# Purpose, Academics, & Writing

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**Burn Center** 



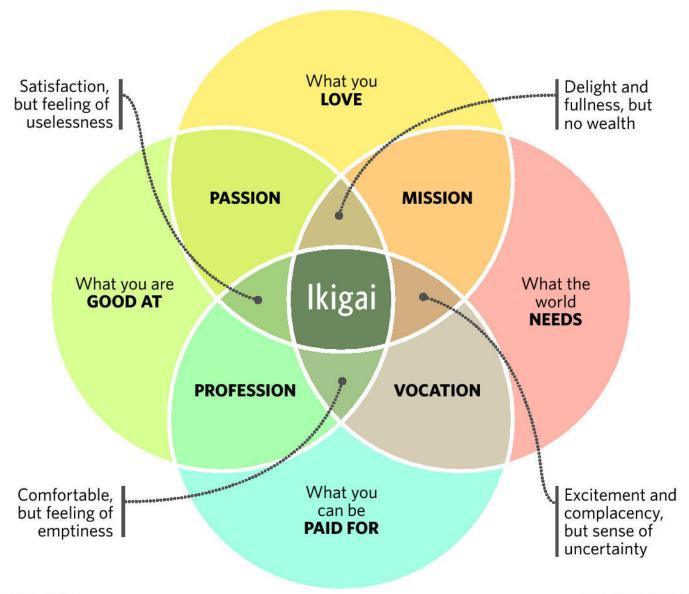


### No disclosures



# Ikigai

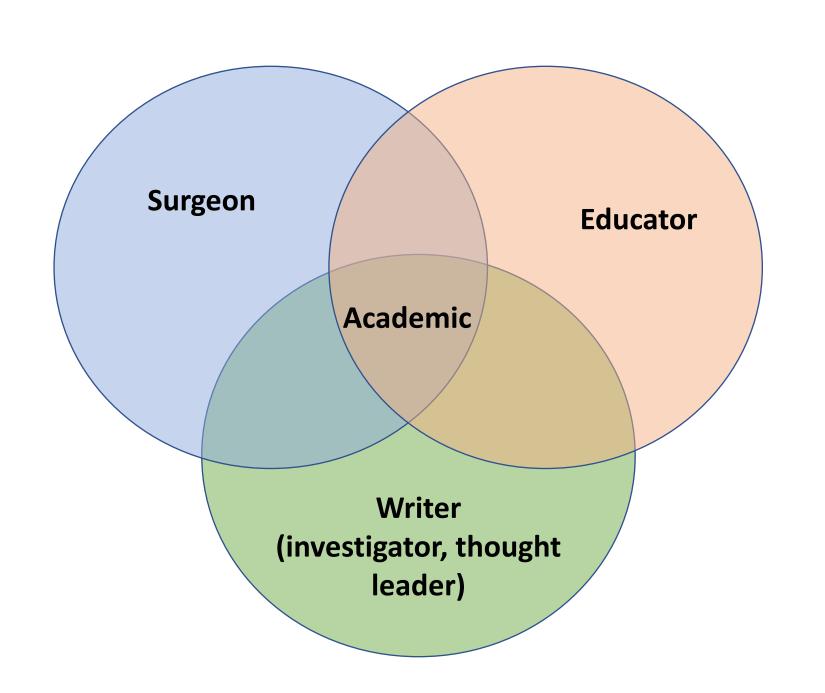
A JAPANESE CONCEPT MEANING "A REASON FOR BEING"



# What does it mean to be an academic?







There is no cure for agraphia -MTL



#### Outline

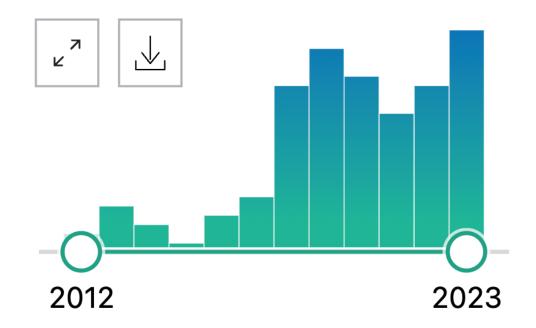
- Strategies for writing
  - Deliberate writing
  - Writer's block
  - Power of iteration
  - Best practices for academic writing
- Anatomy of a manuscript
- Strategies in publishing





# Write deliberately

#### **RESULTS BY YEAR**



#### Do the references last

**Breast Reconstruction After Mastectomy** 

Clifford C Sheckter, Gordon K Lee

#### **Breast Reconstruction as Right**

Breast reconstruction following mastectomy was legislated as a right in the United States following Passage of the Women's Health and Cancer Rights Act (WHRCA) in 1998(\*\*\*). Since that time, the evolution of breast cancer treatment and surgical innovations have led to significant advancements the effectiveness and safety of reconstructive breast surgery. A growing body of literature supports improvements in patient-reported outcomes and well being after mastectomy (\*\*\*), and nearly 40%(\*\*\*) of women will undergo reconstruction following mastectomy. Today, there are few—if any—contraindications to reconstruction (\*\*\*), as even women with advanced disease are eligible for restorative surgery following mastectomy.

