
- *Brief* restatement of key results
- Offer suggestions for future research

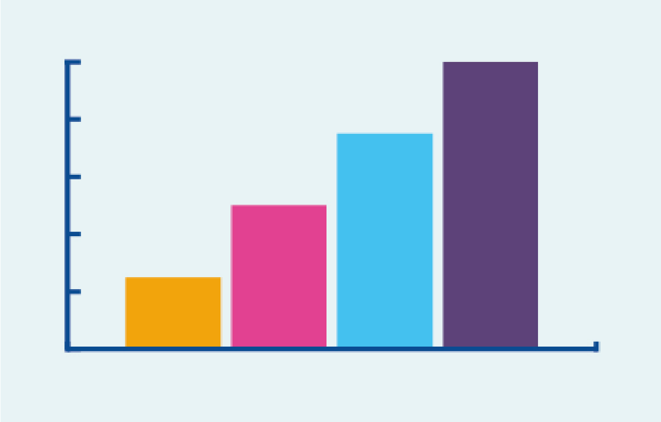
https://apastyle.apa.org/style-grammar-guidelines/tables-figures

Tables and Figures

Tables and figures enable writers to present a large amount of information efficiently and to make their data more comprehensible.

A table usually shows numerical values (e.g., means and standard deviations) and/or textual information (e.g., lists of stimulus words, responses from participants) arranged in columns and rows. A figure may be a chart, graph, photograph, drawing, plot, infographic, or any other illustration that is not a table.

The goal of any table or figure is to help readers understand your work. The best tables and figures are also attractive and accessible to all users. The APA Style guidelines for tables and figures help ensure your visual displays are formatted clearly and consistently, thus contributing to the goal of effective communication.



Tables and figures are covered in the seventh edition APA Style manuals in the Publication Manual Chapter 7 and the Concise Guide Chapter 7

TABLE SETUP

FIGURE SETUP

SAMPLE TABLES

SAMPLE FIGURES

ACCESSIBLE USE OF COLOR IN FIGURES

Classic Table 1

Sample demographic characteristics table

Table 1

Sociodemographic Characteristics of Participants at Baseline

Baseline characteristic	Guided self-help		Unguided self-help		Wait-list control		Full sample	
	n	%	*n*	%	*n*	%	*n*	%
Gender								
Female	25	50	20	40	23	46	68	45.3
Male	25	50	30	60	27	54	82	54.7
Marital status								
Single	13	26	11	22	17	34	41	27.3
Married/partnered	35	70	38	76	28	56	101	67.3
Divorced/widowed	1	2	1	2	4	8	6	4.0
Other	1	1	0	0	1	2	2	1.3
Children [a]	26	52	26	52	22	44	74	49.3
Cohabitating	37	74	36	72	26	52	99	66.0

Note. $N = 150$ ($n = 50$ for each condition). Participants were on average 39.5 years old ($SD = 10.1$), and participant age did not differ by condition.

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

Column Data Right Aligned

Table 1. Demographic and clinical data of the sample (N=136)

Demographic data	N (%)	Mean (SD)
Age		36.6 (15.9)
Gender		
Male	92 (67.6)	
Female	44 (32.4)	
Education		
> 9 years	90 (66.2)	
≤9 years	46 (33.8)	
Marital status		
Single	70 (51.5)	
Married	62 (45.6)	
Divorced	4 (2.9)	
Employment status		
Not employed	87 (64.0)	
Employed	49 (36.0)	
Clinical data		
Glasgow Coma Scale		14.1 (.7)
Length of Stay		4.4 (1.0)
Mechanism of Injury		
Falls	20 (14.7)	
Sports	10 (7.4)	
Occupational injury	22 (16.2)	
Motorcycle crash	81 (89.6)	
Car crash	3 (2.1)	
Comorbidity		
Yes	18 (13.2)	
No	118 (86.8)	

