

Webinar for Midwives in Ethiopia | July, 2019

The Basics of Scientific Manuscript Publishing



CIRHT

The Center for International
Reproductive Health Training
at the University of Michigan



**SCHOOL OF
PUBLIC HEALTH**
UNIVERSITY OF MICHIGAN

Introductions



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What about you?

Please share:

- Your name
- Name of your institution
- Short summary of your research topic

Outline of Webinar

First Half:

1. Strategies for journal selection
2. Avoiding predatory journals
3. Authorship basics
4. Ethical guidelines
5. Developing your research question

Second Half:

6. Titles
7. Brief overview of introduction
8. Brief overview of methods
9. Brief overview of results
10. Brief overview of discussion
11. Submitting your paper
12. Conclusion

Learning Objectives

1. Understand strategies for selecting appropriate target journal for scientific manuscripts
2. Learn what plagiarism is and the consequences of plagiarism in scientific publishing
3. Understand how to develop a clear and testable research question
4. Understand the basic structure of a scientific journal article
5. Recognize the steps needed to successfully submit a scientific manuscript to a peer-reviewed journal

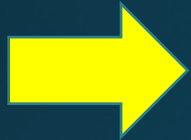
1. Strategies for selecting a journal

Strategies for selecting journal

1. Enter key words into database (e.g. PubMed) and review journals listed in results
2. Look in your reference list
3. Use search engine such as JANE (Journal Author Name Estimator) <http://jane.biosemantics.org/>
4. Use a search engine such as Global Health Journal Search <https://www.ghjournalsearch.org/>
5. If you are a junior author, discuss with senior author
6. Where is the journal indexed (PubMed, etc)?

Rejection due to submitting to “wrong” journal

Two scenarios:

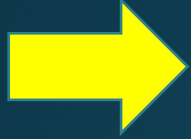


1. Submission out of journal's scope
2. Submission not enough of impact for journal

Rejection due to submitting to “wrong” journal

Two scenarios:

1. Submission out of journal's scope



2. Submission not enough of impact for journal

"I came up with a list of journals, some are very competitive (high impact factor) and others are much less competitive. How can I judge what tier journal is appropriate for my paper?"

- Journal tier is related to quality of methods and data, and impact /novelty of research
- Experience required to judge appropriate tier journal
- Junior researchers: consult with senior researchers



2. Avoiding Predatory Journals

What are predatory journals?

- Predatory journals: dishonest journals or publishers who publish articles with little or no real peer review
- They may publish real papers but no rigorous peer review
- They want your money
- Often send emails inviting you to submit paper
- Publishing in predatory journal will hurt your career

How can I tell if a journal is predatory?

- Beall's list no longer active (ceased 2016)- DO NOT USE
- Consult colleagues and mentors
- Use this website <http://thinkchecksubmit.org/check/>
 - See next slide for more

<http://thinkchecksubmit.org/check/>



Reference this list for your chosen journal to check if it is trusted.

- Do you or your colleagues know the journal?
 - Have you read any articles in the journal before?
 - Is it easy to discover the latest papers in the journal?
- Can you easily identify and contact the publisher?
 - Is the publisher name clearly displayed on the journal website?
 - Can you contact the publisher by telephone, email, and post?
- Is the journal clear about the type of peer review it uses?
- Are articles indexed in services that you use?
- Is it clear what fees will be charged?
 - Does the journal site explain what these fees are for and when they will be charged?
- Do you recognise the editorial board?
 - Have you heard of the editorial board members?
 - Do the editorial board mention the journal on their own websites?

- Is the publisher a member of a recognized industry initiative?
 - Do they belong to the Committee on Publication Ethics (COPE) ?
 - If the journal is open access, is it listed in the Directory of Open Access Journals (DOAJ) ?
 - If the journal is open access, does the publisher belong to the Open Access Scholarly Publishers' Association (OASPA) ?
 - Is the journal hosted on one of INASP's Journals Online platforms (for journals published in Bangladesh, Nepal, Sri Lanka, Central America and Mongolia) or on African Journals Online (AJOL, for African journals)?
 - Is the publisher a member of another trade association?

Use multiple strategies to assess whether a journal is predatory or legitimate.

3. Authorship Basics

Who Should be an Author?

ICMJE* Criteria for Authorship

- Substantially contribute to conception or design; OR acquisition, analysis, or interpretation of data; AND
- Draft work or revising it critically for important intellectual content; AND
- Approve final version to be published; AND
- Agree to be accountable for all aspects of work in ensuring that questions related to accuracy or integrity of any part of the work are appropriately investigated and resolved.

*International Committee of Medical Journal Editors

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

Job satisfaction and determinant factors among midwives working at health facilities in Addis Ababa city, Ethiopia

Eyasu Tamru Bekru, Amsale Cherie, Antehun Alemayehu Anjulo

Published: February 17, 2017 • <https://doi.org/10.1371/journal.pone.0172397>

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Competing Interests

The authors have declared that no competing interests exist.

Author Contributions

Conceptualization: ET AC AA. Data curation: ET AC AA. Formal analysis: ET AC AA. Investigation: ET AC AA. Methodology: ET AC AA. Project administration: ET AC. Resources: ET AC AA. Software: ET AC AA. Supervision: ET AC. Validation: ET AC. Visualization: ET AC AA. Writing – original draft: ET AC AA. Writing – review & editing: ET AC AA.

Authors: What Order?

