AGENDA

Pitfalls in writing: Verbosity, Redundancy, Ambiguity
Formal academic English
Resources
In this paper we re-examine the link between academic competition and adolescent suicide. We are not the first to question this relationship. Other scholars have stated that the link between academic competition and high rates of adolescent suicide appear to have their origin in data from the 1950s — a time when adolescent suicide ratios were quite high in many East Asian countries. However, as we will show, these efforts to “debunk” the myth of high suicide rates have had little impact. We argue that misperceptions about Japanese adolescent suicides continue to appear in the popular and academic literature for several reasons: 1) many researchers still assume that aggregate rates of adolescent suicide in East Asian nations are high; 2) previous works which attempted to “debunk” the myth of high rates of suicide or to critique the link between adolescent suicide and academic competition did not address the difference between an effect on aggregate rates and effects in individual cases of suicide; 3) previous work did not fully discuss the degree to which cultural values in East Asia might affect the reporting of adolescent suicides linked to academic pressure; and 4) previous works did not provide alternative causal models to replace the implicit model of academic competition = higher rates of adolescent suicide.

A purported link between academic competition and adolescent suicide originates from data in the 1950s when suicide was more common in much of East Asia. Although adolescent suicide rates in Japan are currently low, a myth of high rates in that country prevails because scholars have: 1) too often assumed that aggregate rates of adolescent suicide in East Asia are high; 2) failed to account sufficiently for the effect of cultural values in reporting the linkage between adolescent suicides and academic pressures; and 3) failed to provide alternative causal models for that linkage.
In this paper we re-examine the link between academic competition and adolescent suicide. We are not the first to question this relationship. Other scholars have stated that the link between academic competition and high rates of adolescent suicide appear to have their origin in data from the 1950s — a time when adolescent suicide ratios were quite high in many East Asian countries. However, as we will show, these efforts to “debunk” the myth of high suicide rates have had little impact. We argue that misperceptions about Japanese adolescent suicides continue to appear in the popular and academic literature for several reasons: 1) many researchers still assume that aggregate rates of adolescent suicide in East Asian nations are high; 2) previous works which attempted to “debunk” the myth of high rates of suicide or to critique the link between adolescent suicide and academic competition did not address the difference between an effect on aggregate rates and effects in individual cases of suicide; 3) previous work did not fully discuss the degree to which cultural values in East Asia might affect the reporting of adolescent suicides linked to academic pressure; and 4) previous works did not provide alternative causal models to replace the implicit model of academic competition = higher rates of adolescent suicide.

A purported link between academic competition and adolescent suicide originates from data in the 1950s when suicide was more common in much of East Asia. Although adolescent suicide rates in Japan are currently low, a myth of high rates in that country prevails because scholars have: 1) too often assumed that aggregate rates of adolescent suicide in East Asia are high; 2) failed to account sufficiently for the effect of cultural values in reporting the linkage between adolescent suicides and academic pressures; and 3) failed to provide alternative causal models for that linkage.
Before

In this paper we re-examine the link between academic competition and adolescent suicide. We are not the first to question this relationship. Other scholars have stated that the link between academic competition and high rates of adolescent suicide appear to have their origin in data from the 1950s — a time when adolescent suicide ratios were quite high in many East Asian countries. However, as we will show, these efforts to “debunk” the myth of high suicide rates have had little impact. We argue that misperceptions about Japanese adolescent suicides continue to appear in the popular and academic literature for several reasons: 1) many researchers still assume that aggregate rates of adolescent suicide in East Asian nations are high; 2) previous works which attempted to “debunk” the myth of high rates of suicide or to critique the link between adolescent suicide and academic competition did not address the difference between an effect on aggregate rates and effects in individual cases of suicide; 3) previous work did not fully discuss the degree to which cultural values in East Asia might affect the reporting of adolescent suicides linked to academic pressure; and 4) previous works did not provide alternative causal models to replace the implicit model of academic competition = higher rates of adolescent suicide.