Note: M= Mean; *SD*= standard deviation

Table 1

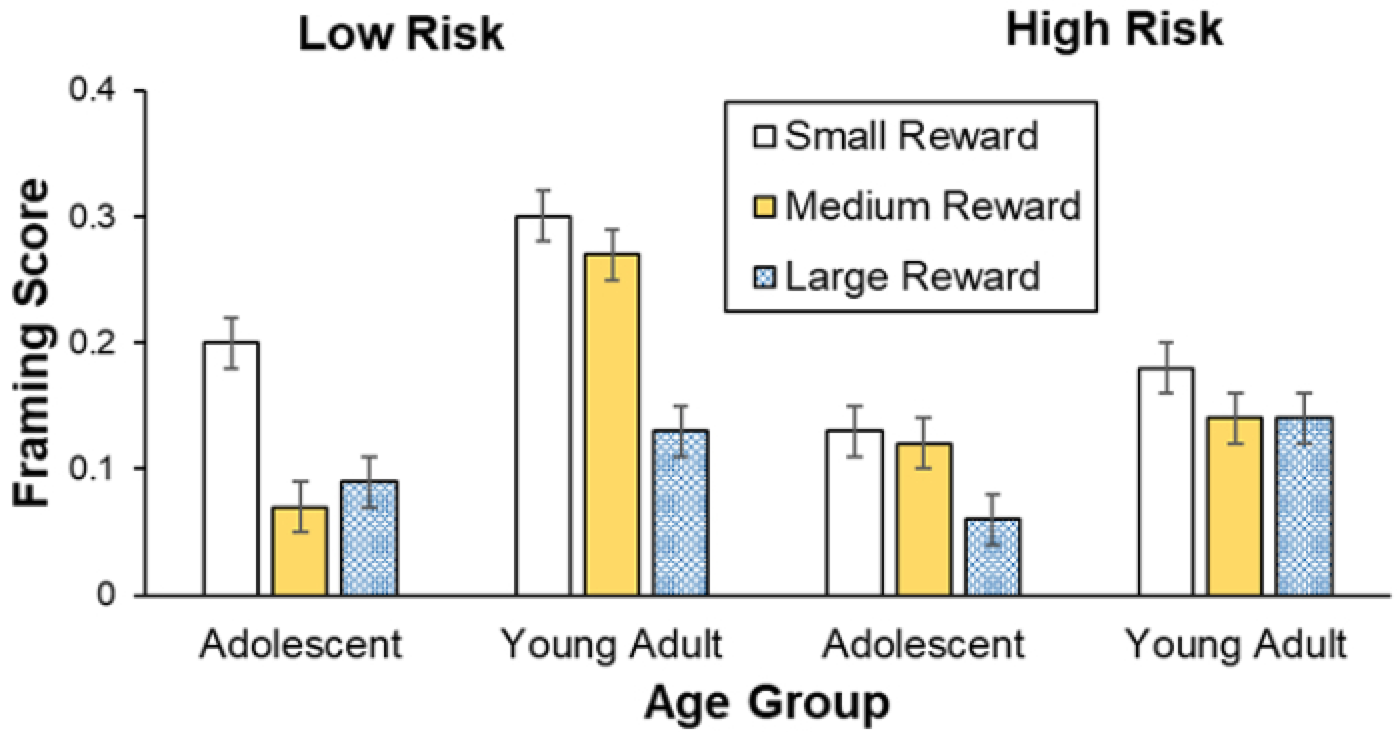
Table 1. Demographic Characteristics

Demographic Characteristics	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)	

