Workshop
How to write an article

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Learning Outcomes

Understanding the publication process

Writing a manuscript

Writing a rebuttal to reviewers' comments

Plagiarism and professional misconduct

Get out your notebook and pen…. This is a **work**shop

The Journey


ACCEPT LETTER
EDITOR IN CHIEF
EDITORIAL OFFICE
REVIEWER 2
ADMINISTRATION
REVIEWER 1
COLLEAGUE
FUNDER
COMPETITOR
YOU
MANUSCRIPT

Focus

Are you clear of the aim and purpose of your paper?

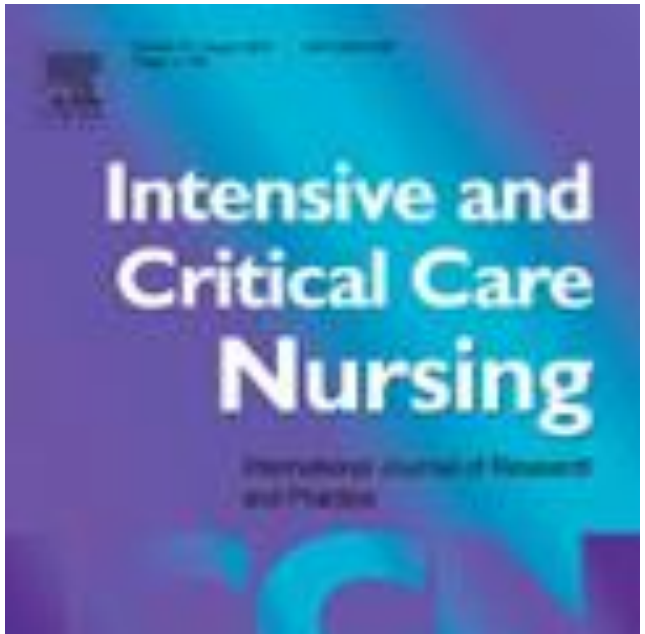
Who are you writing for and how will you engage readers?

How will you demonstrate originality in your contribution?

Activity 1

What is the topic of your paper?

Write your topic on a paper!



Journal choice

- Scan journals
- Subscribe to eTable Of Contents
- Paper vs Online version (open access)
- Impact Factor
- Editorial board members

Warning

Received: 28 May 2021 | Accepted: 17 June 2021

DOI: 10.1111/jocn.15947

Journal of Clinical Nursing WILEY

EDITORIAL

Ten (Bad) reasons researchers publish their papers in hijacked journals

https://onlinelibrary.wiley.com/doi/full/10.1111/jocn.15947

Editorial

https://onlinelibrary.wiley.com/doi/epdf/10.1111/jan.13090

Five (bad) reasons to publish your research in predatory journals

Put in order

And certainly do not start with your laundry, clean windows, clean your car or your house

"Maternity leave would be a good time to write your manuscript."

General manuscript lay-out

Title Page: Title, author names, affiliations, address corresponding author

Abstract / Keywords

Introduction

Methods

Results

Discussion / Conclusion

Organise

If you know the journal, start writing and conform to the **author guidelines**

If not, start writing by using a general paper format

Detail

MAIN SECTIONS OF THE REPORT

In the main sections of the article, the remaining 2,200 to 2,700 words should be presented in 19 to 21 paragraphs, each around 110 to 140 words in length. Try and write simply. Use short sentences, certainly less than 30 words and preferably half that length. The article's paragraphs are divided between four sections, Introduction–Methods–Results–Discussion, using a sequence of 2–5–5–7 paragraphs for shorter articles, or a sequence of 2–7–7–5 paragraphs for methodologically complex articles.

Tasker R. Writing for PCCM: The 3,000-Word Structured Clinical Research Report. *Ped Crit Care Med* 2021;22(3):312-317
DOI: 10.1097/pcc.0000000000002700

Manuscript

How do I start?

Easy to start... type a title page

Use *Keep it Simple and Short*

Use plain language

Be accurate and informative

Write short sentences (< 3 lines)

Manuscript

Use guidelines for reporting relevant to your research

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The EQUATOR Network | Enhanci

https://www.equator-network.org

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equator network

Enhancing the QUAlity and Transparency Of health Research

EQUATOR resources in Portuguese | Spanish

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Your one-stop-shop for writing and publishing high-impact health research

find reporting guidelines | improve your writing | join our courses | run your own training course | enhance your peer review | implement guidelines

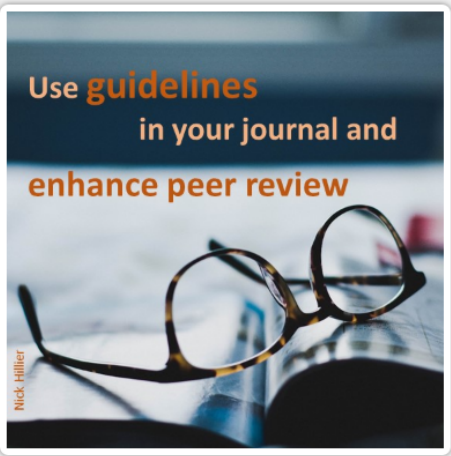
Library for health research reporting

The Library contains a comprehensive searchable database of reporting guidelines and also links to other resources relevant to research reporting.

- Search for reporting guidelines
- Not sure which reporting guideline to use?
- Reporting guidelines

Reporting guidelines for main study types

Randomised trials	CONSORT	Extensions
Observational studies	STROBE	Extensions
Systematic reviews	PRISMA	Extensions
Study protocols	SPIRIT	PRISMA-P
Diagnostic/prognostic studies	STARD	TRIPOD
Case reports	CARE	Extensions
Clinical practice guidelines	AGREE	RIGHT
Qualitative research	SRQR	COREQ
Animal pre-clinical studies	ARRIVE	