After

A purported link between academic competition and adolescent suicide originates from data in the 1950s when suicide was more common in much of East Asia. Although adolescent suicide rates in Japan are currently low, a myth of high rates in that country prevails because scholars have: 1) too often assumed that aggregate rates of adolescent suicide in East Asia are high; 2) failed to account sufficiently for the effect of cultural values in reporting the linkage between adolescent suicides and academic pressures; and 3) failed to provide alternative causal models for that linkage.

Delete: the previous sentence was more aligned with the author’s argument
In this paper we re-examine the link between academic competition and adolescent suicide. We are not the first to question this relationship. Other scholars have stated that the link between academic competition and high rates of adolescent suicide appear to have their origin in data from the 1950s — a time when adolescent suicide ratios were quite high in many East Asian countries. However, as we will show, these efforts to “debunk” the myth of high suicide rates have had little impact. We argue that misperceptions about Japanese adolescent suicides continue to appear in the popular and academic literature for several reasons: 1) many researchers still assume that aggregate rates of adolescent suicide in East Asian nations are high; 2) previous works which attempted to “debunk” the myth of high rates of suicide or to critique the link between adolescent suicide and academic competition did not address the difference between an effect on aggregate rates and effects in individual cases of suicide; 3) previous work did not fully discuss the degree to which cultural values in East Asia might affect the reporting of adolescent suicides linked to academic pressure; and 4) previous works did not provide alternative causal models to replace the implicit model of academic competition = higher rates of adolescent suicide.

A purported link between academic competition and adolescent suicide originates from data in the 1950s when suicide was more common in much of East Asia. Although adolescent suicide rates in Japan are currently low, a myth of high rates in that country prevails because scholars have: 1) too often assumed that aggregate rates of adolescent suicide in East Asia are high; 2) failed to account sufficiently for the effect of cultural values in reporting the linkage between adolescent suicides and academic pressures; and 3) failed to provide alternative causal models for that linkage.

Delete: this idea was addressed in the following point
In this paper we re-examine the link between academic competition and adolescent suicide. We are not the first to question this relationship. Other scholars have stated that the link between academic competition and high rates of adolescent suicide appear to have their origin in data from the 1950s — a time when adolescent suicide ratios were quite high in many East Asian countries. However, as we will show, these efforts to “debunk” the myth of high suicide rates have had little impact. We argue that misperceptions about Japanese adolescent suicides continue to appear in the popular and academic literature for several reasons: 1) many researchers still assume that aggregate rates of adolescent suicide in East Asian nations are high; 2) previous works which attempted to “debunk” the myth of high rates of suicide or to critique the link between adolescent suicide and academic competition did not address the difference between an effect on aggregate rates and effects in individual cases of suicide; 3) previous work did not fully discuss the degree to which cultural values in East Asia might affect the reporting of adolescent suicides linked to academic pressure; and 4) previous works did not provide alternative causal models to replace the implicit model of academic competition = higher rates of adolescent suicide.

A purported link between academic competition and adolescent suicide originates from data in the 1950s when suicide was more common in much of East Asia. Although adolescent suicide rates in Japan are currently low, a myth of high rates in that country prevails because scholars have: 1) too often assumed that aggregate rates of adolescent suicide in East Asia are high; 2) failed to account sufficiently for the effect of cultural values in reporting the linkage between adolescent suicides and academic pressures; and 3) failed to provide alternative causal models for that linkage.
The literature on leadership and communication revealed that a large majority of managers...
The literature on leadership and communication revealed that a large majority of managers...
The literature on leadership and communication revealed that a large majority of managers...

Nearly all of the studies...

Both have very robust programs in Peru...

As a rule of thumb, limit quotations to primary sources or to writings that are so pithy and well-articulated that no convenient alternative way of expressing the thought exists.
The literature on leadership and communication revealed that a large majority of managers...

Nearly all of the studies...