Sample bar graph

Figure 1

Framing Scores for Different Reward Sizes

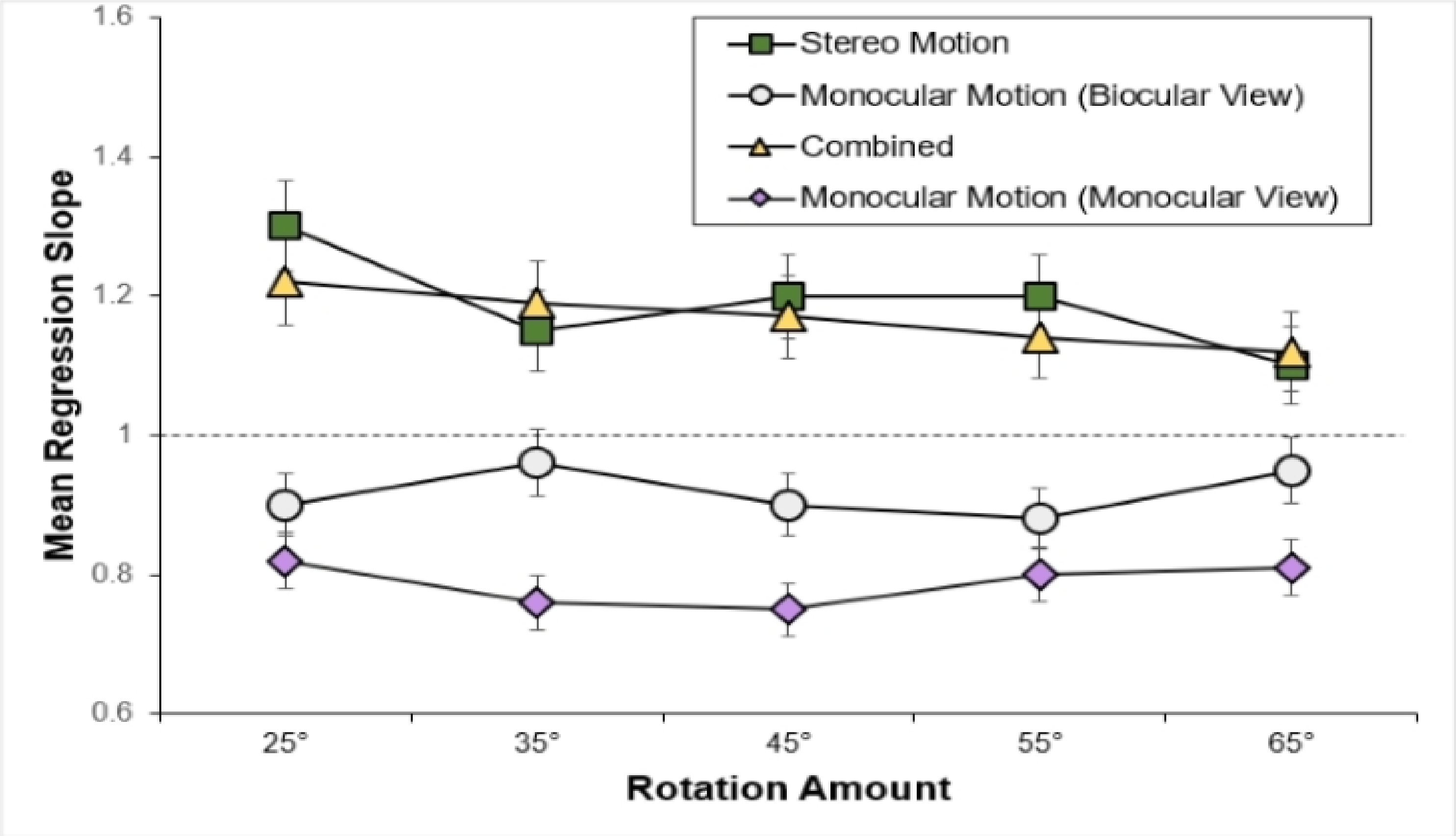


Note. Framing scores of adolescents and young adults are shown for low and high risks and for small, medium, and large rewards (error bars show standard errors).

Sample line graph

Figure 3

Mean Regression Slopes in Experiment 1



Note. Mean regression slopes in Experiment 1 are shown for the stereo motion, biocularly viewed monocular motion, combined, and monocularly viewed monocular motion conditions, plotted by rotation amount. Error bars represent standard errors. From "Large Continuous Perspective

