AUGUST 24, 2023

BUILDING A MANUSCRIPT

Jill Kaar, PhD, FAFA

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OVERVIEW

1 Preparation

2 Writing Your Manuscript

3 Steps to Getting Published

4 Submission Process

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TYPES OF MANUSCRIPTS

- Reports
- Protocols
- **Original Research**
- Narrative Review
- Systematic Review
- Meta Analysis
- Editorial Commentary
- Other

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BEFORE WRITING YOUR MANUSCRIPT

1. Think about the take-home message of your research.

2. Select 3-5 journals that may publish your work.

3. Send an email to your mentor/senior author to confirm:

   ✓ Take home message

   ✓ Order of submission for selected journals

   ✓ Confirm authorship order

Metrics

2.4
2022 Impact Factor

2.6
2022 5-Year Impact Factor

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Note on AUTHORSHIP

The International Committee of Medical Journal Editors (ICMJE) recommends that authorship be based on the following 4 criteria:

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

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

3. Final approval of the version to be published; AND

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

*International Committee of Medical Journal Editors

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Outline for WRITING YOUR MANUSCRIPT

1. Review journal requirements in the Guide for Authors.

2. Note formatting guidelines – figures/tables, references, required headings/subheadings.

3. Draft manuscript including title page, sections to be completed, and set up references.

4. Contact your biostatistician to discuss analysis requests & include mock versions of tables/figures.

ABSTRACT

Purpose: Injured children are at risk for a variety of physical and emotional sequelae that may impair their ability to return to prior function. The effect of traumatic injury on mental health in children is not well characterized or understood. We sought to determine factors associated with new mental health diagnoses and/or mental health resource utilization following admission to a Level 1 pediatric trauma center for traumatic injury.

Methods: A retrospective chart review of patients admitted for accidental trauma between 2016 and 2019 was performed. Demographic data, injury characteristics, new mental health diagnoses and/or mental health resource utilization following hospitalization were extracted. Patients with prior mental health diagnosis, psychotropic prescription(s), or resource utilization were excluded from this cohort. A multivariable logistic regression model was used to examine predictors of new mental health diagnoses and/or resource utilization.

Results: The prevalence of new mental health diagnoses or resources utilization was 9.5% (363/3828). The most common diagnoses were anxiety disorders and nonbipolar depression. The most common psychotropic medication prescribed was antidepressants. Patients with new mental illness were older (odds ratio [OR] 1.1 [95% CI: 1.06, 1.12]), more likely to sustain burn injuries (OR 6.3 [4.2, 9.5]), have non-sports related injuries (OR 3.5 [2.1, 6.0]), and be pedestrian struck (OR 2.7 [1.5, 4.8]). They additionally were more likely to sustain head, neck, and spine injuries (OR 3.8 [2.9, 5.1], 2.4 [1.1, 5.5], and 2.1 [1.3, 3.3], respectively).

Conclusions: There are a variety of demographic and injury specific factors associated with new mental health diagnoses and/or resource utilization in children following admission for trauma. Knowledge of these risk factors may ensure patients are allocated adequate resources to promote timely access to appropriate mental health services after hospitalization.

Type of Study: Retrospective comparative study

Level of Evidence: III

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Example Outline

- Introduction
- Methods
- Results
- Discussion
- Previous Communication
- Funding
- Conflicts of Interest
- Acknowledgements
- References

Table 1

Demographics of Overall Population, and Stratified by New Mental Health Diagnosis and Resource Utilization after Injury.

	New Mental Health Diagnosis and/or Resource Utilization (n=363)	No Mental Health Diagnosis or Resource Utilization (n=3828)	p-value	Overall Population (n=3828)
Age	11.0 (6.0,14.0)	8.0 (4.0,13.0)	<0.0001	8.0 (4.0,13.0)
Sex			0.0937	
Male	242 (66.7%)	2155 (62.2%)		2397 (62.6%)
Female	121 (33.3%)	1310 (37.8%)		1431 (37.4%)
Race			<0.0001	
White	232 (65.4%)	2301 (69.3%)		2533 (68.9%)
Black	33 (9.3%)	159 (4.8%)		192 (5.2%)
Hawaiian or PI	2 (0.6%)	349 (10.5%)		351 (9.6%)
Other	88 (24.8%)	511 (15.4%)		599 (16.3%)
Ethnicity			0.2042	
Hispanic	94 (26.4%)	981 (29.6%)		1075 (29.3%)
Non-Hispanic	262 (73.6%)	2330 (70.4%)		2592 (70.7%)
Insurance			0.3623	
Private	192 (52.9%)	1672 (49.0%)		1864 (49.4%)
Public	154 (42.4%)	1576 (46.2%)		1730 (45.8%)
None	17 (4.7%)	164 (4.8%)		181 (4.8%)

Table 2

Injury Characteristics of Overall Population, and Stratified by New Mental Health Diagnosis and Resource Utilization after Injury.

