Writing-Up Your Work: Identifying & Addressing Barriers to Publishing in Medical Education

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Disclosures

I have no ties to commercial entities; however...
I am a Deputy Editor for JGME.
I am a U.S. Government employee. The views expressed in this presentation are mine and mine alone; they do not necessarily reflect the official policy or position of the Uniformed Services University of the Health Sciences, Department of Defense, nor the U.S. Government.

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What barriers do you face?

• Barriers identified in the literature:
  – Lack of experience in research methods
  – Lack of protected time (available time is fragmented)
  – Lack of funding for research
  – Competing roles (clinician, teacher, mentor, etc.)
  – Small numbers of learners
  – Difficulty defining relevant, measurable outcomes

(DeAngelis 2004; DeAngelis 2004; Carney et al. 2004; Lurie, 2003; Murray 2002; Calzada 2006)

Agenda

• Barriers to writing/publishing in MedEd
• Strategies and habits to address/overcome these barriers
• How NOT to get published in MedEd
  – Top reasons why papers are rejected
• How to manage rejection and successfully “revise and resubmit” your work
  – 3 Principles and 12 Tips for publishing in MedEd

2013 AAMC Consensus-Building Workshop

“What barriers do educators face in designing and publishing education research that is most useful to consumers of that research?”

<table>
<thead>
<tr>
<th>Top 5 barriers, from most to least number of votes (n = 32)</th>
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</thead>
<tbody>
<tr>
<td>Lack of...</td>
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<tr>
<td>1. Expertise</td>
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<tr>
<td>2. Time</td>
</tr>
<tr>
<td>3. Funding</td>
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<tr>
<td>4. Mentorship</td>
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<tr>
<td>5. Rewards</td>
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</table>

“Most scientists regarded the new streamlined peer-review process as “quite an improvement.”

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“Barriers to writing/publishing in MedEd”

“Strategies and habits to address/overcome these barriers”

“How NOT to get published in MedEd”

“Top 5 barriers, from most to least number of votes (n = 32)”

“Lack of...”

“1. Expertise”

“2. Time”

“3. Funding”

“4. Mentorship”

“5. Rewards”
Writing-Up Your Work

Barriers Are Interrelated

• As Kevin Eva noted, it’s a bit of a catch-22

Strategies & Habits

1. Find a mentor
   – Most health professionals have no formal training in how to write effective/compelling papers
   – Mentors can help with...
     • Technical aspects of writing/publishing
       – Where to publish
       – How to navigate the publishing process
     • How to organize and regulate one’s time/motivation in the profession (and/or the local context)

Strategies & Habits

2. Build a community of education scholars
   – AKA, a writing team or “journal club”
   – Collective efficacy is a BIG factor
     • Share the pain (and wealth) associated with writing
   – You don’t need to be a methods/analysis expert
     • Form a multi-disciplinary team
   – Regional and national meetings
     • But don’t discount your local institution
   – Leadership matters, a lot!
     • But beware the “bait and switch”

Strategies & Habits

3. Approach all activities in a scholarly manner (i.e., “count it twice”)
   – If it’s worth working on/writing, it’s worth publishing
   – Approach all your normal educational practices in a scholarly manner:
     • Consult the existing literature
     • Build on existing work
     • Use appropriate methods
     • Disseminate (even if just locally)
       – Remember, it’s NOT rocket science (or biochem)
       – Education is different!

Strategies & Habits

4. Block your schedule for writing
   – Treat writing like you would any other work activity
   – Block 1-2 hours
     • But even 15 minutes can be valuable (to jot down ideas)

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5. Stay current and connected
- The best ideas often come from reading others’ work
  - Volunteer to be a reviewer!
  - Setup “alerts” with the journals you like to read (or with search engines, such as PubMed or Web of Knowledge)

6. Look for opportunities to publish beyond the original research article (see Blanchard, 2014)
- Academic Medicine Last Page
- JGME Rip Out & New Ideas
- Other non-IMRD articles
  - commentaries, perspectives, editorials, letters to the editor
- Blogs, MedEdPortal