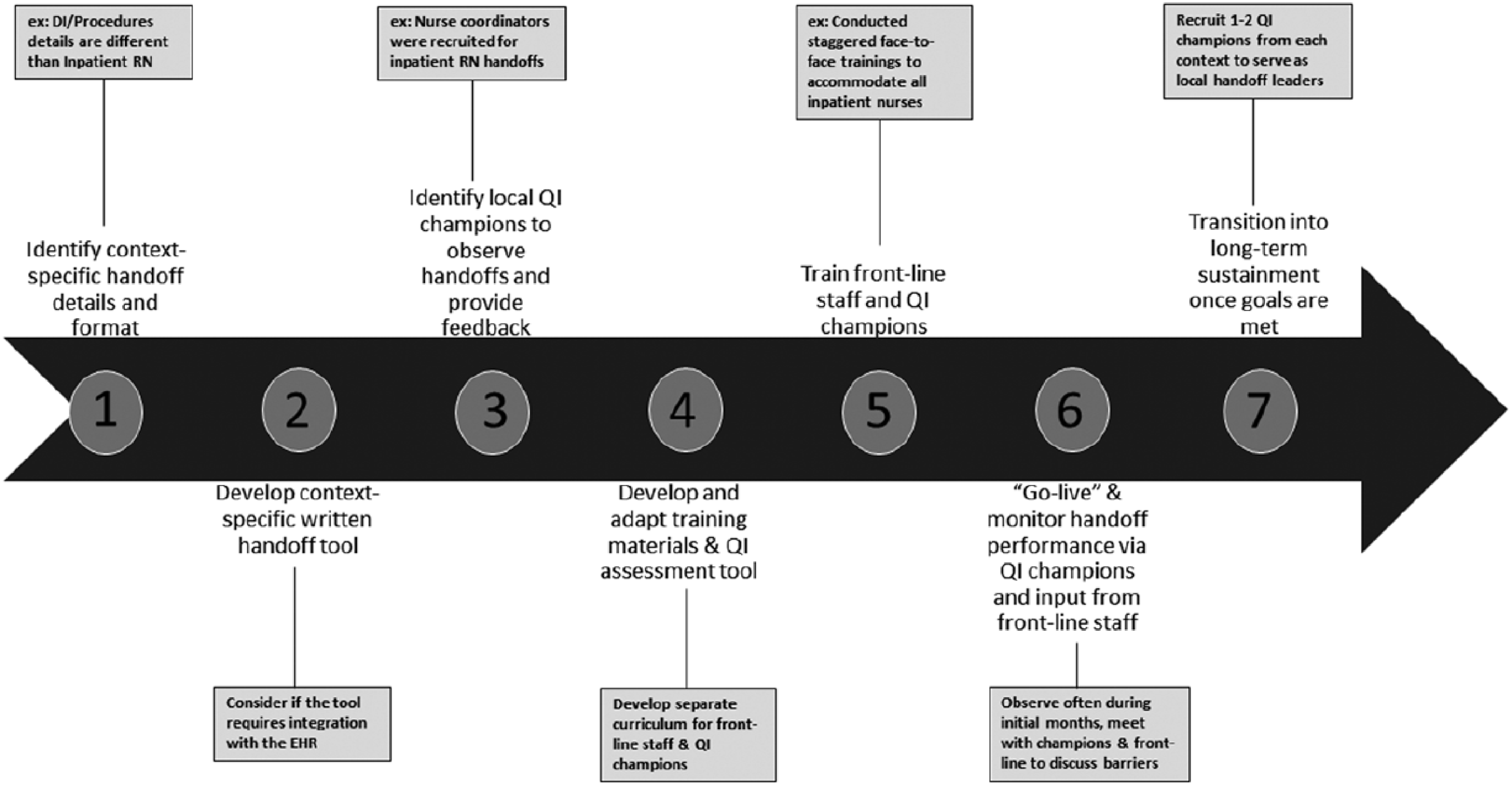


Fig. 1. The 7 general steps used to implement I-PASS across clinical contexts. Clinicians in each area assisted in each step of implementation, including adapting the mnemonic as needed, developing of the written handoff tool and QI assessment tool, and monitoring performance through direct observations and feedback.