Both have very robust programs in Peru...

As a rule of thumb, limit quotations to primary sources or to writings that are so pithy and well-articulated that no convenient alternative way of expressing the thought exists.
Avoid using vague, all-purpose nouns

- Examples: factor, aspect, area, situation, consideration, degree, case

Consumer demand is rising in the **area** of services.

→ Consumer demand for services is rising.

or

→ Consumers are demanding more services.
BE CONCISE, USE ACTIVE VOICE

is aware, has knowledge of \(\rightarrow\) knows

is taking \(\rightarrow\) takes

are indications \(\rightarrow\) indicate

are suggestive \(\rightarrow\) suggests
USE ACTIVE VOICE

Active voice: the subject performs the action

Passive voice: the action happens to the subject
USE ACTIVE VOICE

The monkeys adore bananas.
→ Bananas are adored by monkeys.

The data was cleaned and analyzed by the author.
→ The author cleaned and analyzed the data.

The questionnaire was completed by participants.
→ The participants completed the questionnaire.
textual ambiguity

If they're Latin, they're consonants. If they're Roman, they're forty.

Maybe they're from the Garment District.
Passive voice contributes to ambiguity

After a series of debates, DeVos determined that a standardized national curriculum provides students with a well-rounded education.

Ambiguous: lacks a source
Because the past is a road map to the present, it is my intention to analyze the role of education as a reform effort in supporting a national agenda from the two earlier periods to shed light on current educational reform efforts in Armenia.

Too many elements; not properly sequenced; verbose

I intend to set a platform for understanding current educational reform as part of the Armenian national agenda by analyzing reform in two earlier periods.
"Your presentation on the advantages of e-commerce would've been better had it not been for the use of the word 'dude' 183 times."
AVOID

Contractions

Redundant words

Phrasal verbs
- look into ➔ investigate
- talk about ➔ discuss

Clichés
- ‘one in a million’
- ‘in this day and age’

Colloquialisms
- A bunch of people ➔ a number of people
DEAD WORDS

- Good
- Bad
- Pretty
- Very
- Always
- Every
- Never
- It
- Thing
Hence, while assumptions about leadership, communication, and culture may hold true in these institutions, it is uncertain as to whether they hold true. “it” and “they” refer to the last noun

Hence, while assumptions about leadership, communication, and culture may hold true in these institutions, there is uncertainty as to whether the assumptions hold true.
This article aims to discuss the prior use of traditional medicine and the current use of modern medicines and evaluate the impact this has on outcomes for people living with HIV.
Managers rely on organizational culture and leaders to predict communication, and hence these play an important role in maintaining these messages (Adamu, Mohamad, & Abdul Rahman, 2016).

Managers rely on organizational culture and leaders to predict communication, hence playing an important role in maintaining these messages (Adamu, Mohamad, & Abdul Rahman, 2016).

Consider using: *while, because, subsequently*
In the discussion and conclusion, provide a brief summary of your findings and then logically consider the findings in relation to the literature previously reviewed.

In the discussion and conclusion, provide a brief summary of your findings. Then, logically consider the findings in relation to the literature previously reviewed.
Only quote primary sources

Limit quotations
CLARITY

Academic style is clear, concise, unambiguous, accurate, factual, and supported by evidence.

Your understanding of the data and literature

Writing

Others’ understanding
Writing about Low-Resourced Settings and Marginalized Populations

Minimize “deficit” language

<table>
<thead>
<tr>
<th>Old “deficit” text</th>
<th>New text</th>
</tr>
</thead>
<tbody>
<tr>
<td>People afflicted with HIV</td>
<td>People living with HIV</td>
</tr>
<tr>
<td>Since diseases associated with poor sanitation, such as malaria and diarrhea, are common among HIV positive individuals, HAWI uses the WASH program methods to minimize the risk of infection from diseases.</td>
<td>Minimizing the risk of infections for individuals living with HIV is important since they have depressed immune systems and trouble warding off infections. HAWI uses the WASH program methods to minimize the risk of infection from diseases such as diarrhea and malaria that are associated with poor sanitation.</td>
</tr>
<tr>
<td>Migori County is plagued by higher rates of maternal and child mortality.</td>
<td>Migori County has higher rates of maternal and child mortality.</td>
</tr>
</tbody>
</table>
**Tips To Improve Your Academic Writing**