- Depends on field of study
- Typically first author writes draft
- Typically last author is senior person

Advice: be clear about authorship from the start

- Deciding who is an author often depends on rules of institution, laboratory/ research group
- Expect journals to ask details of how each author contributed
- Talk to authors early to clarify roles and author order (first, last, second, etc.)
- Don't wait until after paper is written to discuss authorship roles and order of authors

Example of Author's contributions

Authors' contributions

DL wrote the proposal, participated in data collection, analyzed the data and manuscript writing. DT and HM accredited the proposal with some revisions, participated in data collection, analysis and manuscript writing. All authors read and approved the very last manuscript.

Determinants of stillbirth among women deliveries at Amhara region, Ethiopia

Demeke Lakew, Dereje Tesfaye and Haile Mekonnen

Use acknowledgments to recognize those who don't qualify as authors

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Why do women prefer home births in Ethiopia?

Solomon Shiferaw, Mark Spigt, Merijn Godefrooij,
Yilma Melkamu and Michael Tekie

4. Ethical Guidelines

Ethical issues:

- Plagiarism:
 - “theft or misappropriation of intellectual property and the substantial unattributed textual copying of another’s work.”
 - Copying someone else’s ideas or text without giving them credit
- Paper submitted to more than one journal at a time
- Consent not obtained from participants
- Approval not obtained from ethics committee for human or animal research

Dyslipidemias in type 2 diabetes mellitus
Nnewi South-East Nigeria

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Abstract

Background: Dyslipidemia has been shown to play an integral role in the pathogenesis of atherosclerosis and cardiovascular complications in type 2 diabetes mellitus patients. The complications of cardiovascular disease cause the most morbidity and mortality in this group of patients.

Objective: This study is aimed at understanding the pattern of dyslipidemia among type 2 diabetes mellitus patients in Nnewi South-East Nigeria.

Materials and Methods: A total of 108 consenting adult type 2 diabetic patients were recruited from Nnamdi Azikiwe University Teaching Hospital Nnewi were evaluated in this cross-sectional study. Fasting blood glucose, weight, height and blood pressure were evaluated.

Results: The prevalence of dyslipidemia (at least one abnormal lipid profile) was 94.4% among type 2 diabetic patients. Reduced HDL constituted the highest abnormality followed by hypertriglyceridemia (56.5%), hypercholesterolemia (53.7%) and high LDL (47.2%).

Conclusion: Dyslipidemia is highly prevalent among type 2 diabetic patients in Nnewi South-East Nigeria. We recommend that aggressive treatment of lipid abnormalities can be instituted to reduce the risk of macro and microvascular complications.

Keywords: Dyslipidemia, type 2 diabetes mellitus, Nigeria

Introduction

Type 2 diabetes mellitus is a chronic metabolic disorder characterized by hyperglycemia and dyslipidemia. The dyslipidemia in type 2 diabetes mellitus is characterized by a combination of abnormalities including hypertriglyceridemia, low-density lipoprotein (LDL) cholesterol, and high-density lipoprotein (HDL) cholesterol [1].

The impact of coronary artery disease on the health of the world's population is well documented. It is now the leading cause of death in many countries [2]. The current trend towards urbanization and sedentary lifestyle has been linked to the increase in the prevalence of type 2 diabetes mellitus and its complications [3].

Dyslipidemia is a metabolic derangement that is characterized by an abnormal lipid profile. It is a condition in which the levels of lipids in the blood are abnormal. This can lead to the development of atherosclerosis, which is a condition in which the arteries become narrowed and hardened by the buildup of fatty deposits, called plaques, on their inner walls. This can lead to the development of heart disease and stroke.

In this study, the serum lipid profile of type 2 diabetic patients was determined. The study was conducted in Nnewi South-East Nigeria. The study was conducted in Nnewi South-East Nigeria. The study was conducted in Nnewi South-East Nigeria.

INTRODUCTION

Type-2 diabetes mellitus is associated with

PATIENTS AND METHOD

This study was conducted at Nnamdi Azikiwe University Teaching Hospital Nnewi, a tertiary health institution in South-East Nigeria. The study was conducted at Nnamdi Azikiwe University Teaching Hospital Nnewi, a tertiary health institution in South-East Nigeria.

Result

The study population comprised of 108 type 2 diabetic patients with a male:female ratio of 52.8%:47.2% respectively. The characteristics of the subjects are shown in Table 1.

Sixty-nine (63.9%) were aged ≥ 10 years and 39 (36.1%) were aged < 10 years. The mean age was 55.72 ± 10.56 years. The mean duration of diabetes mellitus was 6.52 ± 10.43 years. The mean BMI was 28.31 ± 4.97 kg/m². The mean systolic blood pressure was 137.35 ± 20.43 mmHg. The mean diastolic blood pressure was 83.33 ± 9.55 mmHg. The mean fasting blood glucose was 8.18 ± 2.89 mmol/L. The mean total cholesterol was 4.82 ± 1.12 mmol/L. The mean triglycerides were 1.89 ± 0.72 mmol/L. The mean HDL-C was 0.92 ± 0.58 mmol/L. The mean LDL-C was 3.21 ± 1.29 mmol/L.

Characteristics of diabetes with duration of DM ≥ 10 years and < 10 years are shown in Table 2. Mean age, BMI, FBG, systolic BP and diastolic BP were all higher in diabetes with duration ≥ 10 years but the differences were not significant ($P > 0.05$ in all instances). Mean TC and TG were higher while mean HDL-C and LDL-C were lower in diabetes with duration of DM ≥ 10 years. These differences were however not significant.