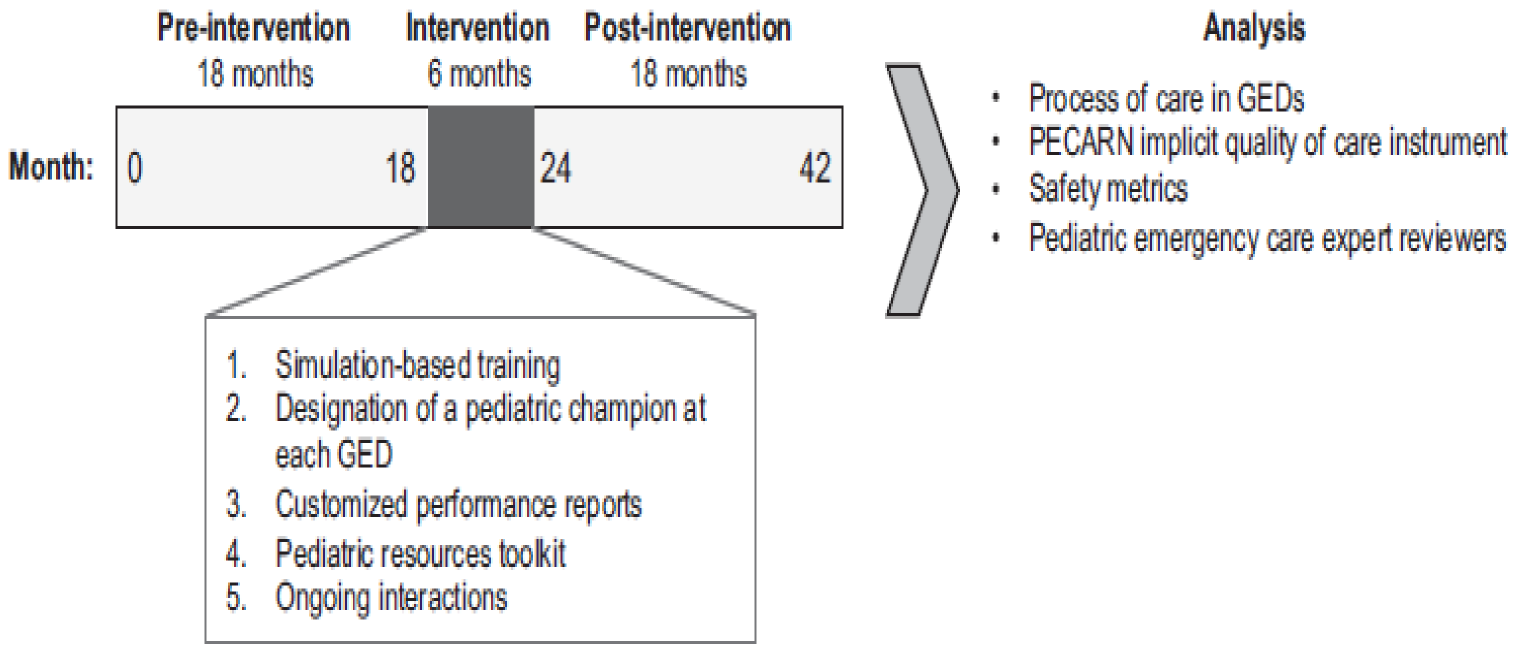
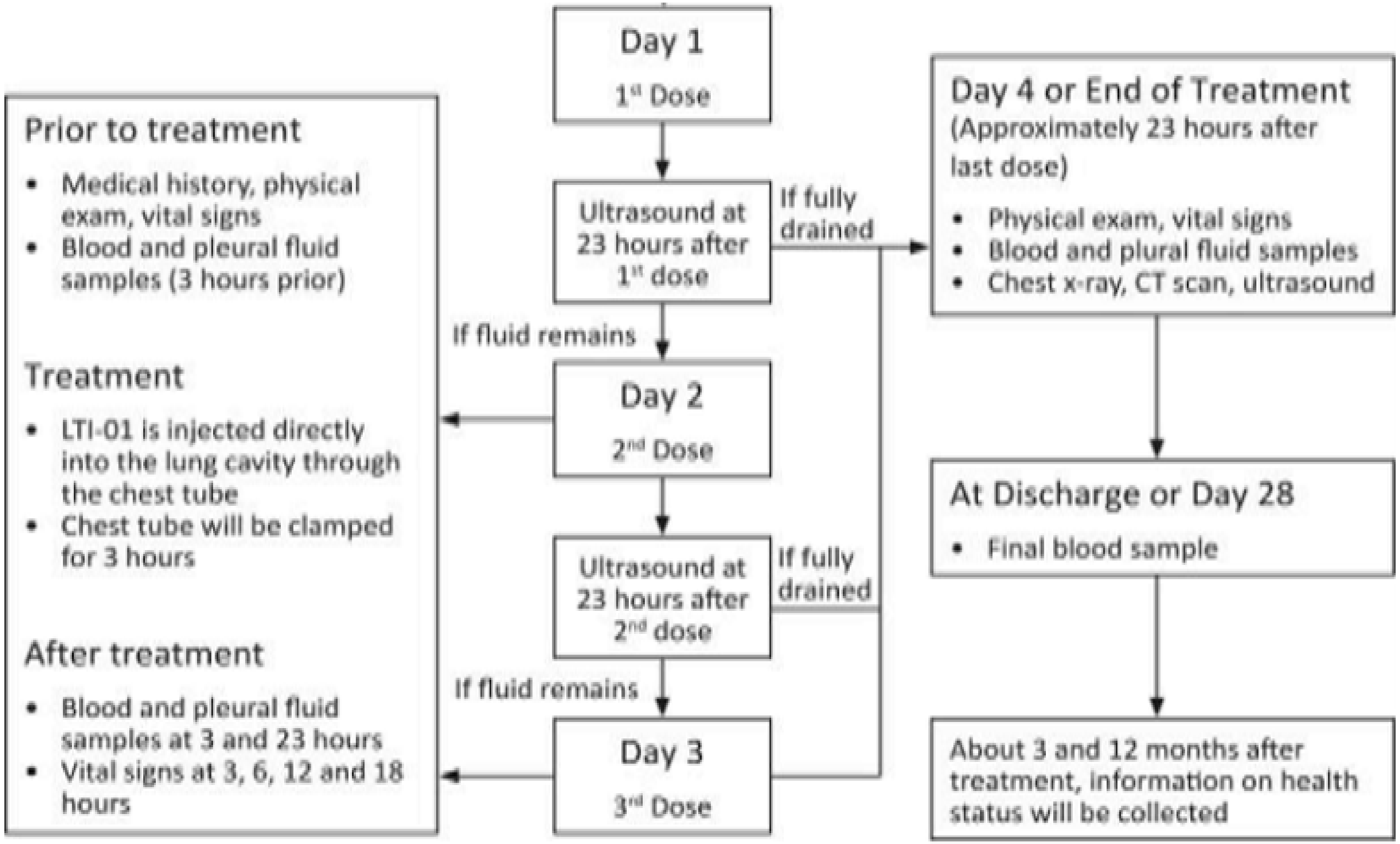


Figure 1. Study intervention model. *GED*, general emergency department.