1. **Use ACTIVE VOICE**
   - Don't say: "The stepmother's house was cleaned by Cinderella." (Passive.)
   - Say instead: "Cinderella cleaned the stepmother's house." (Active voice.)

2. **Avoid REPETITION**
   - Don't say: "The stepsisters were jealous and envious." 
   - Instead say: "The stepsisters were jealous." (..or envious. Pick one.)

3. **Be CONCISE**
   - Don't say: "The mystery lady was one who every eligible man at the ball admired."
   - Instead say: "Every eligible man at the ball admired the mystery lady."

4. **Use VOCABULARY wisely**
   - Don't always feel you have to use big words.
   - It is always better to be clear and use simple language rather than showing off flashy words you aren't sure about & potentially misusing them.

5. **Write to EXPRESS, Not to IMPRESS**
   - Above all, write actively, clearly, and concisely.

Reference: [http://slc.berkeley.edu/nine-basic-ways-improve-your-style-academic-writing/](http://slc.berkeley.edu/nine-basic-ways-improve-your-style-academic-writing/)
OBJECTIVES

We will discuss:

■ Core Components of Writing a Successful Manuscript
■ Manuscript Preparation
■ Choosing a Journal
■ The Peer Review Process
■ Ethical Issues in Medical Research Writing
ANATOMY OF A MANUSCRIPT

- Title Page
- Abstract
- Introduction
- Methods
- Results
- Tables/Figures
- Discussion
- Acknowledgements
- References

Which to write first

- Methods
- Introduction
- Figures/Tables
- Results
- Discussion
- Abstract
- Title page
- Acknowledgements
- References
ALWAYS REMEMBER..........

You are telling a story.....
- about your research
- about Liberia

Always be conscious of the “so what?” question. This is your opportunity to convince me
GENERAL RULE FOR NUMBER OF WORDS

Total manuscript frequently around 3200-3500 words

- Introduction (800 words)
- Methods (800 words)
- Results (800 words)
- Discussion (800 words)
TITLE PAGE

- Title
  - A few words to describe content
  - Many indicate study design (i.e., epidemiological studies)

- Additional content of title page:
  - Authors affiliations, corresponding author, running title, keywords, list of abbreviation
  - Optional: Word Count, Number of Tables/Figures, Sources of grant support
Tuberculosis treatment outcomes among children in rural southern Mozambique: a 12-year retrospective study


1. Department of Pediatrics, Division of Pediatric Infectious Diseases, Vanderbilt University Medical Center, Nashville, Tennessee, USA;
2. Infectious Disease Division, Carmelo Hospital of Chokwè – Daughters of Charity, Saint Vincent of Paul, Chokwè, Gaza Province, Mozambique;
3. Vanderbilt Institute for Global Health, Vanderbilt University Medical Center, Nashville, Tennessee, USA;
4. Department of Biostatistics, Vanderbilt University Medical Center, Nashville, Tennessee, USA;
5. Department of Internal Medicine, University General Hospital of Alicante and Miguel Hernandez University of Elche, Spain.
6. The Aurum Institute, Maputo, Mozambique
7. Tinswalo Association, Research Unit, Vincentian Association to Fight AIDS and TB, Chokwè, Gaza Province, Mozambique
8. The Center for Health Research Manhiça (CISM), Manhiça, Mozambique

Corresponding author: Troy D. Moon, MD, MPH. Vanderbilt Institute for Global Health; 2525 West End Avenue, Nashville, Tennessee, USA; Tel.: +615-343-8264; email: troy.moon@vumc.org

Financial support: Research reported in this publication was supported by the Fogarty International Center of the National Institutes of Health (NIH) under award number D43 TW009745. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.