The distribution of dyslipidemia in the two groups of diabetes is shown in Table 3; there were no significant differences in the lipid profiles in these groups.

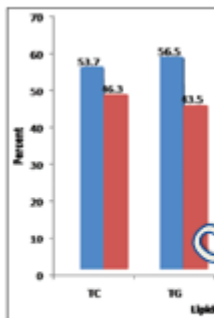


Figure 1: Distribution of lipid

papers
red

RESULTS

The study population comprised of 108 type-2 diabetic patients with a male: female ratio of 1.123 (males

Table 1: Characteristics of the subjects

Characteristics	Mean \pm SD
Age (years)	57.07 \pm 11.45
Duration of DM (years)	7.97 \pm 6.73
BMI (kg/m ²)	28.37 \pm 5.46
Systolic BP (mmHg)	140.56 \pm 23.52
Diastolic BP (mmHg)	82.69 \pm 10.90
Fasting blood glucose (mmol/L)	8.33 \pm 3.32
Total cholesterol 9 mmol/L	4.89 \pm 1.19
Triglyceride (mmol/L)	1.86 \pm 0.71
HDL-C (mmol/L)	0.92 \pm 0.59
LDL-C (mmol/L)	3.19 \pm 1.31

Table 2: Clinical and biochemical characteristics (mean \pm SD) of the subjects according to duration of DM

Characteristics	DM duration < 10 years, N=69	DM duration ≥ 10 years, N=39	P value
Age (years)	56.74 \pm 11.45	57.67 \pm 11.37	0.688
FBG (mmol/L)	8.18 \pm 3.6	8.61 \pm 2.64	0.527
TC (mmol/L)	4.82 \pm 1.12	5.01 \pm 1.29	0.423
TG (mmol/L)	1.85 \pm 0.69	1.86 \pm 0.73	0.982
HDL-C (mmol/L)	0.92 \pm 0.58	0.89 \pm 0.62	0.807
LDL-C (mmol/L)	3.22 \pm 1.25	3.13 \pm 1.39	0.721
Systolic Bp (mmHg)	138.12 \pm 22.1	144.87 \pm 25.6	0.152
Diastolic Bp (mmHg)	82.32 \pm 11.7	83.33 \pm 9.55	0.645
BMI (kg/m ²)	28.31 \pm 4.97	28.42 \pm 6.27	0.878

Table 1

Characteristics of the subjects

Characteristics	Mean \pm SD
Age (years)	56.06 \pm 10.45
Duration of DM (years)	6.97 \pm 5.80
BMI (kg/m ²)	28.37 \pm 5.46
Systolic BP (mmHg)	140.56 \pm 23.52
Diastolic BP (mmHg)	83.69 \pm 10.90
Fasting blood glucose (mmol/L)	8.53 \pm 3.32
Total Cholesterol (mmol/L)	4.92 \pm 1.11
Triglycerides (mmol/L)	1.88 \pm 0.75
HDL-C (mmol/L)	0.93 \pm 0.61
LDL-C (mmol/L)	3.21 \pm 1.29

Table 2

Clinical and Biochemical Characteristics (mean \pm SD) of the Subjects according to duration of DM

Characteristics	Duration Of DM		P
	< 10 Years	≥ 10 Years	
Age (years)	55.72 \pm 10.56	56.52 \pm 10.43	0.672
BMI (kg/m ²)	28.31 \pm 4.93	28.42 \pm 6.21	0.875
Systolic BP (mmHg)	137.35 \pm 20.43	143.92 \pm 23.72	0.150
Diastolic BP (mmHg)	82.32 \pm 11.7	83.33 \pm 9.55	0.645
Fasting blood glucose (mmol/L)	8.18 \pm 2.89	8.61 \pm 2.92	0.527
Total Cholesterol (mmol/L)	4.82 \pm 1.12	5.01 \pm 1.29	0.423
Triglycerides (mmol/L)	1.89 \pm 0.72	1.90 \pm 0.75	0.979
HDL-C (mmol/L)	0.92 \pm 0.58	0.89 \pm 0.62	0.807
LDL-C (mmol/L)	3.21 \pm 1.24	3.12 \pm 1.38	0.721

Sanctions for Plagiarism

- Journals may:
 - publish a retraction
 - inform the author's institution
 - refuse for a time to consider future work from the author(s)

5. Developing Your Research Question

“Research Question”

- Definition: a *general term* including research objective, aim, hypothesis and questions
- Generally placed at the end of the Introduction Section

Components of a Research Question

- Dependent and Independent Variables
- Study Design
- Timing
- Population
- Setting