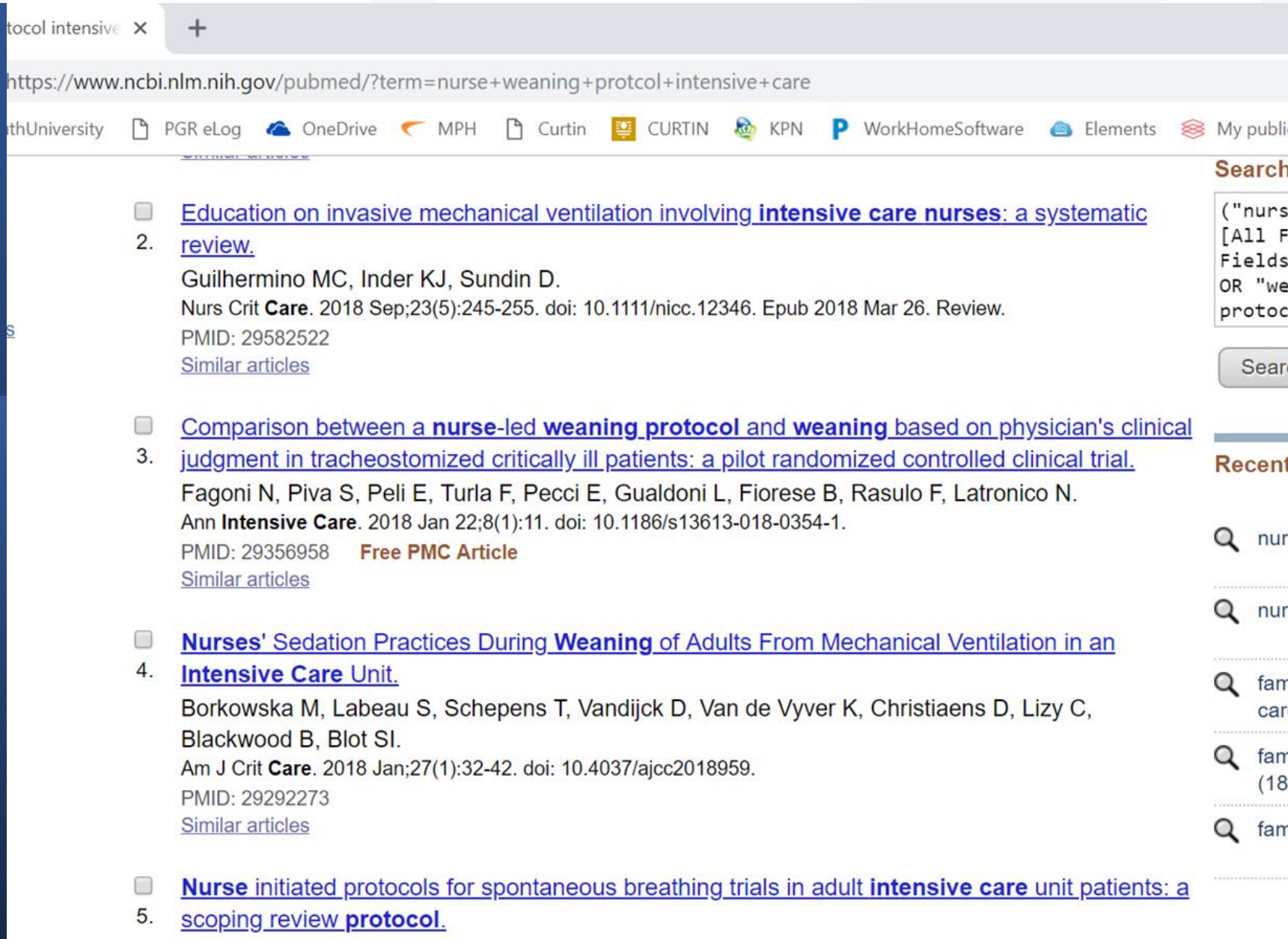
Title

Short, sharp, concise

Include study method

Shorter titles, used of colon, no ?, have more citations (Hudson, 2016)

Examples


tocol intensive
https://www.ncbi.nlm.nih.gov/pubmed/?term=nurse+weaning+protcol+intensive+care
thUniversity
PGR eLog
OneDrive
MPH
Curtin
CURTIN
KPN
WorkHomeSoftware
Elements
Search
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[All F
Fields
OR "we
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Sear
Recent
2. Education on invasive mechanical ventilation involving intensive care nurses: a systematic review.
Guilhermino MC, Inder KJ, Sundin D.
Nurs Crit Care. 2018 Sep;23(5):245-255. doi: 10.1111/nicc.12346. Epub 2018 Mar 26. Review.
PMID: 29582522
Similar articles
3. Comparison between a nurse-led weaning protocol and weaning based on physician's clinical judgment in tracheostomized critically ill patients: a pilot randomized controlled clinical trial.
Fagoni N, Piva S, Peli E, Turla F, Pecci E, Gualdoni L, Fiorese B, Rasulo F, Latronico N.
Ann Intensive Care. 2018 Jan 22;8(1):11. doi: 10.1186/s13613-018-0354-1.
PMID: 29356958 Free PMC Article
Similar articles
4. Nurses' Sedation Practices During Weaning of Adults From Mechanical Ventilation in an Intensive Care Unit.
Borkowska M, Labeau S, Schepens T, Vandijck D, Van de Vyver K, Christiaens D, Lizy C, Blackwood B, Blot SI.
Am J Crit Care. 2018 Jan;27(1):32-42. doi: 10.4037/ajcc2018959.
PMID: 29292273
Similar articles
5. Nurse initiated protocols for spontaneous breathing trials in adult intensive care unit patients: a scoping review protocol.

Activity 2

What was your title again?

Write and share your title!

Key messages

WHAT IS KNOWN

WHAT IS NEW

Key messages

WHAT IS KNOWN ABOUT THIS TOPIC

- High-energy formula feeding in infants with congenital heart disease after surgery can increase energy intake, with limited side effects on cardiopulmonary function.
- Limited evidence is available on the impact of high-energy formula feeding on weight gain and feeding intolerance.

WHAT THIS PAPER ADDS

- High-energy formula feeding might increase weight gain in infants after cardiac surgery.
- Feeding practice with high-energy formula in critically ill infants might lead to more gastrointestinal intolerance within 1–3 days after feeding.
- Intensive care nurses should be cautious when providing high-energy formula to infants and assess the gastrointestinal function frequently.

RESEARCH
doi: 10.1111/nicc.12400

High-energy nutrition in paediatric cardiac critical care patients: a randomized controlled trial

Activity 3

Write key messages

What’s known

What’s new

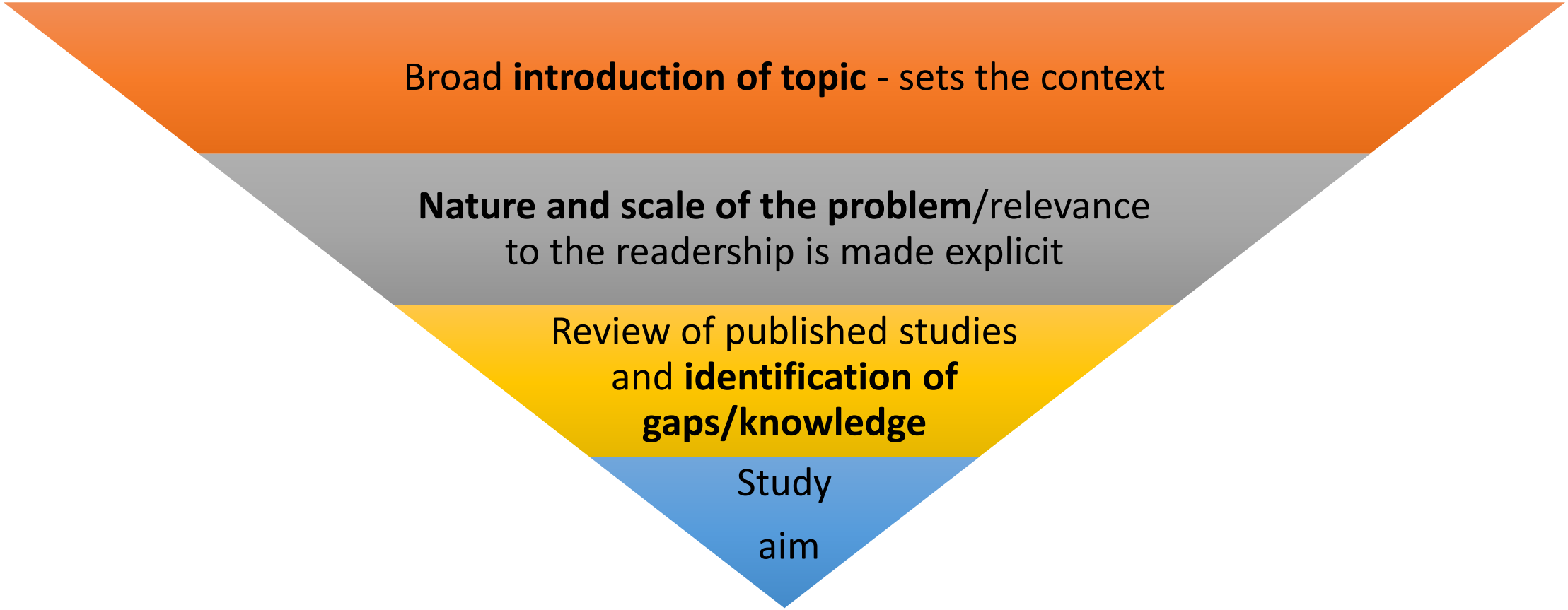
Abstract

Use	Repeat	Structure	Background
Use keywords in abstract	Repeat keywords 2/3 times in a natural manner	Structure the abstract based on author guidelines	Background; Aim; Method; Results; Conclusion