Outlets for Disseminating Innovations and Other “Non-Research” Papers

<table>
<thead>
<tr>
<th>Category</th>
<th>Journal</th>
<th>Frequency</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational Innovations</td>
<td>JMedEd</td>
<td>2,000</td>
<td>A description of a new approach or strategy in medical education that has been implemented, assessed in a minimum of 20 students or successfully translated to clinical settings or educational environments.</td>
</tr>
<tr>
<td>Perspectives</td>
<td>JMedEd</td>
<td>1,200</td>
<td>A description of a new approach or strategy in medical education that has been implemented and, if applicable, has a minimum of 20 students or successfully translated to clinical settings or educational environments.</td>
</tr>
<tr>
<td>New Ideas</td>
<td>JMedEd</td>
<td>650</td>
<td>A description of a new approach that has been implemented at a minimum of one institution or educational environment, with evidence of 20 students or successfully translated to clinical settings or educational environments.</td>
</tr>
<tr>
<td>Insights</td>
<td>MedEdPorta</td>
<td>500</td>
<td>A description of a new approach that has been implemented at a minimum of one institution or educational environment, with evidence of 20 students or successfully translated to clinical settings or educational environments.</td>
</tr>
<tr>
<td>How We…</td>
<td>MedEdPorta</td>
<td>2,500</td>
<td>A description of a new approach that has been implemented and, if applicable, has a minimum of 20 students or successfully translated to clinical settings or educational environments.</td>
</tr>
<tr>
<td>JL Tips</td>
<td>MedEdPorta</td>
<td>1,200</td>
<td>A description of a new approach that has been implemented and, if applicable, has a minimum of 20 students or successfully translated to clinical settings or educational environments.</td>
</tr>
<tr>
<td>Ready-to-GO</td>
<td>MedEdPorta</td>
<td>300</td>
<td>A description of a new approach that has been implemented and, if applicable, has a minimum of 20 students or successfully translated to clinical settings or educational environments.</td>
</tr>
<tr>
<td>Last Page</td>
<td>MedEdPorta</td>
<td>1 page</td>
<td>A description of a new approach that has been implemented and, if applicable, has a minimum of 20 students or successfully translated to clinical settings or educational environments.</td>
</tr>
<tr>
<td>Developments</td>
<td>MedEdPorta</td>
<td>2,000</td>
<td>A description of a new approach that has been implemented and, if applicable, has a minimum of 20 students or successfully translated to clinical settings or educational environments.</td>
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</table>

*Data adapted from Blanchard, R., Nagler, R., & others (in press). Please refer to the original publication for additional details on submissions and publication requirements.
**How NOT to Get Published in MedEd**

"Can you redo this manuscript, John, and make it less stupid?"

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<table>
<thead>
<tr>
<th>Reasons</th>
<th>Reason Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Inappropriate or incomplete statistics</td>
<td>11.2%</td>
</tr>
<tr>
<td>2. Over-interpretation of results</td>
<td>8.7%</td>
</tr>
<tr>
<td>3. Inappropriate or suboptimal instrumentation (e.g., poorly designed survey instrument)</td>
<td>7.3%</td>
</tr>
<tr>
<td>4. Sample too small or biased</td>
<td>5.6%</td>
</tr>
<tr>
<td>5. Text difficult to follow/understand</td>
<td>3.9%</td>
</tr>
<tr>
<td>6. Insufficient or incomplete problem statement</td>
<td>3.9%</td>
</tr>
<tr>
<td>7. Inaccurate or inconsistent data reported</td>
<td>3.4%</td>
</tr>
<tr>
<td>8. Inadequate, incomplete, inaccurate, or outdated lit review</td>
<td>3.1%</td>
</tr>
<tr>
<td>9. Insufficient data presented</td>
<td>2.7%</td>
</tr>
<tr>
<td>10. Defective tables or figures</td>
<td>2.5%</td>
</tr>
</tbody>
</table>

*Table adapted from Bordage, G. (2001). Reasons reviewers reject and accept manuscripts: The strengths and weaknesses in medical education reports. Academic Medicine, 76(9), 889–896.*

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**Top 10 Reasons Why Manuscripts Are Not Published in Respiratory Care**

<table>
<thead>
<tr>
<th>Reasons</th>
</tr>
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<tbody>
<tr>
<td>1. Picking the wrong journal</td>
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<tr>
<td>2. Submitting a paper in a format that does not match what the journal publishes</td>
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<tr>
<td>3. Not following the author instructions</td>
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<tr>
<td>4. Poor writing</td>
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<tr>
<td>5. Getting carried away in the discussion section (over-stating what the findings mean)</td>
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<tr>
<td>6. Suboptimal reporting of the results</td>
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<tr>
<td>7. Inadequate description of the methods</td>
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<tr>
<td>8. Poor study design</td>
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<tr>
<td>9. Failure to revise and resubmit following peer review</td>
</tr>
<tr>
<td>10. Failure to write and submit a full paper after presenting the abstract</td>
</tr>
</tbody>
</table>

*Table adapted from Pierson, D. J. (2004). The top 10 reasons why manuscripts are not accepted for publication. Respiratory Care, 49(10), 1246–1252.*

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**How to Manage Rejection & Successfully “Revise & Resubmit” Your Work**