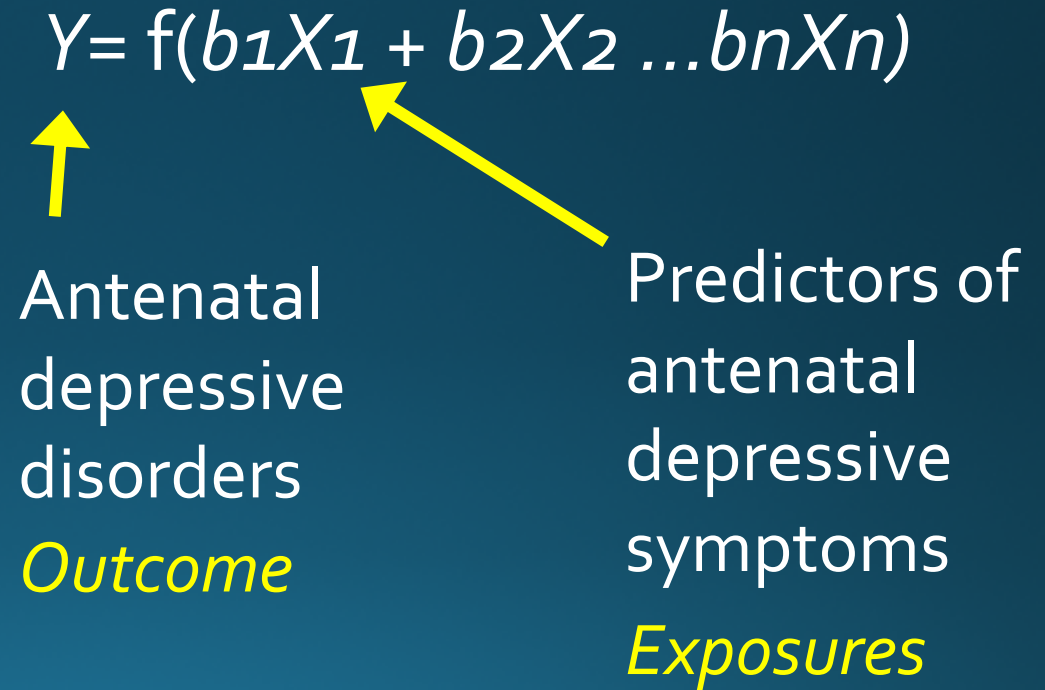
Qualities of a Good Research Question

- Clear
- Brief
- Detailed
- Answerable

You should be able to imagine the analysis from the Research Question

Example:

“therefore, the purpose of this study was to assess the magnitude of antenatal depressive disorders and identify predictors of antenatal depressive symptoms among Adama Hospital antenatal clinic attendants”



6. Titles

Which title do you like better?

A

Determinants of Facility-Based Childbirth in Indonesia

The Scientific World Journal (2019).
<https://doi.org/10.1155/2019/9694602>

B

Determinants of neonatal mortality in rural Northern Ethiopia: A population based nested case control study

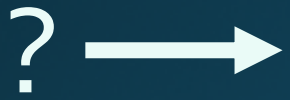
PLOS ONE. 2017 April;
<https://doi.org/10.1371/journal.pone.0172875>

Function of a title

- Capture reader's interest
 - Title will be read by thousands
 - Fewer will read your entire paper
- Identify paper's main topic or message
- Indexing tool

Advice about Titles

- Review examples and guidelines from journal
- Where appropriate, extend title beyond regional area to other settings



Example: “Health information-seeking behaviours among pregnant teenagers in Ejisu-Juaben Municipality, Ghana ”

- Instead, where appropriate, include words like “urban” “middle-income country” that are generalizable and that those outside your region will understand
- Use key words to supplement title
- Write final title at the end
- Ask colleague to give feedback on your title

Advice about Titles

- Don't use abbreviations unless VERY common (like DNA or RNA)
- Consider how someone would search for a word: by abbreviation or by spelling it out?
 - You want people to find your paper!

7. Brief Overview of Introduction Section

Background

1

You should care about this research;
this research is important **"So what?"**

2

What's already known
about topic

3

What's not **"Gap"**
known about topic

Background

4

Why important to
learn this new
information

3-5 paragraphs

5

Research question or aim

Background

Advice: Introduction Section

- Make sure your literature review is complete
- Your introduction should be very focused
- It should be about 3-5 paragraphs

8. Brief Overview of Methods Section

Writing Methods Section

Explain

HOW study was done

Justify

WHY you used methods

- Context to understand and interpret results

- Enable replication

Methods Section: What to Include

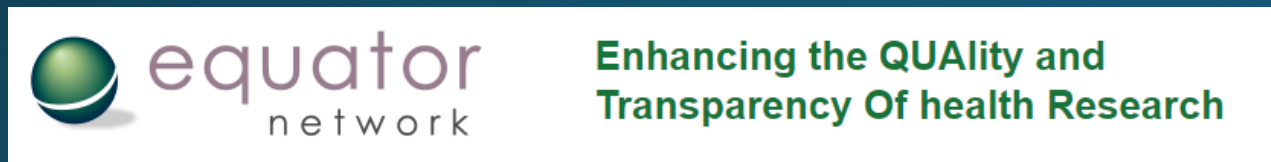
- Setting, participants
- Study design, timing
- Recruitment, sampling
- Data collection
- Dependent, independent variables, covariates
 - Justify and explain
- Analysis
 - Explain each part of research objective /question
- Ethical approval

Organizing Your Methods Section

- Author guidelines
- Examples from target journal (similar topic and study design)



<http://www.icmje.org/recommendations/browse/manuscript-preparation/preparing-for-submission.html#d>



<http://www.equator-network.org/>

9. Brief Overview of Results Section

Recommendation #1: Include the direction of associations

Positive Example

Women delivered by inexperienced midwives had a higher rate of severe perineal tears compared with women delivered by highly experienced midwives (0.5% vs 0.2%, respectively, $P=.024$).

Negative Example

Binary logistic regression analysis showed that residence, household headship, maternal educational and marital status, parity, mode of delivery and birth order were statistically associated with early initiation of breastfeeding at $p\text{-value} < 0.05$.

Even if it seems obvious, include the direction of association

Recommendation #2: Focus on associations rather than statistical tests

ORIGINAL

All body composition variables were negatively associated with fracture risk. Individual associations were $\beta = -0.23$ ($p < 0.001$) for BMI, $\beta = -0.24$ ($p < 0.001$) for fat mass and $\beta = -0.31$ ($p < 0.001$) for lean mass.