Introduction

Flow and funneling

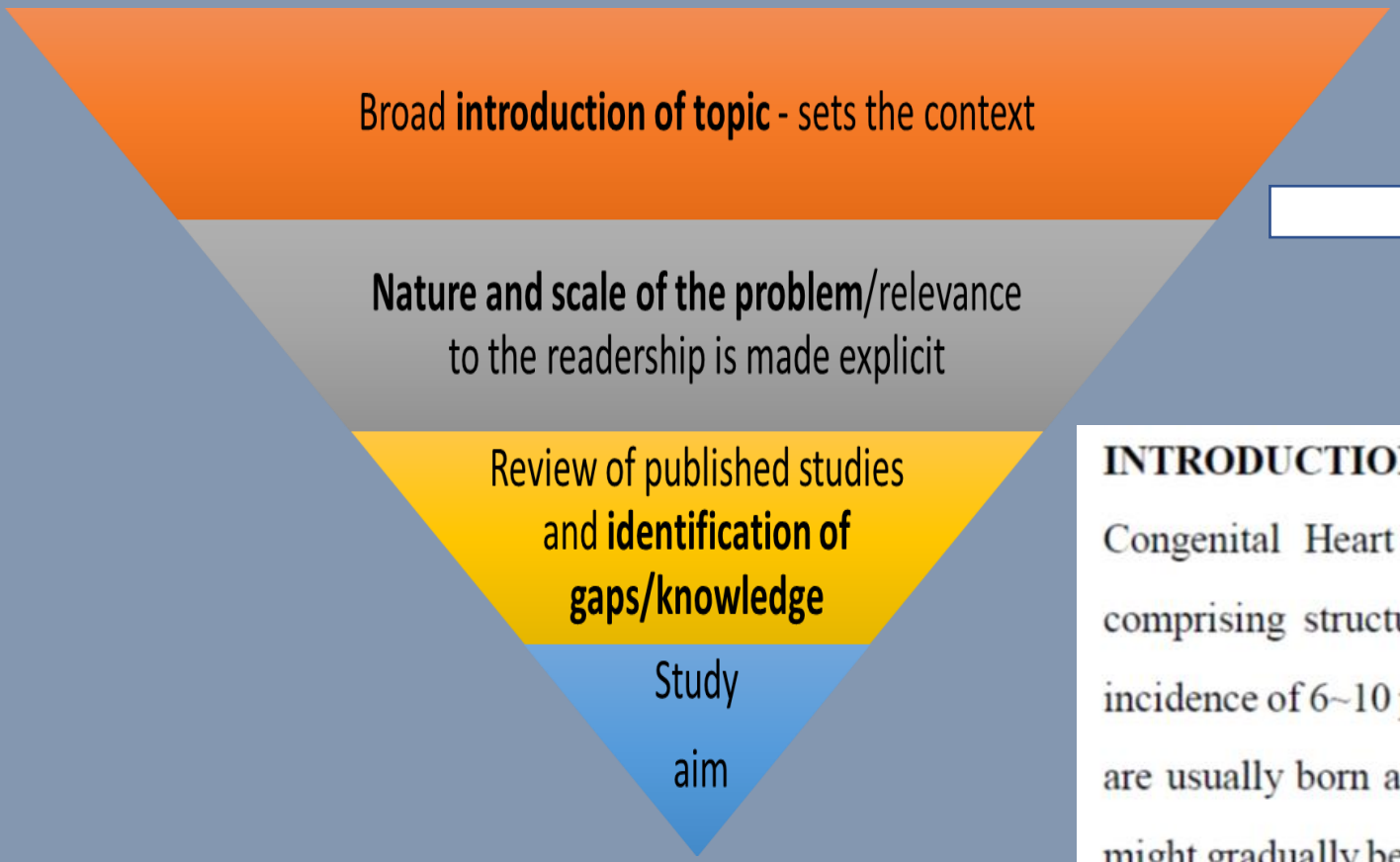
Focus to aim of the study



Funneling the background / introduction

(Albarran, Latour 2019)

Funnelling the introduction



INTRODUCTION

Congenital Heart Disease (CHD) is one of the most common prenatal defects comprising structural abnormalities of the heart and great vessels with a reported incidence of 6~10 per 1,000 live births (Van der Linde D et al., 2011). Infants with CHD are usually born at full term and have a normal birth weight. However, their growth might gradually become underdeveloped over time. Approximately 20-50% of children with CHD suffer from malnutrition (Costello et al., 2015; Toole et al., 2014; Monteiro et al., 2012), which is highest in infants (Dalili et al., 2011; Ratanachu-Ek et al., 2011).

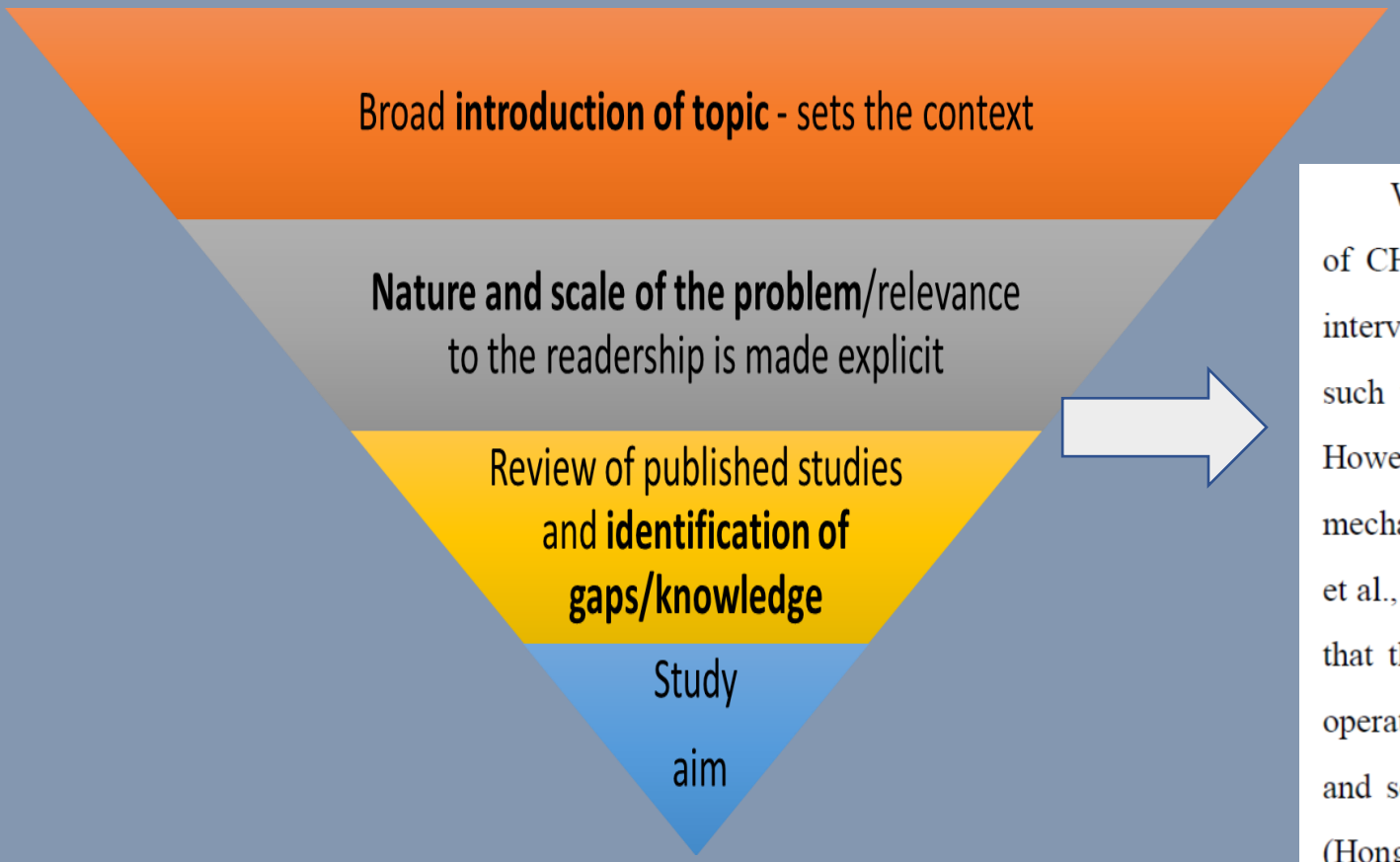
RESEARCH

doi: 10.1111/nicc.12400

High-energy nutrition in paediatric cardiac critical care patients: a randomized controlled trial

Huiwen Zhang, Ying Gu, YaPing Mi, Yun Jin, Weijia Fu and Jos M Latour

Funnelling the introduction



With new advances in surgery and perioperative technologies, surgical treatment of CHD is becoming more common in infants, including neonates. Early surgical intervention can reduce the occurrence of heart failure and helps to promote growth such that weight and growth rates become more normal (Daymont et al., 2013). However, the intense stress response, reperfusion injury, hyper-metabolism, and mechanical ventilation in infants with CHD can lead to increased energy needs (Irving et al., 2013; De Wit et al., 2010; Trabulsi et al., 2015). Although current studies agree that the energy needs are highly variable between patients in the immediate post-operative period, there are several factors which can aggravate malnutrition in children and seriously affect their mortality, such as inadequate food intake, malabsorption (Hong et al., 2014), fluid restriction (Leong et al., 2014; Tume et al., 2013), various medications (Laura et al., 2012; Dong et al., 2012), and postoperative complications (Zuluaga, 2012; Iannucci et al., 2013). Nurses are concerned about the nutrition of children while evidence suggest that high-energy feed might be important for some postoperative infants with CHD (Wong et al., 2015). High-energy feeds can counteract the problem with fluid restriction and inadequate food intake.