	New Mental Health Diagnosis and/or Resource Utilization (n=370)	No Mental Health Diagnosis or Resource Utilization (n=3870)	p-value	Overall Population (n=4240)
Trauma Type			<0.001	
Blunt	283 (78.0%)	3074 (88.7%)		3357 (87.7%)
Penetrating	13 (3.6%)	174 (5.0%)		187 (4.9%)
Burn	56 (15.4%)	217 (6.3%)		273 (7.1%)
Other	11 (3.0%)	0 (0.0%)		11 (0.3%)
Mechanism of Injury			<0.001	
Motor Vehicle Collision	72 (19.8%)	376 (10.9%)		448 (11.7%)
Sports Injury	17 (4.7%)	569 (16.4%)		586 (15.3%)
Pedestrian Struck	25 (6.9%)	76 (2.2%)		101 (2.6%)
Fall	95 (26.2%)	953 (27.5%)		1048 (27.4%)
Gunshot Wound	5 (1.4%)	49 (1.4%)		54 (1.4%)
Assault	4 (1.1%)	19 (0.5%)		23 (0.6%)
Other	92 (25.3%)	1220 (35.2%)		1312 (34.3%)

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WRITING YOUR MANUSCRIPT

1. Methods
   - Use text from study protocol or previously published data
   - Ask your biostatistician to send you text for analysis section

2. Results
   - Describe your population
   - Use text from your biostatistician

3. Introduction
   - Why is this study important
   - What do we know
   - What gap will your manuscript fill
   - Last section includes clear objective of your work
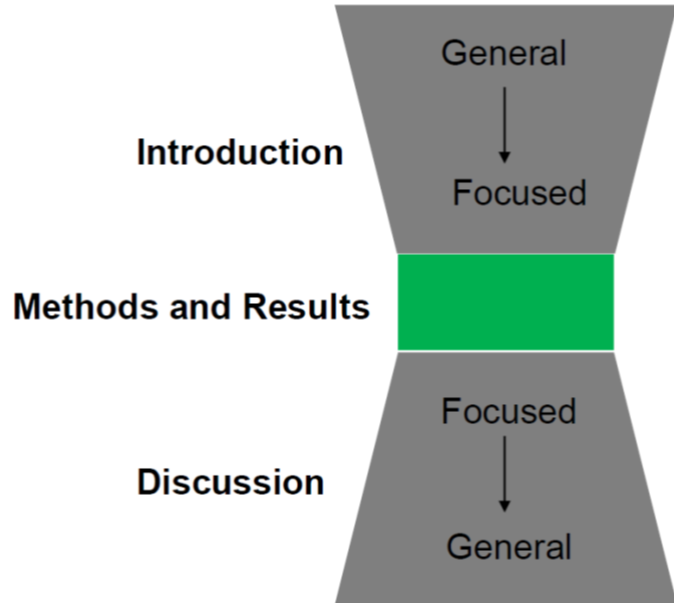
4. Discussion
   - First paragraph is take-home message
   - Next paragraph(s) discuss your findings compared to other published work – are your findings similar/different – why (i.e., different time points, younger/older population, etc)
   - Next paragraph document strengths and limitations

5. References
   - Format references
   - Check for missing information or inaccurate references
   - Ensure all references are included in text

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WRITING YOUR MANUSCRIPT Tips

AVOID	Instead Use
"it is proved/confirmed"	"there is evidence that"
"we can conclude"	"our data suggest"
"X causes Y" (Cohort Study and below)	"X is associated with Y"
"statistically significant"	"clinically meaningful with $p < 0.05$"

Acknowledgement Language

If our services were utilized for your work, please include our logo in presentations and posters. Find a research poster PowerPoint template here, and institutional logos for CU and Children's Hospital Colorado.

When a manuscript is ready to be published, please reference ROCS in the acknowledgement section with the language below:

Support was provided by the Children's Hospital Colorado, University of Colorado Anschutz, Research Outcomes for Children's Surgery

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GETTING YOUR MANUSCRIPT PUBLISHED

Annals of
SURGICAL ONCOLOGY
OFFICIAL JOURNAL OF THE SOCIETY OF SURGICAL ONCOLOGY

CrossMark

EDITORIAL – MELANOMAS

Steps to Getting Your Manuscript Published in a High-Quality Medical Journal

Charles M. Balch, MD[1], Kelly M. McMasters, MD,PhD[2], V. Suzanne Klimberg, MD,PhD[3], Timothy M. Pawlik, MD,MPH,PhD[4], Mitchell C. Posner, MD[5], Mark Roh, MD[6], Kenneth K. Tanabe, MD[7], Deborah Whippen, BA[8], and Naruhiko Ikoma, MD,MS[1]