Prior to treatment
Medical history, physical exam, vital signs
Blood and pleural fluid samples (3 hours prior)
Treatment
LTI-01 is injected directly into the lung cavity through the chest tube
Chest tube will be clamped for 3 hours
After treatment
Blood and pleural fluid samples at 3 and 23 hours
Vital signs at 3, 6, 12 and 18 hours
Day 1
1st Dose
Ultrasound at 23 hours after 1st dose
If fully drained
If fluid remains
Day 2
2nd Dose
Ultrasound at 23 hours after 2nd dose
If fully drained
If fluid remains
Day 3
3rd Dose
Day 4 or End of Treatment
(Approximately 23 hours after last dose)
Physical exam, vital signs
Blood and plural fluid samples
Chest x-ray, CT scan, ultrasound
At Discharge or Day 28
Final blood sample
About 3 and 12 months after treatment, information on health status will be collected

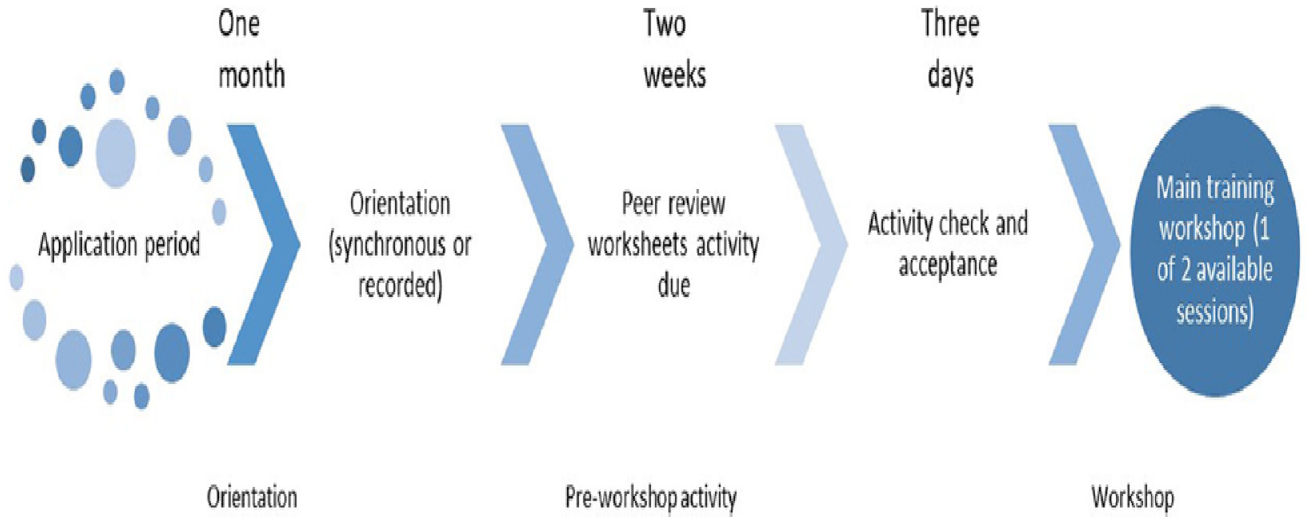


Figure 1 Stages and timing of the Fall 2020 and Spring 2021 PREPSS virtual peer-reviewer training programs. The process consisted of an application period and 1.5-hour orientation (participants could attend synchronously or watch the recording afterward), time for attendees to complete a preworkshop activity on their own and attendance at a 4-hour synchronous virtual workshop (offered at two different times to accommodate various time zones).