RESEARCH

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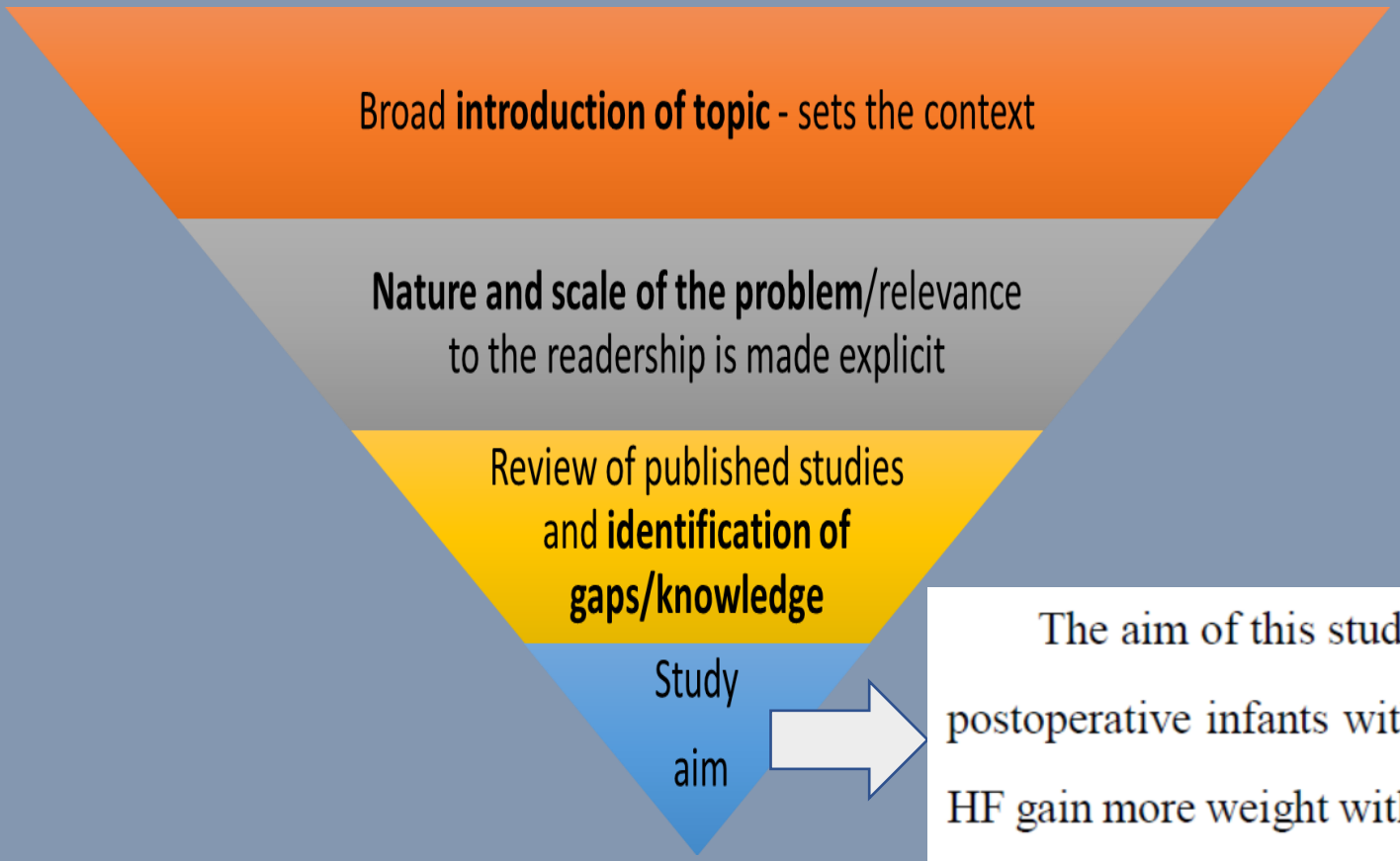
Funnelling the introduction



The aim of this study was to assess the efficacy and safety of feeding HF to early postoperative infants with CHD. Our hypothesis was that infants with CHD fed with HF gain more weight with no gastrointestinal intolerance compared with those fed with standard-energy formula (SF).

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Methods

Use sub-headings

settings, study population, intervention, outcomes, analysis,

and **do not** forget ethics

Results

Do not overlap the text which can be read in the tables and figures

Be clear and objective and **do not** interpreting the results

Results (tables & figures)

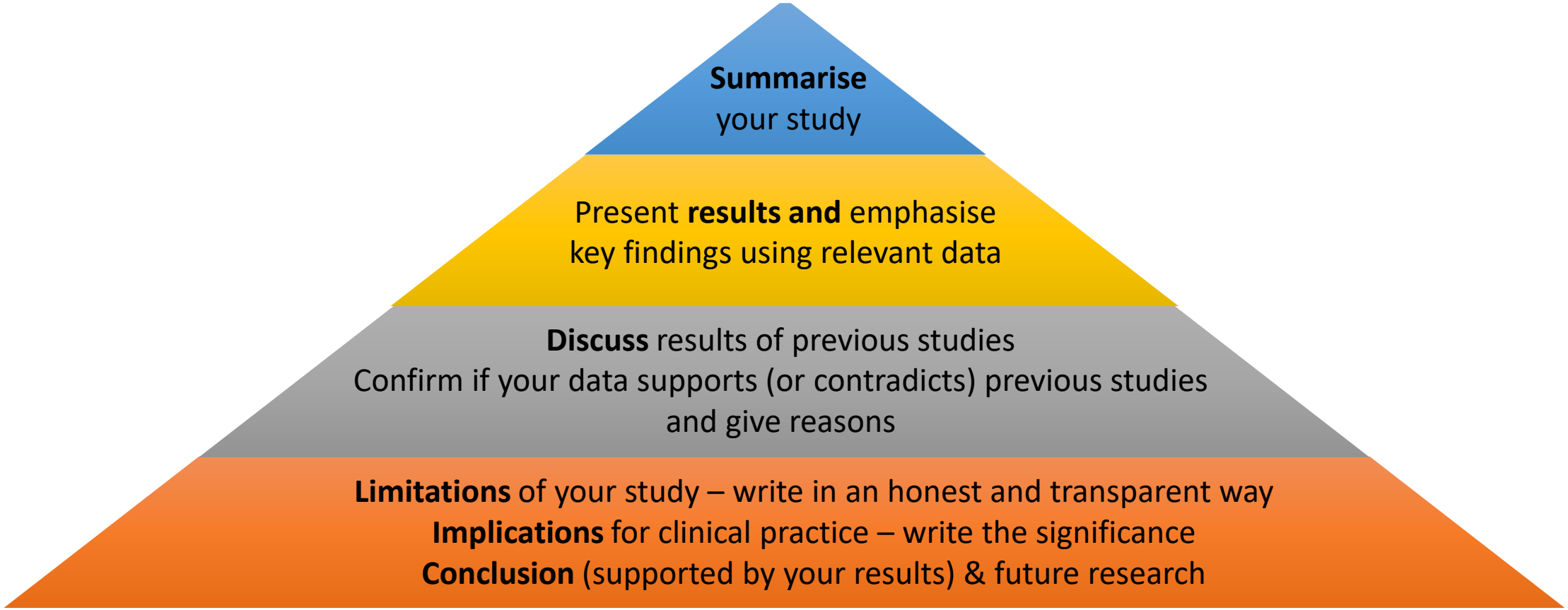
- Table number and title always on top of table
- Figure number and title always at the bottom of figure
- Long tables (>2 pages) consider Electronic Supplement Material
- Figures need to be clear and use journal's requested format (jpg, PDF, tiff)
- Quotations of qualitative studies: In text and add participants' study code