List of β rather than describing each association

REVISED

For each one-unit increase in BMI, a woman's fracture risk score decreased by .23 points (95% CI XX – XX).

Instead of p value

Focus of sentence is variables and direction of association

Advice about Tables and Figures

- Be sure that each table and figure has a clear message
- They should complement rather than repeat text
- They should be understandable on their own (without reading text)
- The title / legend should be complete, including comparisons and tests, information about sample and timing
- Be sure that colors make the figure easy to read
- Figures are often more interesting and easier to understand than tables

Table 2: Characteristics of study participants

	Individual care	Group care	P value
Demographic characteristics			
Age at recruitment (mean \pm SD)	25.4 (4.8)	23.6 (4.9)	0.009
Race			
Black	38 %	47 %	0.207
White/other	62 %	53 %	
No other children	36 %	60 %	0.001
Married	17 %	19 %	0.747
Education			
Less than high school	22 %	24 %	0.887
High school diploma	66 %	65 %	
Associate's degree or higher	12 %	10 %	
Income			
\$20,000	31 %	25 %	
Census tract population density, people per square mile (mean \pm SD)*	1486 (1036)	1429 (1010)	0.682
Census tract population density ^a			
65-588 people per square mile	23 %	25 %	0.598
589-1500 people per square mile	38 %	43 %	
Over 1500 people per square mile	39 %	32 %	
Food secure in early pregnancy	69 %	74 %	0.493
WIC participation in pregnancy	89 %	89 %	0.964
SNAP participation in pregnancy	51 %	41 %	0.158
Psychosocial measures (survey 1)			
Perceived stress (mean \pm SD)	17.7 (6.3)	18.1 (6.5)	0.685
Depressive symptoms (mean \pm SD)	11.8 (7.6)	12.7 (8.9)	0.436
Prenatal distress (mean \pm SD)	10.6 (6.9)	12.2 (6.9)	0.099
Planning-preparation coping (mean \pm SD)	28.1 (11.8)	31.3 (12.)	0.064
Avoidance coping (mean \pm SD)	14.4 (7.6)	15.6 (8.6)	0.289
Positive affect (mean \pm SD)	33.6 (8.3)	34.0 (8.2)	0.777
Negative affect (mean \pm SD)	22.8 (8.4)	23.9 (9.0)	0.375
Coping resources (survey 1)			
Maternal social support (mean \pm SD)	25.2 (4.5)	24.8 (4.9)	0.577
Life orientation (optimism) (mean \pm SD)	14.8 (5.1)	15.1 (4.8)	0.668
Weeks between survey 1 and 2 (mean \pm SD)	20.7 (2.4)	19.9 (2.5)	0.027
Total participants survey 1 & 2	99	115	
WIC participation postpartum	90 %	84 %	0.211
SNAP participation postpartum	49 %	45 %	0.633
Weeks postpartum for survey 3 (mean \pm SD)	6.8 (2.2)	6.7 (2.7)	0.708
Total participants survey 1 & 3	90	110	



Title not complete

Negative example

Complete Title



Table 1

Percentage of facilities that require women to purchase supplies and that require payment before emergency among facilities that perform deliveries, Ethiopia, 2008.

	Charge fee or require woman to buy supplies for normal delivery, % ^a	Require payment prior to treatment for obs/gyn emergency, % ^a	Total number of facilities that perform deliveries
National	68	19	751
Facility type			
Hospital	85	38	112
Government	83	30	90
Other	91	73	22
Health center/clinic	66	16	639
Government	65	16	625
Other	71	21	14

^a Two health centers did not answer and were excluded from denominators in these columns.