[1]Department of Surgical Oncology, The University of Texas MD Anderson Cancer Center, Houston, TX; [2]Department of Surgery, University of Louisville, Louisville, KY; [3]Division of Surgical Oncology, Department of Surgery, University of Texas Medical Branch, Galveston, TX; [4]Department of Surgery, Ohio State University, Columbus, OH; [5]Department of Surgery, University of Chicago, Chicago, IL; [6]UF Health Cancer Center, Orlando Health, Orlando, FL; [7]Division of Surgical Oncology, Massachusetts General Hospital Cancer Center and Harvard Medical School, Boston, MA; [8]Editorial Office, Annals of Surgical Oncology, North Fort Myers, FL

Criteria for ACCEPTANCE

Significance does it pass the "so what?" test?

Originality of the research and conclusions

Methodologic and statistical validity

Ethical research practices

Impact on clinical practice or on science

Article *citable* by other authors?

Clarity of message and data presentation

Appropriateness or relevance of the subject *for the journal's readership*

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Reasons for REJECTIONS

General Topic not of sufficient interest to readership, manuscript does not conform to journal requirements, subject not appropriate for journal readership

Methods Retrospective design, case study, small sample size, follow-up too short, or invalid statistics or control

Results Nothing new, data previously presented elsewhere, data not supportive of conclusions, or outcomes worse than those with the current standard of care

Discussion section Poorly written (grammar/content), conclusions vague or not supported by the data, found in another of your manuscripts, or references incomplete

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Before Submitting

Step 1: Confirm authors, select a journal, and read the journal's instructions

Step 2: Prepare the manuscript; ensure that all authors contribute to and approve of the final version

Step 3: Submit the manuscript with all authors' conflicts of interest disclosed in the manuscript

Step 4: Receive the editors' communication and revise the manuscript

Step 5: Resubmit revised manuscript with changes highlighted and a summary letter describing responses to reviewers' comments

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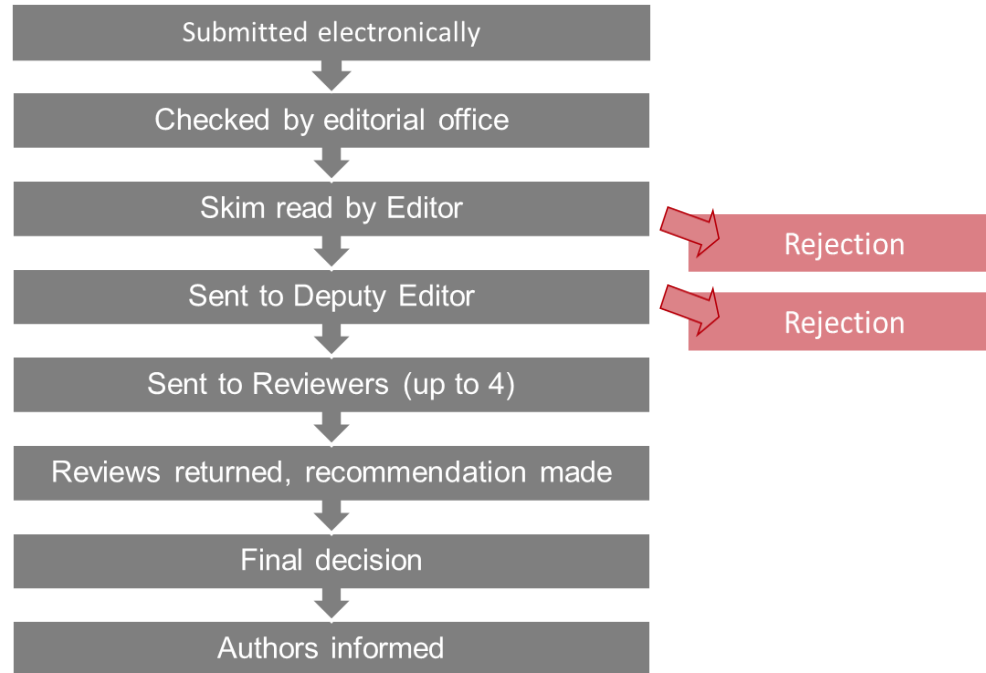# USE ACCEPTED TOOLS FOR REPORTING

CONSORT for randomized trials.

STROBE for observational studies.

PRISMA for systemic reviews and meta-analyses of clinical trials.

SUBMISSION Process

REVISE YOUR MANUSCRIPT

Decisions regarding your manuscript

❌ Rejection

🔄 Conditional acceptance (revise and resubmit)

✅ Acceptance

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REVISE YOUR MANUSCRIPT

Your reviewer response should include

- Thank the reviewers for their time and effort.

- Point-by-point responses.

- Well-reasoned arguments, including relevant citations.

- Specific location in the manuscript of the changes made (e.g., page and line number, table number).

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THANK YOU

Questions?

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