Discussion

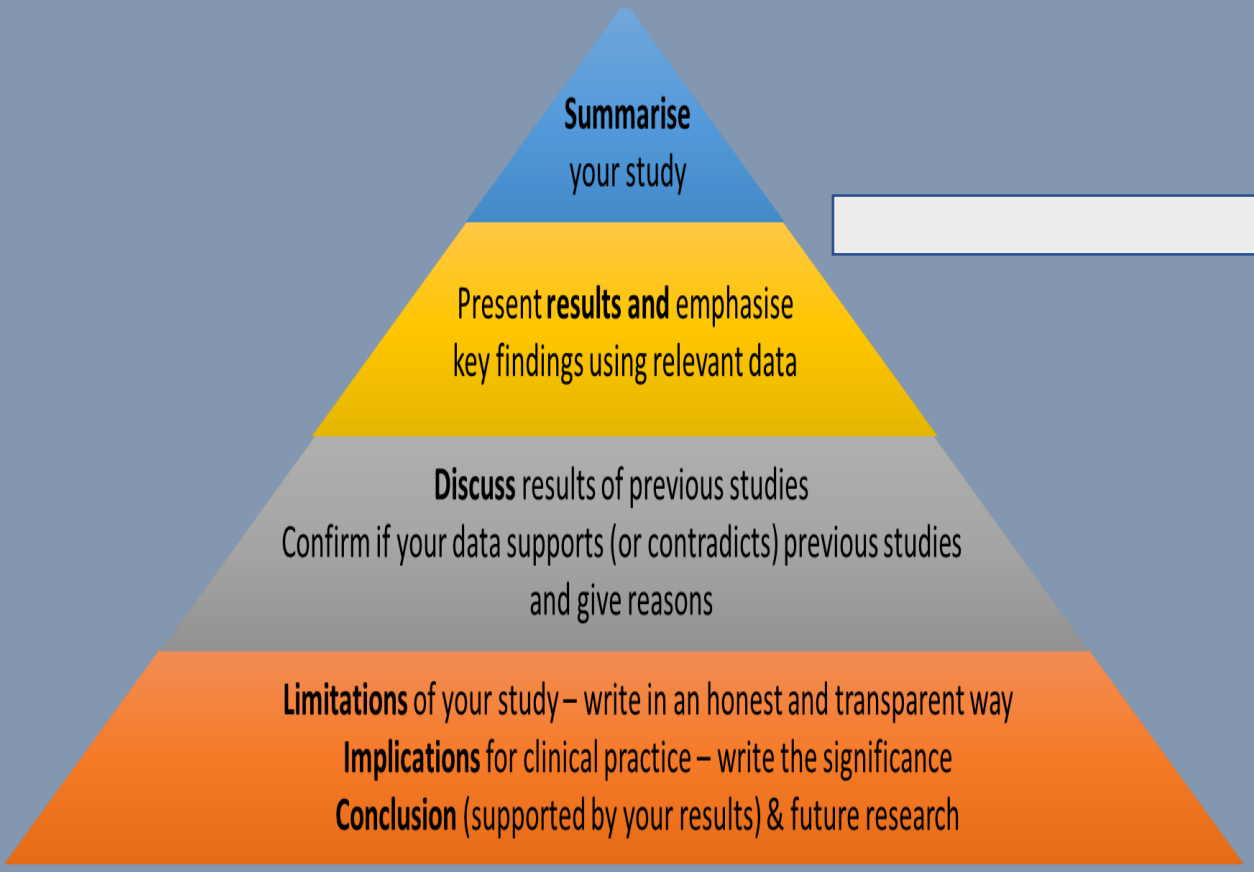
Start to repeat the aim and main findings

Discuss and compare your results with other studies

Limitations, implications for clinical practice, conclusion



Funneling the Discussion (Albarran, Latour 2019)



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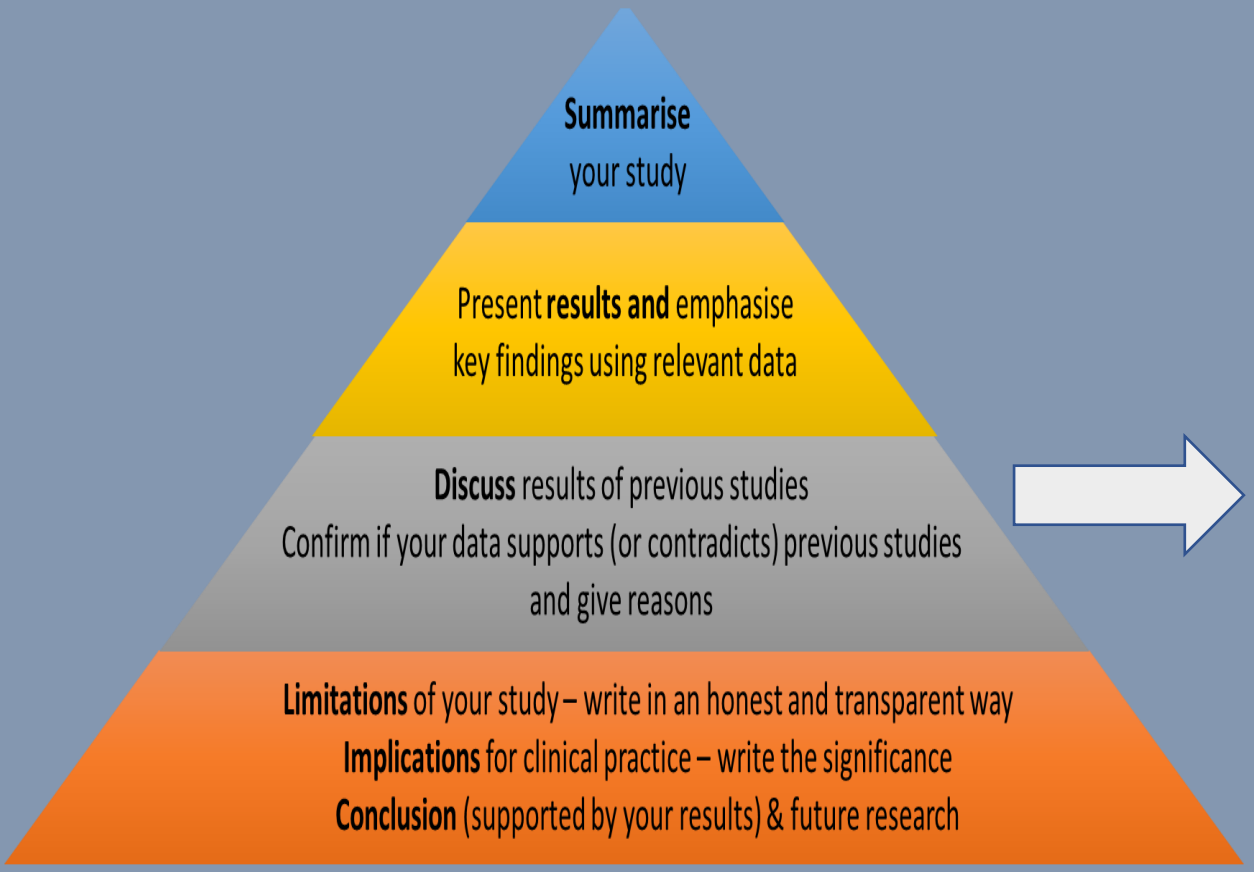
DISCUSSION

The purpose of this study was to assess the efficacy and safety of feeding HF to early postoperative infants with CHD. Our hypothesis was that infants with CHD fed with HF could gain more weight with no gastrointestinal intolerance compared with those fed an SF. The gastrointestinal function of the study participants was negatively affected by several factors, including gastrointestinal tract ischaemia and reperfusion injury after cardiopulmonary bypass, postoperative mechanical ventilation and vasoactive drugs. However, the clinical staff were sensible in providing early enteral nutrition, and infants were given formula milk (approximately 15–30 mL/kg/day) in the first 1–2 days after surgery. Fluid restriction was gradually decreased with improvement of heart function. Although there was no difference between the two groups in the amount of nutritional intake, HF given to the intervention group provided the infants with more energy intake and increased weight gain.