Positive example

Negative example

Colors not easy
to distinguish

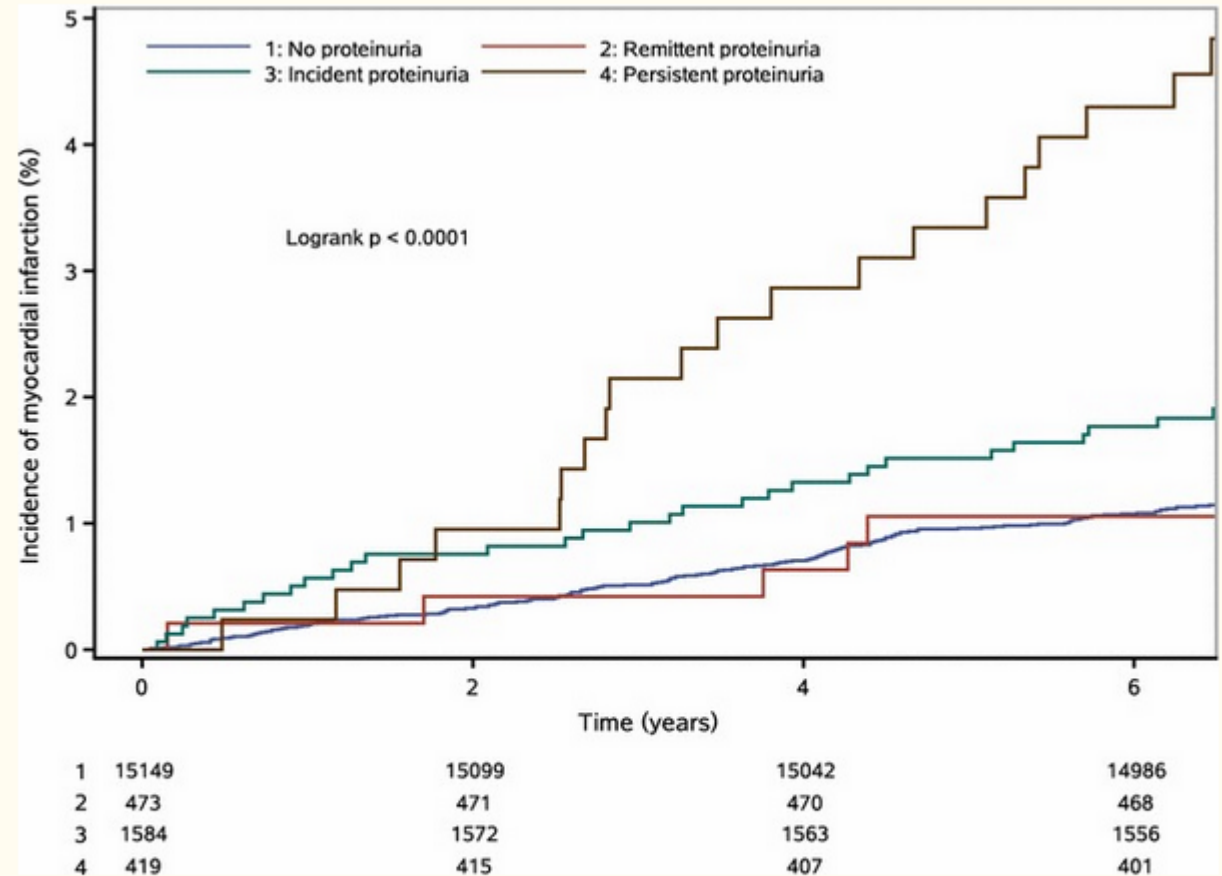


Fig. 3

Survival curves of changes in proteinuria and myocardial infarction

Negative example

When possible,
create a figure
rather than a table
(see next page)...

Table 1. Frequency of Self-Injurious behaviours in the past year (N = 1571).

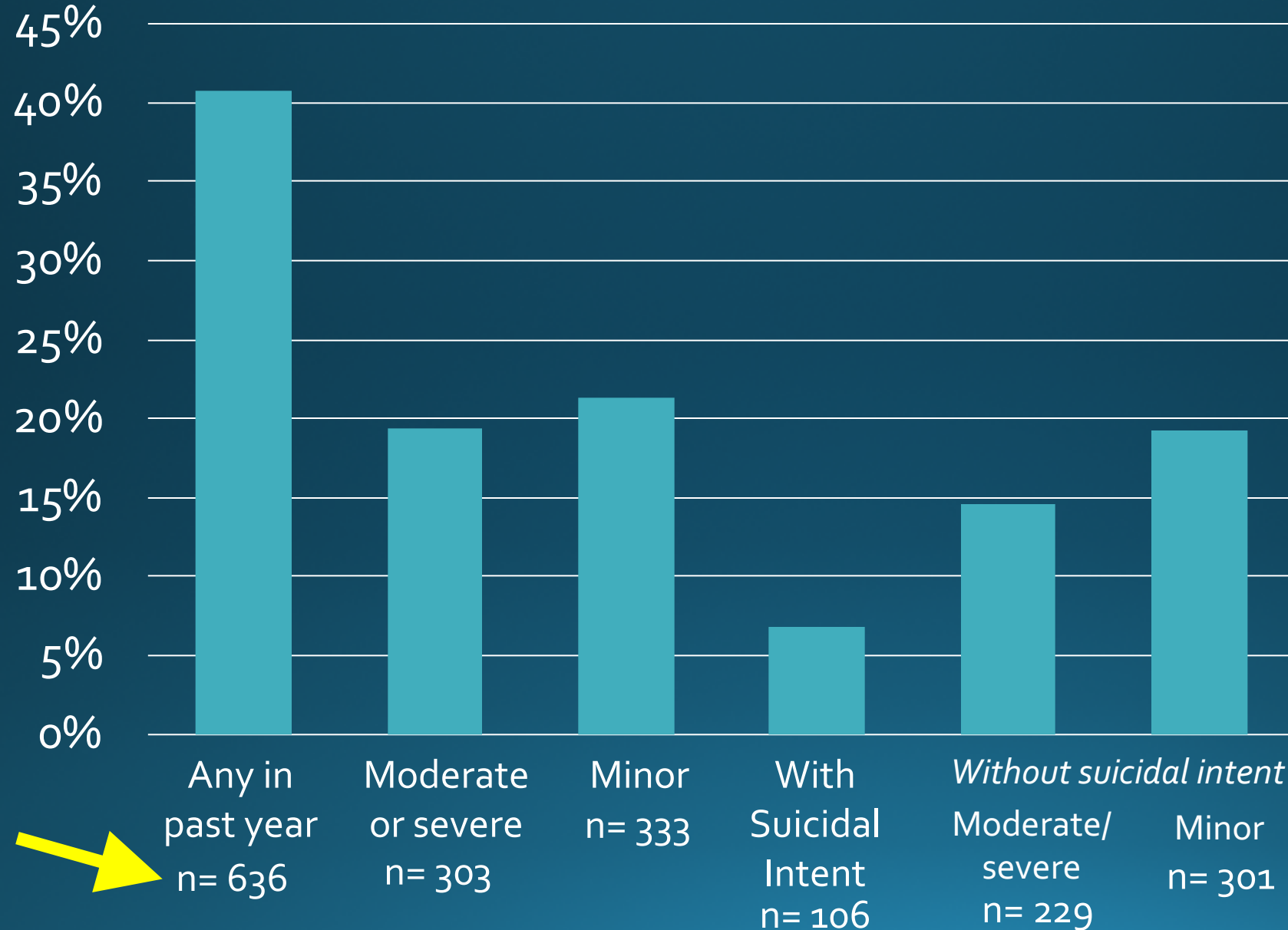
	N	%
Any self-injury in the past year	636	40.7
Moderate/Severe self-injury ^a	303	19.4
Minor self-injury only	333	21.3
Self-injury with associated suicidal intent	106	6.8
Moderate/Severe self-injury ^a without suicidal intent	229	14.6
Minor self-injury without suicidal intent	301	19.2