Key words: Tuberculosis; HIV; pediatrics; Mozambique

Abbreviated title: Tuberculosis treatment outcomes among children in Mozambique

Running head: Pediatric TB treatment outcomes in Mozambique
ABSTRACT

- Summary of manuscript
- 200-300 words
- Structured or Unstructured
- Descriptive, Critical, or Informational
- Second most important section of manuscript
- Content can vary pending on the type of article written
- Be direct and succinct

**Background:** Globally, tuberculosis (TB) remains a serious cause of morbidity and mortality for children. Mozambique is 1 of 30 high TB and TB/HIV burden countries. This study aimed to assess treatment outcomes of childhood TB in Chókwè District, Mozambique.

**Methods:** A retrospective cohort study of children <15-years-old treated for TB from 2006 to 2017 was conducted at Carmelo Hospital of Chókwè. Descriptive statistics were used to summarize patient characteristics. Treatment outcomes stratified by HIV status were compared with $\chi^2$. Multivariable logistic regression was used to estimate the odds of a favorable TB treatment outcome. Kaplan-Meier curves were used to estimate the cumulative incidence of death.

**Results:** Nine hundred thirty-three cases of childhood TB were enrolled, 45.9% of which were female and 49.6% were <5-years-old. Five hundred sixty-five (62%) children were HIV positive. Seven hundred sixty-two (83.6%) cases had a favorable TB treatment outcome. In comparison to children 0–4 years, the 5–14 age group had a higher odds of a favorable outcome [odds ratio: 2.02, 95% confidence interval: 1.42–3.05]. Being 5–14 years was associated with lower risk of death (hazard ratio: 0.435; 95% confidence interval: 0.299–0.632). Those starting anti-TB treatment ≤3 months after antiretroviral therapy initiation had a survival probability of approximately 75% at 1 year compared with 95% for those who were HIV negative.

**Conclusions:** Most children in this cohort had favorable TB treatment outcomes. Worse outcomes were observed for younger children and if anti-TB treatment started ≤3 months after initiation of antiretroviral therapy. Rigorous screening for TB and isoniazid preventative therapy may reduce the burden of TB in this population and lead to better outcomes.
ABSTRACT

Do NOT ....

- Repeat the title
- Refer to things outside the abstract
  - It needs to be able to stand alone!
- Use References
- Use Abbreviations
INTRODUCTION

- Describes Importance of Topic
- Summarizes relevant literature
- “Funnel-Shaped Approach” for Writing
- 1-1.5 pages

State of problem globally
State of problem in Liberia
Short description of Liberia
What you are doing...

CONTENT

- Describe Public Health Burden
- Contributing factors to the Problem
- Previous work to address the problem
- Gap in the Literature
- Public health significance
Predictors of Health-Care Utilization among Children 6–59 Months of Age in Zambézia Province, Mozambique

Mary Boyum,1,2,3 Martins Bieye,1,2,3 Melanie Lopez,4 Omé Osopora,5 Lizzaro Gonzalez-Cabral,1,2 Elodie Nshimire,1,2,3,4 Ann F. Green,1 and Troy D. Moon,1,2,3,4 for the Ogumahle SCIP Zambézia Consortium

1Vanderbilt Institute for Global Health, Nashville, Tennessee. 2Friends in Global Health, Maputo, Mozambique. 3Department of Biostatistics, Vanderbilt University, Nashville, Tennessee. 4World Vision United States, Federal Way, Washington. 5World Vision International, Maputo, Mozambique. 6Division of Infectious Diseases, Department of Pediatrics, Vanderbilt University, Nashville, Tennessee