#### Rapid Outline Generation for Your Trainee

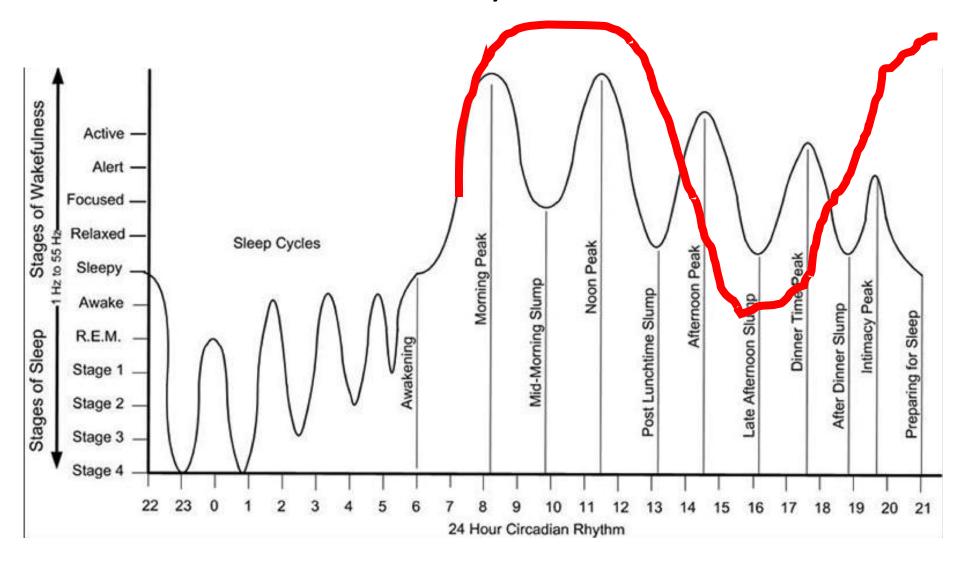
#### **Introduction** (3-4 paragraphs, no more than 1-1.5 pages)

- Burn patients get cold easier and being cold is a problem. Single institution data on cold is bad in burn
- Burn mortality remains problem despite modern critical care and early burn excision.
- <u>Cant</u> change TBSA and age. <u>BUT</u>, Modifiable risks factors are of interest because these can be intervened.
- Temperature is possible modifiable risk factor. Temp can be altered with various means including heat shield, bair hugger, zoll catheter, etc.
- Need to better characterize the effects of temp on mortality and hospital course using national data.

#### Writer's Block



# Know Your Circadian Rhythm



Work expands to fill the time allotted for its completion

-Cyril Parkinson



# Maybe you don't actually know what to write?

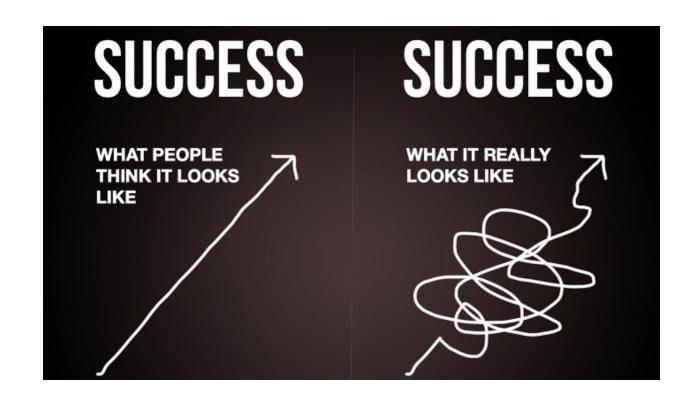
- Take a walk, run, ride
- Talk in the shower
- Drink a glass of wine (or whiskey → Nicole Gibran)
  - I condemn substance abuse and alcohol misuse
- Talk with mentor
- Talk with friends, family, non-medical person
- Dictate your first draft (car, bathroom, etc.)
- Chat GPT (must disclose in paper if you used)
- Read
  - Don't write, read, write, read