Note: Participants could endorse more than one method of self-injury; Total N's may vary due to missing data.

^a

This includes participants who reported moderate/severe forms of self-injury alone or in combination with minor forms of self-injury.

Frequency of self-Injurious behaviours in past year, young adults in urban India (N = 1571).



Title more complete

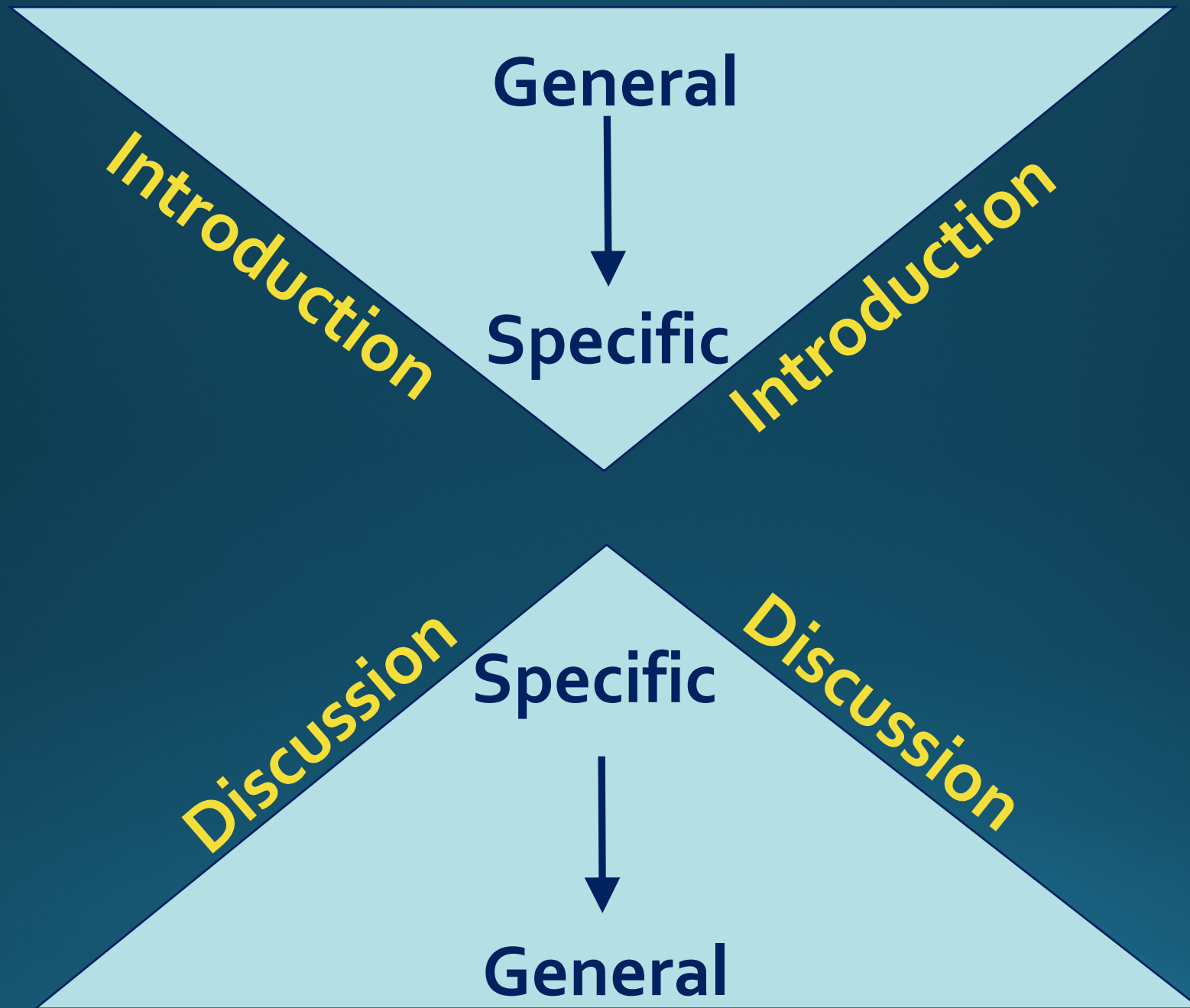
Positive example

Can include details in figure


Advice: Check Consistency

- Make sure all parts of research question answered in results
- Make sure analysis and variables for each result is explained in methods

10. Brief Overview of Discussion Section



Elements of the Discussion Section

- 
- Restate main findings
 - Significance of results & interpret meaning
 - Compare results with other research
 - Pathways that might explain results
 - Strengths of study
 - Limitations of study
 - Impact and applications of research
 - Suggestions for future work

Recommendation #1: Describe possible pathways

In this study, most of pregnant mothers who chewed khat during pregnancy had a tendency to chew almost every day and throughout their pregnancy time. This could lead to poor appetite of pregnant mothers as khat has a known effect of decreasing appetite in many people (Lemieux et al. 2015) and has vaso-constrictive effect on placental vessels (Lemieux et al. 2015; Jansson et al. 1987). Hence, poor appetite of pregnant mothers could lead to a poor nutritional status of the mother and inadequate weight gain during pregnancy which was identified as a factor for LBW in this and in other previous studies.