RESEARCH
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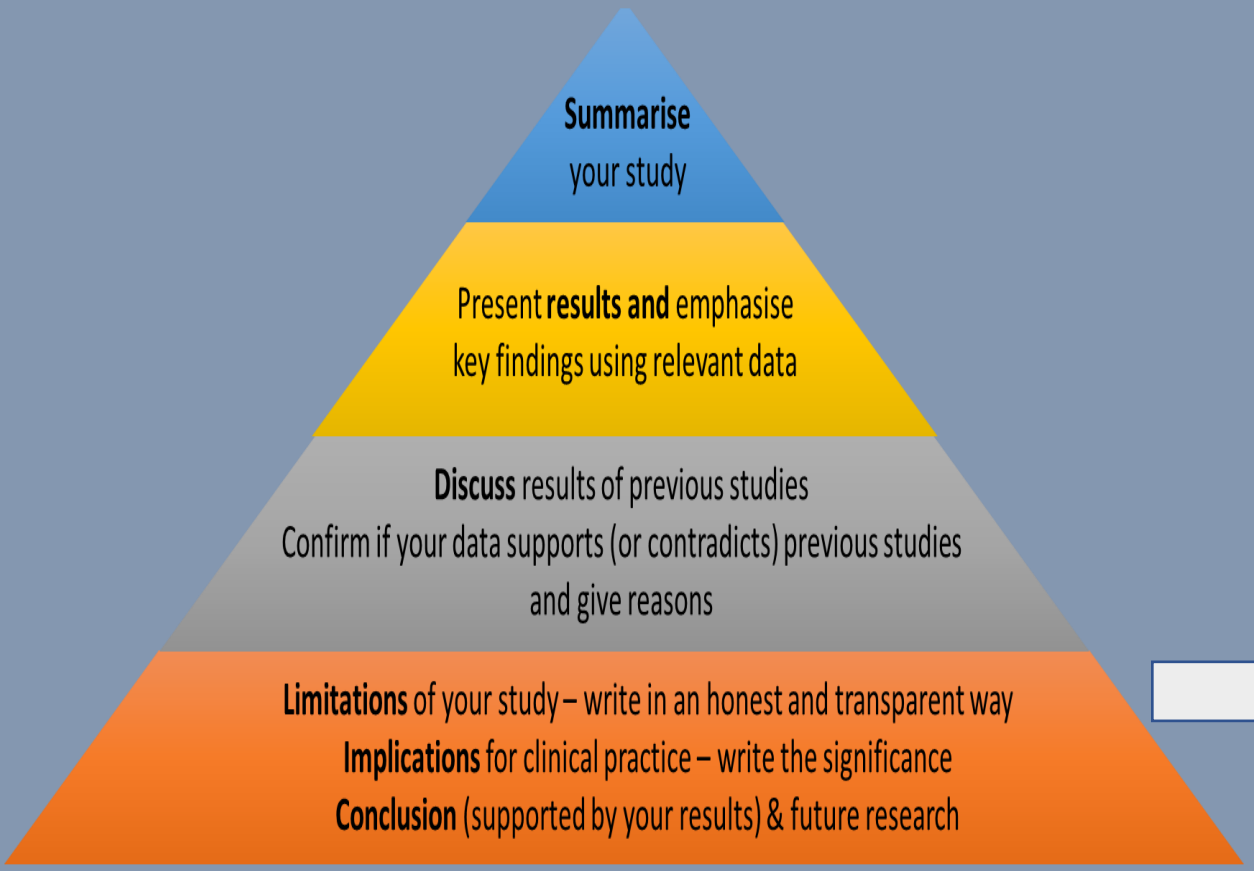
Providing early nutrition to postoperative infants can improve clinical outcomes. Feeding protocols and adherence of clinical staff to these protocols can promote these practices (Mehta *et al.*, 2017). The strength of our study was having an enteral feeding protocol in place, which seems to be unique compared with a recent survey among 59 European paediatric intensive care units (Tume *et al.*, 2018). Only 39% of these units reported having specific written guidelines in place for feeding postoperatively, and only 30% of these units stated that all infants are routinely fed within 12–24 h after surgery (Tume *et al.*, 2018).



Limitations

One of the limitations of our study is the blinding and assessments. Although the doctors and nurses were blinded in this study by not knowing which infant was included in the study, the outcome indicators, such as abdominal distension, might have been subjective and could be prone to reporting bias. Another limitation is the intervention time, which was limited

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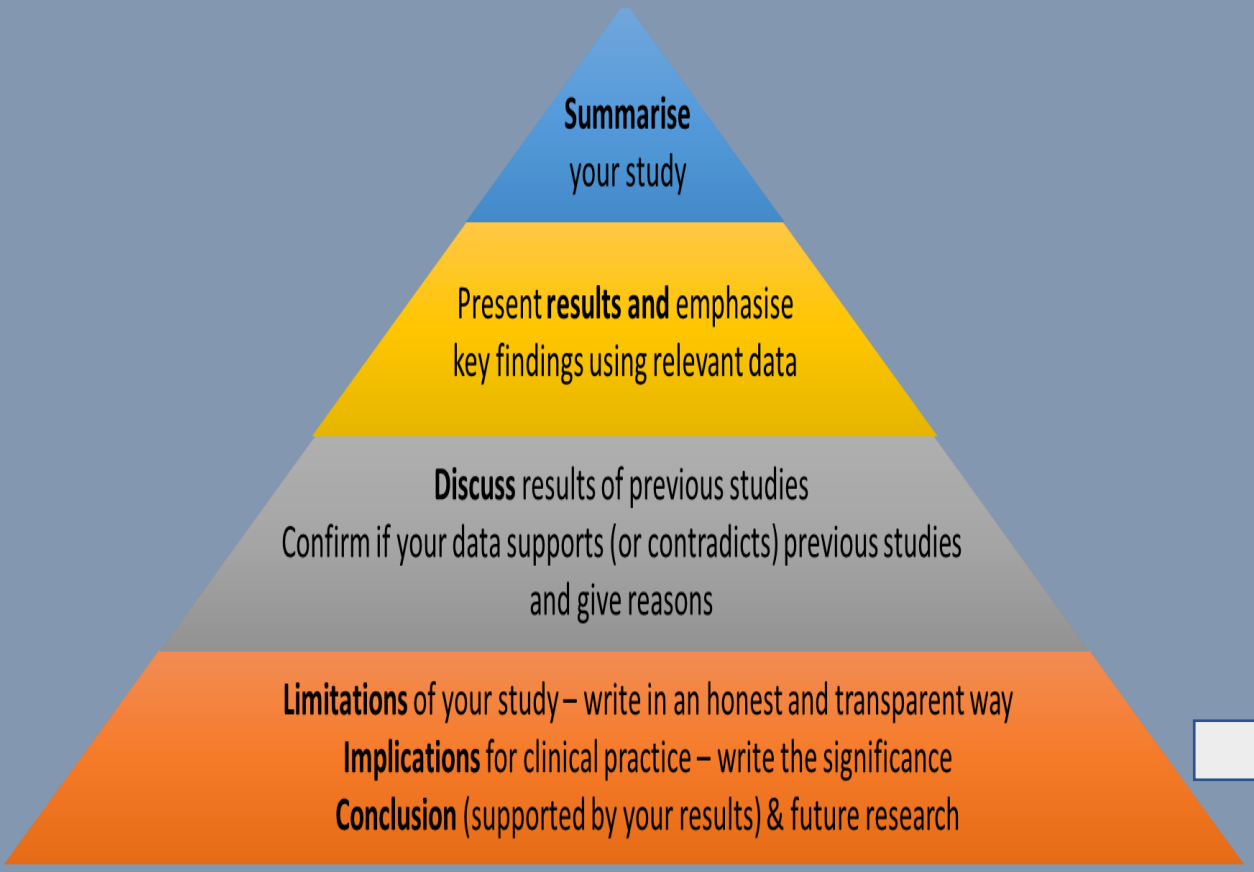

The clinical implication of our study is that clinicians should consider gradually increasing the energy density of the formula during feeding and assessing feeding intolerance signs and symptoms in children after cardiac surgery.