Fig. 1 Timeline of SafetyLEAP intervention

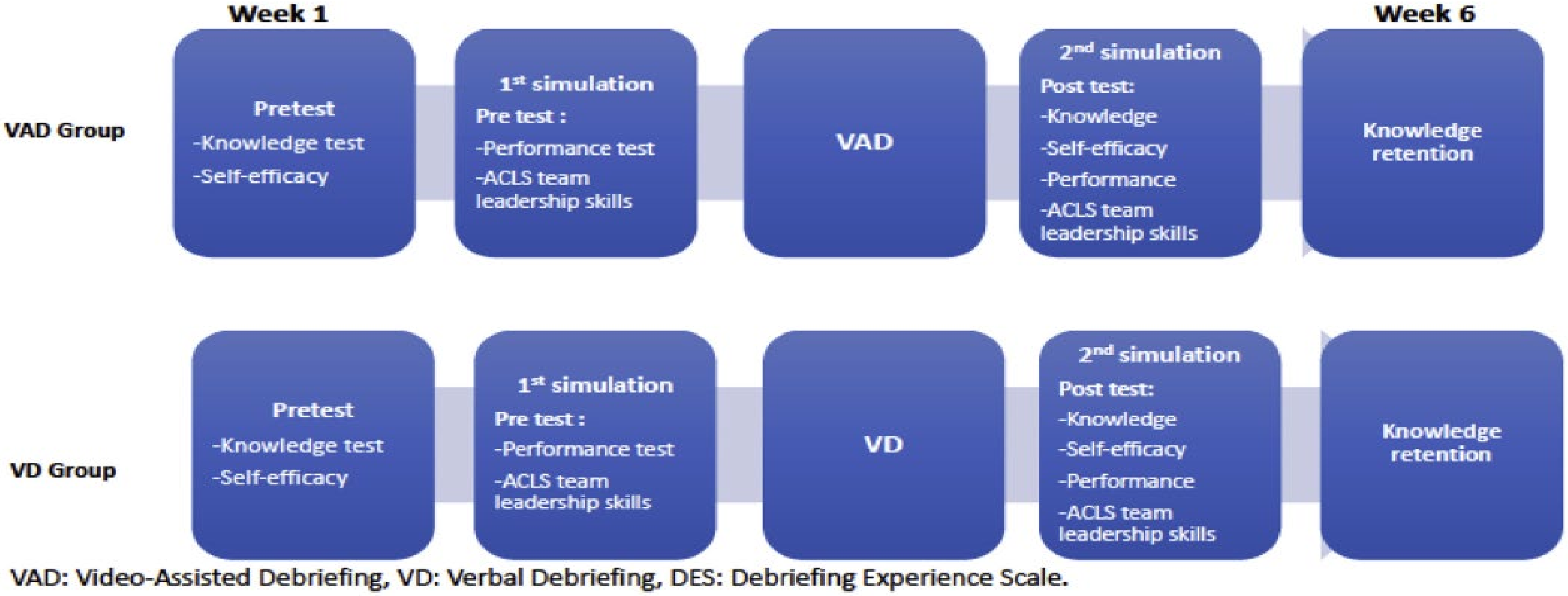


Fig. 2. Study design.

Effective Writing

Write with the reader in mind

The burden of clarity rests with the writer NOT the reader

Less is More

Avoid Jargon

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

Avoid Overwriting

- Wordy writing style characterized by:
  - excessive detail
  - needless repetition
  - convoluted sentence structures
  - overwrought figures of speech
    - This topic is of *critical importance*....
    - It is *essential* for trauma centers to...

- Use plain language
- Get to the point
- Use as few words as possible
- Use the simplest word possible
- Cut, cut, cut & cut some more

Use Consistent Terminology

- Example a recent article:
  - mobile technology and communication platforms
  - mobile device application/platform
  - communication platform
  - mobile device application
  - application platform
  - care coordination platform

Avoid wordy introductory clauses

Weak

- According to...
- It has long been appreciated that...
- It is well known that....
- Scholars emphasize that...
- Various authors have stated....
- Many investigators have shown...
- Researchers in the field...

Strong

- Declarative statement (Citation)

Avoid Abbreviations/Acronyms

Editors hate most abbreviations → Burden to readers

Use sparingly-only if common knowledge (LOS, MOI, ISS) or NOT AT ALL

Examples

- Performance of the TN on the TTS in the identification of missed injuries is similar to that of the TSMO.
- This contribution invites further exploration of these findings to assess for the presence of STS, BO, and CF in other TRP.

Active vs Passive Writing

Passive Voice (object, verb, subject)

"surveys were completed by the students"

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

Active Voice (subject, verb, object) (who did what)

"students completed surveys"

- Precise
- Less wordy
- Energizes your writing
- Subject is *doing* something

Dangling Modifier = Wordiness

- To assess the success of the intervention, the primary outcome was frequency of discharge orders placed prior to noon.

- The primary outcome was the frequency of discharge orders placed before noon.

Citations Etiquette

- Limit the number of citations to 3 or less to support a point
- Cite the most current, high quality, peer reviewed literature
- Cite primary sources only

Incorrect Citation

Incorrect

- According to the National Center on Addiction and Substance Abuse at Columbia University teen substance use and addiction is the number one public health problem in America today (Garofoli, 2020).

Correct

- The CASA National Advisory Commission on Substance Use Among America's High School Age Teens. (2011). *Adolescent Substance Use: America's #1 Public Health Problem.*

Citations

Preferred

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 -Ensuing citations	 American Trauma Society (ATS, 2020) ATS (2020)	 (American Trauma Society [ATS], 2020) (ATS, 2020)
Group without abbreviation	Stanford University (2020)	(Stanford University, 2020)

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-Ensuing citations	ATS (2020)	(ATS, 2020)
Group without abbreviation	Stanford University (2020)	(Stanford University, 2020)

doctors. The reliability of the GCS and the FOUR scales has been checked in previous studies (Amirtharaj, Balachandran, Gujjar, Arulappan, & Jaypal, 2023; Yan et al., 2022). In the current study, piloting was done, and found that Cronbach's alpha was 0.920

Amirtharaj et al., 2023

Paragraphs

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

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*

PUBLICATION PROCESS

Manuscript Journey

Peer Review

Double Blind Peer Review

JTN Manuscript Grading Criteria

Categories	
1. Topic Relevance	Is the topic pertinent to contemporary trauma care?
2. Study Originality	Is the article original, interesting, or innovative?
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	Are the aim, design, data analysis, and conclusions aligned, reliable, and valid?
6. Writing Impact	Does the writing communicate concisely, with clarity, flow, and impact?