Abstract. Globally, approximately 5.9 million children under 5 years of age died in 2015, a reduction of over 50% since 1990. Millennium Development Goal 4 established the goal of reducing child mortality by two-thirds by 2015. Multiple countries have surpassed this goal; however, regional and within-country inequities exist. We sought to study determinants of healthcare utilization among children 6–59 months of age with fever, diarrhea, and respiratory illnesses in Zambézia Province, Mozambique. We conducted a population-based cross-sectional survey of female heads of household between April and May 2014. Mobile teams conducted interviews in 252 enumeration areas, with three distinct districts being oversampled for improved precision. Descriptive statistics and logistic regression using Stata 13.1 and R 3.2.2 were used to examine factors associated with healthcare utilization. A total of 2,517 children were evaluated in this study. Mothers’ median age was 26 years, whereas child median age was 24 months. The proportion of children reporting fever, diarrhea, or respiratory illness in the prior 30 days was 44%, 22%, and 22%, respectively. Healthcare utilization varied with 65% seeking health care for fever, compared with 57% for diarrhea and 25% for respiratory illness. In multivariable logistic regression, the characteristics most associated with health-care utilization across illnesses were delivery of last child at a facility, higher maternal education, and household ownership of a radio. The decision or ability to use health care is a multifaceted behavior shaped by societal norms, values, socioeconomic, and perceived need. Recognizing the predictors of a particular population may offer useful information to increase uptake in health-care services.

BACKGROUND

Globally, an estimated 5.9 million children under 5 years of age died in 2015, a reduction of over 50% since 1990.1,2 The Millennium Development Goals (MDGs), committed to by world leaders at the United Nations Summit in 2005, have produced the most successful health and development movement in history.3 MDG 4 established the goal of reducing child mortality rates by two-thirds between 1990 and 2015, and as of December 2015, several countries in Africa appear to have surpassed this goal. Despite these achievements, Africa still has the highest proportion of under-five mortality and accounts for almost half of all child deaths in the world.4 Additionally, within countries, regions have taken steps, indicating that continued effort is essential in this area.

In 2015, Mozambique ranked 180 of 189 countries on the United Nations Development Program Human Development Index, having the 23rd highest national under-five mortality rate at 7% per 1,000 live births.5,6 This rate has been falling over time with a 2005 national under-five mortality estimated at 136 per 1,000 live births compared with 210 per 1,000 live births in 1995.7,8 Although Mozambique appears to have surpassed its 2015 national under-five mortality target for MDG 4, substantial regional differences persist.9,10 Economic activity, infrastructure, and basic services are highly concentrated around the capital Maputo, which is located in the southernmost part of the country. In 2011, Maputo Province had the lowest under-five mortality (86 per 1,000 live births) compared with Zambézia Province (142 per 1,000 live births), which is among the highest risk provinces in Mozambique for under-five mortality (Figure 1).11,12 Additionally, Zambézia Province has among the lowest access to safe drinking water and sanitation among children (69% and 73%, respectively), as well as some of the lowest performance indicators for health outcomes in Mozambique.13 As a result, Zambézia has been labeled a priority province for development efforts.14

The majority of childhood deaths in Mozambique are caused by infectious, preventable, and treatable conditions including malaria, acute respiratory infections, diarrhea, and acquired immunodeficiency syndrome.12,13,14 Together, these conditions account for approximately 50% of all under-five mortality in Mozambique.15 The preventable treatable nature of the leading causes of child mortality indicates that increased utilization of health-care facilities could reduce the burden of child mortality attributed to these illnesses. Since its independence in 1975, the Government of Mozambique has attempted to increase access to health services by providing more services and removing fees for children under 5 years of age.16,17 The dominant assumption in public health is that allowing these services will result in increased utilization.18,19 However, uptake of health services for children under 5 years of age is more complex.