RESEARCH
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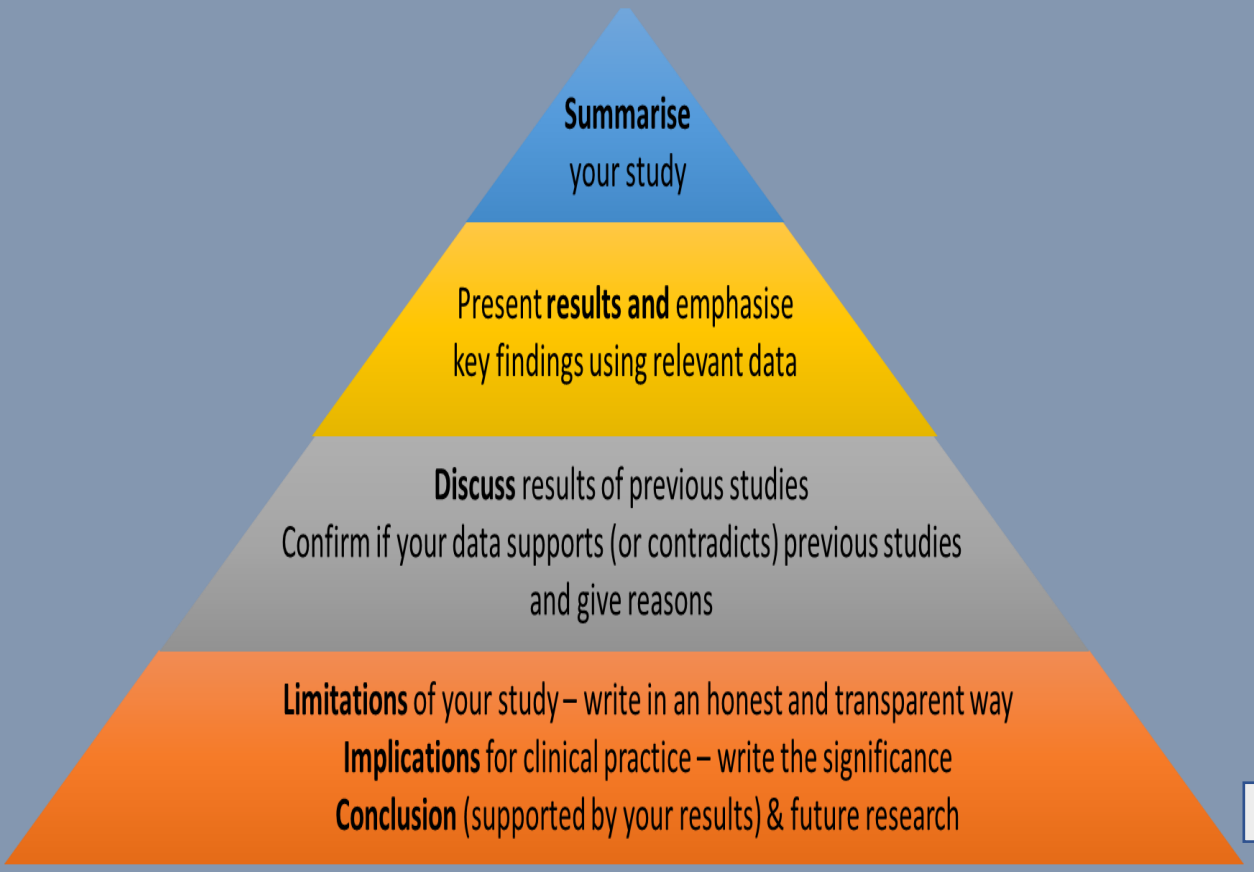

CONCLUSION

HF enteral feeding might increase infant's energy intake, reduce weight loss and improve the nutritional status after CHD surgery. However, it can increase gastrointestinal intolerance within nearly1–3 days after the onset of HF feeding. In addition, this kind of gastrointestinal

RESEARCH
doi: 10.1111/nicc.12400

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References

Check journal reference style

Use reference manager software

Double check the reference list before submitting

Manuscript finished

Do not submit	Read out	Present	Ask	Ask
Do not submit too quickly	Read out loud	Present to co-authors	Ask a colleague to read it	Ask a consumer to read it

Author and co-authors

Co-authors only with significant contribution to your work

http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html

Use ‘Acknowledgements’ section

ICMJE authorship (4 criteria)

Substantial contributions to conception **or** design of the work; **or** the acquisition, analysis, **or** interpretation of data for the work; **AND**

Drafting the work or revising it critically for important intellectual content; **AND**

Final approval of the version to be published; **AND**

Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy/integrity of any part of the work are appropriately investigated/resolved.

Have ready to submit (online)

- Your co-authors details, title, qualifications, phone number
- Some journals require a lot of detail ….
- Cover letter -> short only **versus** long and selling your manuscript
- Potential reviewer names – required by some journals

Decision by Editor (10 tips)

http://clinchem.aaccjnls.org/content/57/4/551

1. Get mad. then get over it
2. Consider what the editor’s decision letter really says
3. Wait and gather your thoughts
4. Even if reviewer is wrong, it does not mean you are right
5. Choose your battles wisely
6. Do not pit one reviewer against another
7. Be grateful for the reviewers ' and editor’s time
8. Restate reviewer' s or editor’s comment when respondin g
9. Be prepared to cut text
10. **Do not submit the same version to another journal**

Rebuttal

3. Were non-demographic data normally distributed? If you would like to compare your data to Blackwood et al (2011) then do but data should be described accurately.

AUTHORS REPLY: Non-demographic data are likert scale (ordinal) data, are most commonly presented as means and SD in published Delphi studies (including Blackwood et al), and the majority of relating to Delphi analysis. We have also consulted our statistician and he also recommends this method. For inferential analysis comparing the differences between round 2 and round 3 and in comparing groups (nursing role and European region) we used the paired t test (for round 2 to round 3) and the independent t test for nursing role group and European region, to maintain consistency in our analysis, as well as to enable us to compare our data to Blackwood et al. Furthermore, we prefer the t test because the t test is robust against the violation of the assumption of normal distribution, even if the sample size is small, while non-parametric tests (i.e. Mann-Whitney Test) are statistically less efficient. (See references below).

Fagerland MW, Sandvik L. The Wilcoxon-Mann-Whitney test under scrutiny. Statistics in Medicine 2009;28:1487-97.
Heeren T, D'Agostino R. Robustness of the two independent samples t-test when applied to ordinal scaled data. Statistics in Medicine 1987;6:79-90.
Rasch D, Teuscher F, Guiard V. How robust are tests for two independent samples? Journal of Statistical Planning and Inference 2007;137:2706-20.
Sullivan LM and D'Agostino RB. Robustness of the t test applied to data distorted from

Plagiarism

Plagiarism is an offence

Self-plagiarism is unethical

If unsure, check your manuscript before submitting, because…

Journals use plagiarism software to check for plagiarism before publication

Finally… your manuscript is accepted

- Wait for the article Proof
- Proof is you last chance to change anything before it is published
- Respond time to approve the Proof is 48 hours -> thus…. Hurry!
- Carefully assess your paper and respond to the questions by the type-setter.

- Wait for the paper to become online ahead of print

WILEY

4 Easy Ways to Increase the Impact of Your Published Paper

1. Share your article

Wiley offers two different options

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- Article Share: Invite up to ten colleagues to receive unlimited full-text access your paper

IMPORTANCE: Once published, ArticleShare automatically gets your published paper into the hands of influential people who can help make the biggest impact.

WILEY

4 Easy Ways to Increase the Impact of Your Published Paper

2. Kudos is a service that helps authors explain, share, and measure their article for maximum impact.

Did you know?

80%

of authors say that Kudos helped them achieve their goals of getting read, shared and cited more.

Explain in simple language what your publication is about and why it is important. You can also add links to other materials that provide context.

Share Create a unique, trackable link and share your enhanced article on social networks, websites, or email.

Measure Access a publication dashboard to monitor the impact of your article performance by usage, citations and Altmetric score and see the direct impact of your shared link.