Soft (indirect)
language

References

Recommendation # 2: Include your strengths!

As a cross-sectional baseline analysis of our longitudinal cohort, our study has many strengths. Our cohort includes a large number of adolescents with endometriosis, more than double that of the case series and cross-sectional studies frequently referenced, and required a surgical diagnosis for inclusion. We also have collected standardized,²⁹ validated, detailed information regarding self-reported and clinically evaluated symptoms across a variety of pain types, locations, and patterns.

Start with most
impressive
strength

Recommendation # 3: Acknowledge and defend your limitations

Our study has several limitations.

Our data also relied on electronic medical records from a single health care system; immunizations administered by providers not affiliated with our system may not have been completely captured.

This may result in a potential over-estimation of missed opportunities. However, in our study population, this is unlikely to have been a major issue. In a different study from our institution, a sample of adult women who sought care at our clinic were interviewed to assess all prior sources of care since 2006, when the HPV vaccine was introduced. We found that an accurate HPV vaccine history could be ascertained in 82% of these women by reviewing electronic medical records because the majority of

these adult women received care either exclusively at our clinic or at one of the other sites within the Yale–New Haven Hospital System (unpublished data).

Acknowledge
potential
limitations...



Immunization data came from EMR (may not have captured all immunizations)

Be specific about possible impact on results

but defend
where
appropriate.



Where appropriate, provide reason why limitation might not be a big problem

Recommendation #4: Include suggestions for future work

anaesthesia. Further research is needed into the aetiology, outcomes and prevention of neonatal hypothermia during CS. Well-designed meta-analyses and systematic reviews of the current literature on the prevention of IPH are needed, due to the high number of published trials.

Be as specific as possible

Avoid cliché:
“This problem needs further studies.”

Recommendation #5: Explain applications of your findings

4.3. Implications

Our findings suggest that women employ CCU to hide family planning from their partners as well as the community. This information can help programmers, clinicians, and family planning practitioners tailor clinical care and community mobilization campaigns to provide welcoming and inclusive care. It also underscores the importance of confidentiality and discretion when providing reproductive healthcare, for a woman may be trying to hide her contraception from both her partner and the community. Moreover, clinicians and practitioners should be aware that CCU may be common and provide education to women on the wide variety of contraceptive methods to help them understand if their current method is best for their safety, health, and well-being.

Heck et al. "It is my business": A Mixed-Methods Analysis of Covert Contraceptive Use among Women in Rakai, Uganda. *Contraception* (2018, in press)

Appropriate
for audience

Not too
ambitious

Many studies with
high-quality designs
to show causal
association

Recommendation #6: Don't Repeat Results

Recommendation #7: Don't use old references

- Show reviewers you are aware of all important and recent findings-- discuss and cite them
- Continue searching for new articles as you work on your paper (can take 1-2 years to develop and publish)
- Avoid citing inappropriate references for biomedical journals (like Wikipedia and magazines)

11. Submitting your paper

Follow Author & Submission Guidelines

- STUDY guidelines
- Allow time to complete online submission thoroughly
- Be sure manuscript is complete; with title, authors, affiliations, keywords, main text, references, tables figures
- Check submission-generated PDF carefully

Writing and Language

- Very poor writing will cause your paper to get rejected
- Poor English language will cause your paper to get rejected
- **If necessary, work with an editor to improve language and writing, organization and completeness**

Include a Cover Letter

- Helpful to summarize your paper
- Make argument for relevance and importance of your paper
- Check that journal and editor name are correct!
- Optional at some journals
- Different content for different journals
 - Some journals require author/ copyright/ ethical information
- Check author guidelines carefully

Cover letters should emphasize:

- Why study is important and relevant
- What is NEW that study contributes
- Example cover letters available at PREPSS website...

Resources for Writing a Cover Letter



The screenshot shows the PREPSS (Pre-Publication Support Service) website. The header includes the PREPSS logo and navigation links: Home, Donate, Staff, For Authors, Submit, Peer Reviewers, Copy Editors, For Reviewers, and More. A search icon is also present. The main banner features a world map and the text "COVER LETTERS". Below the banner, a section titled "Examples of cover letters (files may include more than one cover letter example)" lists several resources:

- [American Society of Tropical Medicine and Hygiene](#)
- [American Journal of Epidemiology #1](#)
- [American Journal of Epidemiology #2](#)
- [Journal of Nutrition](#)
- [Journal of Neurosurgery #1](#)
- [Journal of Neurosurgery #2](#)
- [Generic #1](#)
- [Generic #2](#)

[Link to Cover Letter Resources on PREPSS Website](#)

12. Conclusion

Key Points:

- Strategically choose target journal
- Communicate with authors early about roles
- Write a research question that is clear, brief, detailed, and answerable
- Follow writing structure / formula for different sections of paper
- Follow ethical guidelines
- Write a convincing and thoughtful cover letter

Thank you for your time!

We are happy to answer any questions that you might have now
or

Email us at prepssadmin@umich.edu anytime!

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