The determinants of health-care utilization range from socioeconomic to system-level factors including religious and cultural beliefs, age, education, sex, household income, travel time, and others.20,21 Understanding behaviors of health-care utilization for fever, diarrhea, and respiratory illnesses in Mozambique are even more important because these symptoms are often considered trivial to the caretaker, or not requiring immediate attention, despite their high association with under-five mortality and morbidity. These have been studied in various locations worldwide.22,23,24,25,26 but few
METHODS

- Be clear on each step
- 3-5 paragraphs (800 words)
- Most Common Components
  - Study Design
  - Theory (when applicable)
  - Subject Selection
  - Variables and Procedures
  - Analytic Methods
  - Human Subjects Approvals/Ethics statement
QUANTITATIVE RESULTS

- Narrative should be same logical sequence as tables/figures
- Summarize and not repeat all data from tables
- Include absolute numbers with percentages
- 3-4 paragraphs
  - Paragraph 1: Patient Characteristics
  - Paragraph 2: Evidence for Objective 1
  - Paragraph 3: Evidence for Objective 2
  - Paragraph 4: Evidence for Objective 3
QUALITATIVE RESULTS

- Narrative should be same logical sequence as tables/figures
- Summarize and not repeat all data from tables
- 3-4 paragraphs
  - Paragraph 1: Patient Characteristics
  - Paragraph 2: Theme 1
  - Paragraph 3: Theme 2
  - Paragraph 4: Theme 3
  - Paragraph 5: Theme 4
DISCUSSION

■ Summarize new and important findings
■ Compare findings with the literature
■ Conclusions follow objectives
■ Describes where the topic is heading
■ Suggest clinical implications
■ Discuss Limitations and Next Steps
■ Provide Conclusion
REFERENCES

- Cite primary work over review articles
- Avoid abstracts from conferences when possible
- “In Press” Articles require permission
- Avoid personal communication unless essential and not in public source
- Check accuracy and formatting
- Websites can be considered

Reference Management Software
- EndNote
- Zotero
- Mendeley
- RefWorks
- BibTeX
- RefM
Tables

- Each table on a single page
- Title summarizes data
- Do not use horizontal lines
- Give each column a heading
- Footnote explains content
- Identify statistical measures of variation

Figures

- Number consecutively according to cited
- High resolution images
- Letters, numbers, and figures need to be sufficient size
- Include titles and detailed explanations in legends rather than figure
DEFINING AUTHORSHIP

■ Substantial contribution to *(all the below)*:

– Conception and design

– Acquisition of data

– Analysis and interpretation

– Writing of Article

■ Draft and critical revision of manuscript for intellectual contact

■ Final approval of submitted version

■ Note: Some journals will provide authorship criteria upon submission
**AUTHOR ORDER**

- First author is generally the person driving the manuscript
- Last author is typically a PI or senior mentor to the first author
- First three authors are important: regardless of journal reference format the first three authors will typically be visible

-On average think no more than 10 authors.

-Publishing takes a lot of work, you want to make sure the authors listed meet the previously listed criteria.

-Others may be important to the research and can be listed in the acknowledgements
CHOOSING A JOURNAL

■ Review Scope of Journal
  – If your articles does not have the same scope, NEXT!

■ Journal Prestige and Rankings
  – Impact Factors, Quality, Rankings

■ Review Published Studies
  – Compare most sections of manuscripts to see if a good fit.
  – For example, just because the scope is similar the journal may not have a history of publishing qualitative research.

■ Review Reference Listings – Similar references indicate this journal could be IT!
**IMPACT FACTOR (IF)**

- The higher the IF, the more highly ranked the journal.
- It is used to compare journals in a subject category.
- Top 5% of journals IF ≥ 6
- 2/3 of journals have IF > 1
- Usually aim for 2 or higher!

![Impact Factor Diagram](image-url)
WHO IS JANE?