KUDOS QUICK TIP

The Kudos enhanced author dashboard shows your

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4 Easy Ways to Increase the Impact of Your Published Paper

3. Social Media is a great tool for promoting your published work.

Facebook and Twitter — Be part of the conversation! Join groups of influencers in your community and follow others with similar interests.	**GET MORE HERE:** http://bit.ly/facebookTwitterforauthors
LinkedIn — Highlight your work! Showcase your publications, honors, and awards. Add images, videos, presentations, and documents.	**GET MORE HERE:** http://bit.ly/LinkedInforAuthors
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4 Easy Ways to Increase the Impact of Your Published Paper

4. ORCID Showcase your work and increase discoverability.

ORCID iD is a unique and persistent identifier that distinguishes you from every other researcher and connects you to your research activities, so you always get the credit for your work.

FIND OUT MORE HERE: www.wileyauthors.com/orcid

Final Words

Have a personal reason to write, rather than for others' expectations

Reward yourself for sacrifices made

Look after your mental, physical, social and spiritual health

Identify colleagues with expertise who can motivate and support you

How to write a scientific paper?

based on workshop by Prof. Jos M Latour @JosLatour1 at #LIVES2020
content by Prof. Jos M Latour @JosLatour1 & Prof Ruth Endacott
graphics by M. Velia Antonini @FOAMecmo on behalf of @ESICM

Scientific writing - beginner's guide: Do's & Don'ts of publishing research

Be motivated to publish: are you engaged to write a paper? You should have a personal reason to write, rather than for others' expectations; make writing meaningful to you, & identify colleagues with expertise who can motivate & support you. Do you have data or topic for a paper? Have you considered a journal? what will be your take home message??... keep calm & create content!

1 Topic & Journal ?

What is the topic of your paper? write down the title, it is of main importance.
Focus your mind & set boundaries:
- are you clear of the aim & purpose?
- who are you writing for, and how will you engage readers?
- how will you demonstrate originality in your contribution?

What journal are you going to address?? have a top 3: A, B, C.
Journal for your readers or out-of-the-box (not in your field)??
Scan journals, subscribe to eTOC (electronic table of content - freely available on every journal websites ie Intensive care Medicine bit.ly/ICMeTOC).

Consider what kind of papers journal is used to publish. Open access? more likely that citations are going to increase!
Organize: if you know the journal, start writing, conforming to author guidelines BEFORE submitting (download the author guidelines & read these, many times), otherwise it is going to be rejected (could be offensive for editor/reviewers). If you do NOT know the journal, start writing by using general paper lay-out.

2 The Manuscript

Get ready! When & where to start writing? ASAP, NOW, today, after reading this... Choose a place, everywhere you like, turno off smartphone & email.
How to start writing? easy!
- type a title page (you may be not academic with title)
- use KISS Keep it Short & Simple
- be accurate/informative
- write short sentences < 3 lines
- use plain language don't try to impress... reviewers should not open dictionary to understand your paper

Use reporting guidelines (simple, structured tool for health researchers to use while writing manuscripts) relevant to your research: this is of main importance! Most are freely available, download & use: check EQUATOR network gold standard (Enhancing the QUAlity and Transparency Of health Research), international initiative that seeks to improve reliability & value of published research literature by promoting transparent/accurate reporting and wider use of robust reporting guidelines. Check www.equator-network.org
Abbreviations?? may help reducing word count, but are NOT going to increase readability, so be moderate. Do not start a sentence with an abbreviation (it is not an official rule, just an advice). Some journals require a list of abbreviations (look at author guidelines).

3 Key Messages

Write down key messages gives you an idea of what is know about this topic, and what this paper adds (what is new). This will help deciding where to publish, & may motivate you to keep going or get started.

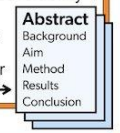
Title

Effective titles maximize paper discoverability! Papers with shorter titles & colons rather than question marks, get higher citations (Hudson J. Scientometrics. 2016)
- identify main issue; begin with subject, eventually study method after colon
- accurate, unambiguous and complete, but do not put too much details in
- do not use rare abbreviations
- short & sharp, less than 12 words (some journals have advices on title in their guidelines) that adequately describe content, including keywords.

Sometimes a provocative catchy/title works, but whatever you do with your title need to flow with your paper.

Abstract

Abstract is really important:
- employ keywords to maximize discoverability
- repeat keywords 2/3 times in a natural manner, particularly at start
- use MeSH terms for keywords
- structure abstract based on author guidelines, usually (standard) →



Method

Method is section where you describe the design of the study:
- use subheadings: settings, study population, intervention, outcomes, analysis
- don't forget ethics! (ethical considerations): be mindful, some journals require to formally state that the study has been conducted in accordance with the Declaration of Helsinki.

Results (or Findings)

About results (findings for qualitative studies):
- do not overlap text which can be read in tables/figures
- be clear & do not start interpreting
- quantitative studies?
  table of characteristics of study participants make sure tables are clear; long tables (> 2 pages)? consider to add in (electronic) supplemental material (may contribute to transparency use! also consider for other material: give all your data). Figures need to be clear & use journal's format (jpg, PDF, TIF)
- qualitative studies: think about the narratives to include in the findings section; if using narratives, don't forget to add participant at every narrative.

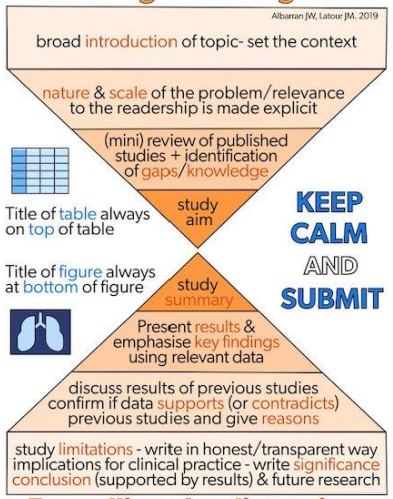
Plagiarism is a big offence! Self-plagiarism is unethical, say the same in other words; if unsure, check manuscript before submitting: journals use softwares to check for plagiarism before publication.

40% of papers have errors in references list! use reference management software & don't forget to check reference list with journal requirements.

Introduction

Introduction should be short, leading to aim of study: think in boxes! 1st paragraph need to make editor/reviewers excited: convince them!

Funnelling the background



Funnelling the discussion

Albarran JW, Latour JM. 2019

Discussion

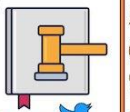
discussion most difficult part!
- start with what you have found; again, think in boxes; 3 pages? more than enough; try not to discuss every individual result, put most important/striking ones, that are most important to discuss
- compare your results with other studies
- acknowledge potential limitations: every study has imitations; a study with no limitations? or best study ever published or not a study...
- highlight implications for clinical practice/conclusion

Manuscript finished?? don't submit too quickly, read out loud, present to co-authors, ask a colleague and a consumer to read.
To submit, have ready:
- co-authors details, title, qualifications... as some journals require a lot of these
- short cover letter
- potential reviewers: some journals ask/require potential names

Some reviewers are inexperienced, bad luck; some are experienced, lucky you. Reviewers are mostly not paid! do not bother them ie if paper rejected for not following author guidelines.
When resubmitting, you do not need to accept every comment → rebuttal

Authors & Co-authors

Authorship matters! Who Is an author?
Author & co-authors should be stated in study proposal;
co-authors only if significant contribution: use acknowledgement section. The ICMJE (International Committee of Medical Journal Editors http://www.icmje.org/) recommends that authorship be based on 4 criteria:
- substantial contributions to conception or design of work; or acquisition, analysis, or interpretation of data for work; AND
- drafting the work or revising it critically for important intellectual content; AND
- final approval of the version to be published; AND
- agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of work are appropriately investigated and resolved.



@FOAMecmo

10 tips to deal with decision

1. Get mad. Then get over it
2. Consider what editor's decision letter really says
3. Wait & gather your thoughts
4. Even if reviewer is wrong, it does not mean you are right
5. Choose your battles wisely
6. Do not pit one reviewer against another
7. Be grateful for editor's and reviewers' time
8. Restate reviewers/editor's comment when responding
9. Be prepared to cut text
10. Do not submit the same version to another journal

Annesley TM. Clin Chem. 2011 Apr;57(4):551-4.

Good luck with your publication

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