*Disclaimer: Much of this portion of the talk is “just my advice.” It's based on my experiences as an author and an editor, but it shouldn't be taken as gospel. Reasonable people can disagree.*

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"Being a brilliant, inspiring teacher is NOT adequate, Hackwell. You MUST publish if you're to be part of THIS team!"
A Generic Manuscript Review Process

12 Tips for Publishing in Medical Education

#1 – Rejection hurts, so take some time to mourn

- The 5 stages of loss and grief
- Take some time (a week or so) before you tackle revisions

12 Tips for Publishing in Medical Education

#4 – Every paper has a home (well, almost every paper)

- “The hardest papers to get published are the best papers and the worst papers” (Sternberg, 2009, personal communication)
- Don’t quit; persistence counts, a lot!

12 Tips for Publishing in Medical Education

#5 – There’s an asymmetry of power; they have it, you don’t

- So be nice!
- It’s as simple as employing all those behaviors you learned (or didn’t) in kindergarten
  - Be polite, courteous, deferential, thorough, etc.

3 Principles for Publishing in Medical Education

#1 – Revisions always result in a better paper

#2 – Writing as part of a team can help with manuscript grief

#3 – Getting an “accept with no revisions” is next to impossible

- In fact, if you get one of these, it might be a red flag
  - See Beall’s list of predatory publishers and journals for 2015:
- So don’t expect an “accept with no revisions”
  - A “revise and resubmit,” even w/ major revisions, is a victory!
However, “Thank you for so eloquently expressing your concerns about the decision made on this paper and the focus of our journal in general. I recognize that you haven’t asked for a response, but I do think it is worth clarifying my position both on the content and the process followed and hope you will not see this simply as a defensive response as I think there are some real issues here that warrant open and honest communication that is not always readily offered.”

He then proceeded to defend the decision and (publicly) dismantle the premise our entire article!

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**12 Tips for Publishing in Medical Education**

### #6 – Beware the “reply to all” button on email

*Reply to all* from one of our co-authors in response to a desk rejection from the Deputy Editor:

On second reading, what irritates me most about this is that the paper was not even sent out for review and that the editor does not even sign. I am going to mention this to Bill at the next point in time. A couple of months ago, he was really surprised when I said that the risk for his journal is that it is becoming very much middle-of-the-road and does not venture out to publish exciting papers. He asked for examples; well here is one... This is not an editorial process; it is an arbitration. I am really quite ***** off by this, and at due occasion I will let Bill know. It is because of this and some other incidents that I actually find myself avoiding his journal more and more. If you want me to write this (in very diplomatic terms) to Bill, just let me know.*

Response from Bill, the Editor-in-Chief:

*Thank you for re-eloquently expressing your concerns about the decision made on this paper and the focus of our journal in general. I recognize that you haven’t asked for a response, but I do think it is worth clarifying my position both on the content and the process followed and hope you will not see this simply as a defensive response as I think there are some real issues here that warrant open and honest communication that is not always readily offered.”*

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### #7 – Make it easy for the editor to say “yes” to your revision

- An editor who accepts your paper takes on risk
  - Rejecting your paper is much easier; it’s a fairly low-risk endeavor
- Address all comments from reviewers/editors
  - In a clear, organized, and thoughtful manner (see Tip #5)
  - If allowed, include marked-up and “clean” versions of your revised manuscript

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### #8 – Engage the peer-review process early and often

- One of the best things you can do is have someone read your work prior to submitting it

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- One of the best things you can do is have someone read your work prior to submitting it
#9 – If reviewer comments conflict, get clarification
- A good editor will de-conflict these for you
- If s/he doesn’t, it’s perfectly okay to ask
- It’s also acceptable to make a judgment call and provide a rationale for your decisions
  - Although you risk having to revise again

#10 – Carefully review re-submissions to other journals
- Ensure you change the editor’s title/name in the cover letter
- Fix problems identified by reviewers from the first journal (the one that rejected your paper the first time)
  - You may very well get the same reviewer (See Principle #3)

## Dealing with Rejection
- Despite our best efforts, papers do get rejected (sometimes after many rounds of review/revision)
  - If there are fatal flaws, then rejection is the right call
    - Go back, redesign the study, and collect new data
- Not resubmitting (i.e., sticking it in the “file drawer”) might be the right call
  - Especially if costs of revision (e.g., time/money) outweigh benefits (e.g., low-tier journal)

## In Conclusion...
- Publishing in the peer-reviewed literature is really hard
- There are strategies, principles, and tips that can help

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**Questions?**

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‘There’s less here than meets the eye.’

‘Good try Dr. Brown, but an editorial in your Chess Club Newsletter is not what I would call a peer-reviewed journal publication!’

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