LOW
HIGH
ACCEPT
Topic-Relevance-Novel
Science
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

Final Tips

- Know your topic inside and out (perform a detailed lit review)
- Study the layout of well written articles on your topic
- Read the journal you are submitting to
- Know what has been previously published in that journal
- Know the journal audience
- Read the journal Author Guidelines
- Write to the level of an experienced clinician
- Seek critical feedback on your article before submission

Writing Resources

- Welch, H. G. (1999). Preparing manuscripts for submission to medical journals: the paper trail. *Eff Clin Pract, 2(3), 131-137.*

- Ibrahim, A & Dimick, J. 2017. Writing for impact: How to prepare a journal article.   PDF available at www.surgeryredesign.com

In Summary

Academic Writing

Academic writing is

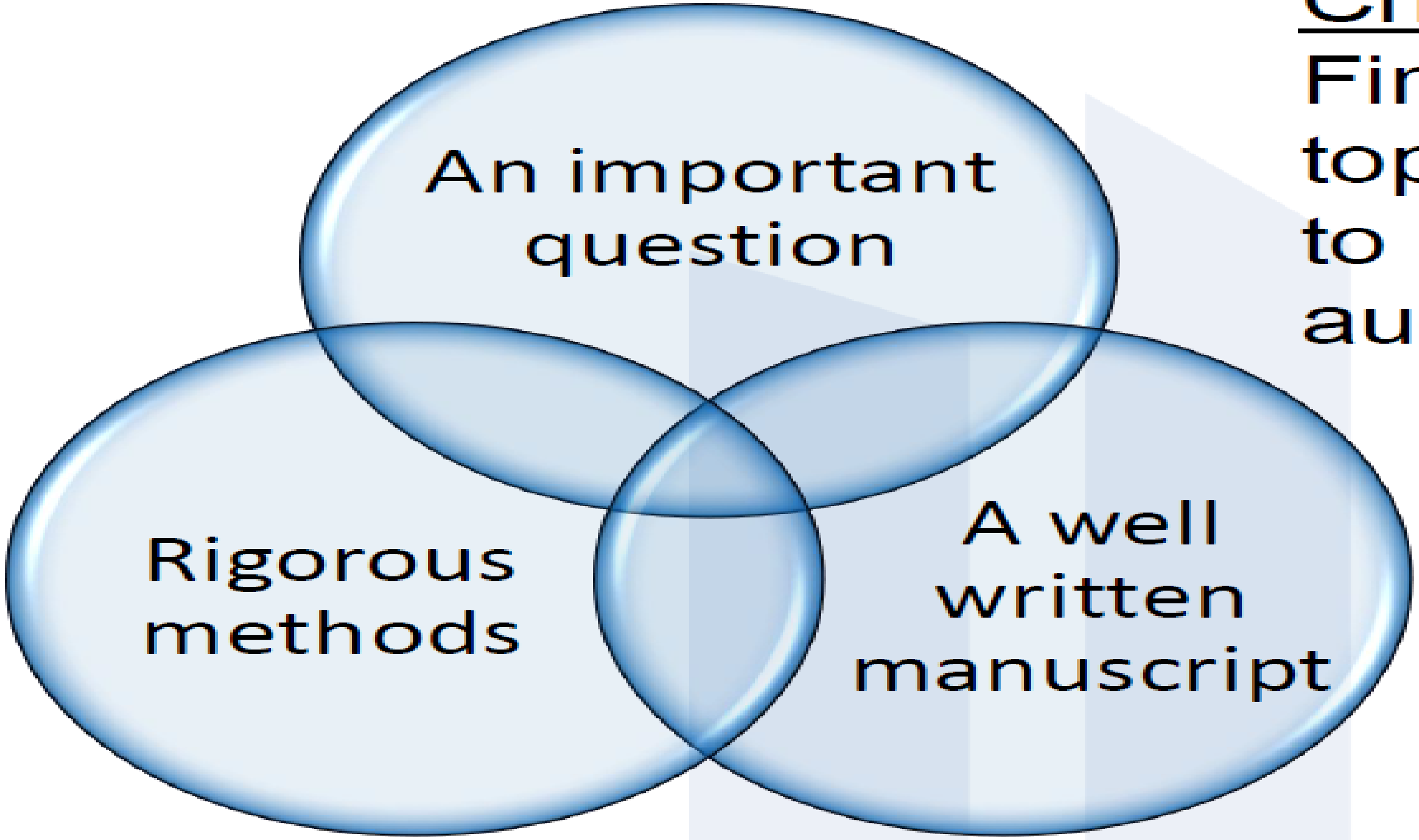
- Factual
- Ordered
- Concise
- Clear plain language
- Referenced

Academic writing is not

- Opinion
- Convoluted
- Wordy
- Grandiose

In Summary

Recipe for a high impact publication:



Challenge:
Finding surgical topics that appeal to a broad audience