- Stands for Journal/Author Name Estimator
- JANE helps to:
  - Identify a journal, find relevant articles to cite in your manuscript, and find reviewers if an editor
- How does it work?
  - Enter title, abstract, and/or keywords of paper in box and click ‘find journals’, ‘find authors’, or ‘find articles’
  - JANE compares the information to documents in PubMed to find best matching journals, authors, or articles
- JANE relies on data in MEDLINE, PubMed, and Directory of Open Access Journals (DOAJ) to identify high-quality journals and reduce chances of papers from predatory journals.
MANUSCRIPT PREPARATION

- Review Journal Submission Guidelines/ Guidelines to Authors
- Be aware of publishing schedules (biweekly, monthly, bimonthly, quarterly, annually, immediate (online and open access)
- Never submit to multiple journals at ONE time
- Be aware if it is indexed in Medline/PubMED
- Be aware of costs associated with publishing
Peer Review Process

Reviewers chosen based on:
1) Subject
2) Research Methodology

Submit Manuscript (6-15 months)

Manuscript Assigned Number

Editorial Review 2-3 weeks

Core Concepts of Peer Review:
1) Replicable
2) Reproducible

Assigned Peer review 2-3 Reviewers (2-8 weeks)

REJECT

ACCEPT

REVISE OR CONDITIONALLY ACCEPT

REJECT

AVAILABLE IMMEDIATELY

PUBLISHED 1-3 months

EMBARGOED

GALLIES 2-6 months

ACCEPT

REJECT
REASONS FOR REVISION REQUESTS

- Minor Faults in methodology
- Minor inaccuracies in data
- Inconsistencies among different sections of manuscripts
- Faulty Deductions
- Data do not support conclusions
- Excessive data or text
- Poor or excessive illustrations
- Poor but salvageable
- Poor English
Sexual Transmitted Infection (STI) Risk Associated with Beliefs about Virginal Sex and Perceived Social Norms among Inmates in KwaZulu Natal

Torrance Stephens1, Darius Gardner1, Kenna Jones1, Sibusiso Silunda2, and Ronald L. Brainwhites2
(please check author name with author affiliation)

1Curtis Medical Research Center, College of Medicine, University of South Africa
2Preventive Medicine, Menopause Society of South Africa

Authors' contributions Please write this section

This work was carried out in collaboration between all authors. JS designed the study, wrote the protocol, and wrote the first draft of the manuscript. GTF managed the literature search, analyses of the study performed the statistical analysis and wrote and MB managed the experimental process and MM identified the species of plant. All authors read and approved the final manuscript.

Original Research Article

Received 23rd April 2014
Accepted 2014
Published 2014

ABSTRACT

This study examines the association between self-reported beliefs of primarily Zulu speaking, rural women regarding virginial sex and its perceived utility for the prevention of HIV/AIDS and STIs and its impact of perceived social norms regarding sexual activity. This exploratory study was conducted to identity various correlates of beliefs regarding having sex with virgins among men who were incarcerated in two prisons in KwaZulu Natal, South Africa. Findings are based on self-reported data obtained from 105 participants. The mean age of the inmates was 28.4 (SD = 7.5) years of age. This exploratory study of inmates housed in KwaZulu Natal prisons found that in general, the belief that sex with virgins can cure HIV/AIDS is marginal if true among this population.

*Corresponding author e-mail: stephensj@gmail.com

Once Accepted...

- Review of a Galley Proof by all authors
- Last time to make corrections!
- Return in specific period according to journal
- Be ready to pay fees if that’s the journals requirement (e.g., submission fees, page proof fees, change fees)
ETHICS OF WRITING

■ You must be committed to ethical principles even if it delays your work!

■ Common ethical issues include:
FINAL ADVICE

- Start Writing Early (e.g., introduction and methods during data collection)
- Writing Partner, Team, or Manuscript Sprints
- Focus on High Visibility Components—Title, Abstract, Tables/Figures
- Organization with Headings and Subheadings
- Finish strong: Outside Reviewers to read paper
- Always spellcheck
- Don’t harass any of the journals editors pre, during, and post-submission — You can be flagged and automatically rejected
QUESTIONS?
THOUGHTS?