## Strategies for Writing

- Fail fast. Fail often. Fail forward
  - John Maxwell
- The power of iteration
- Don't get out of your chair without a draft



#### **Best Practices**

- Active Voice
  - The association between VTE and COVID was uncovered by our investigation...
- Verbs!!!
  - Avoid helping verbs
- Avoid gratuitous adjectives
  - Very, extremely, really, large
- Avoid long sentences
- Vary sentences
- Use -

#### Outline

- Strategies for writing
  - Deliberate writing
  - Writer's block
  - Power of iteration
  - Best practices for academic writing
- Anatomy of a manuscript
- Strategies in publishing



# Anatomy of Manuscript

- Methods
- Results

- What to write first?
  - Divide and conquer

important parts of an article

NOTE: Abstract, Tables/Figures are the most



- Discussion
- Conclusion

# Anatomy of a Manuscript—Methods

- Database
- Outcomes
- Covariates
- Model
- Sensitivity analysis

NOTE: reproducibility key. How did you do it?

### Anatomy of a Manuscript—Results

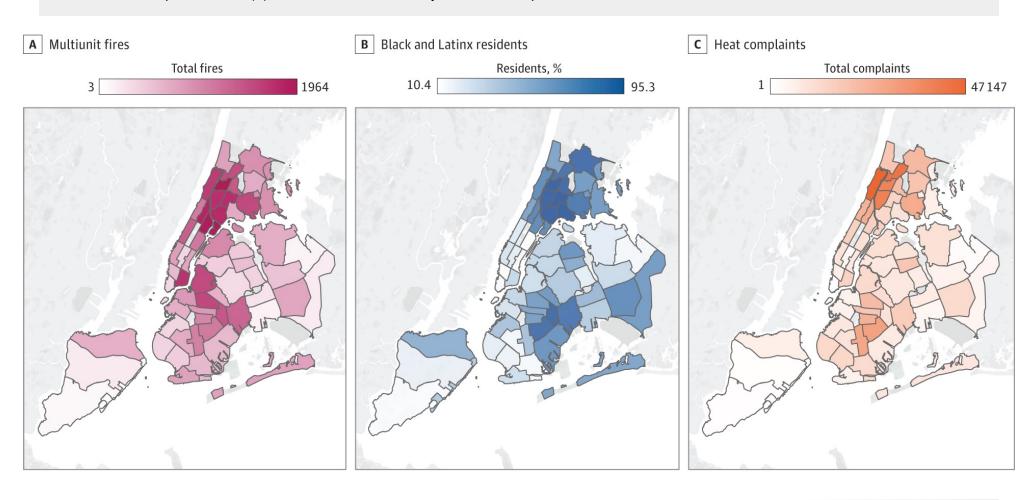
- Keep your answer specific and relevant to research hypotheses
- - Other relevant information about study sample
- Data resulting from study should be presented from broad to specific
- Tables and figures should be discussed but not repeated in text
- An ideal paper's results could be distilled into <u>one</u> table or figure and discussed in one page.

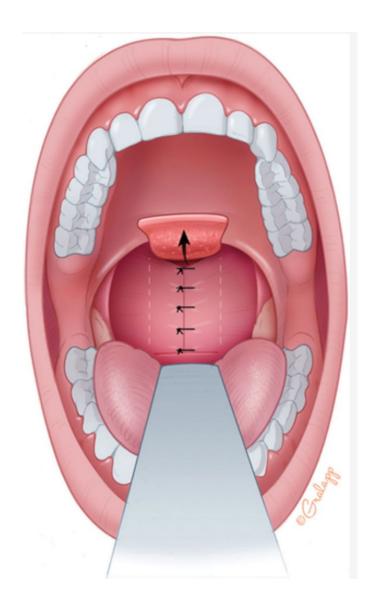
NOTHING MATTERS MORE THAN YOUR FIGURES

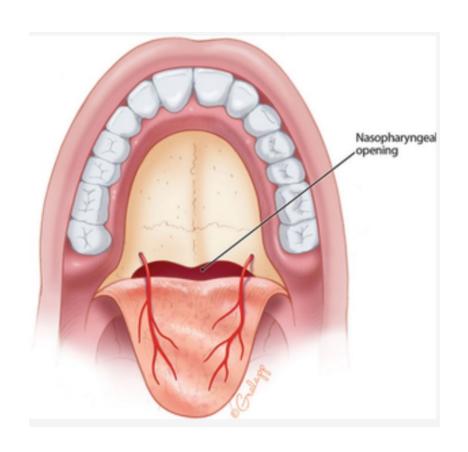


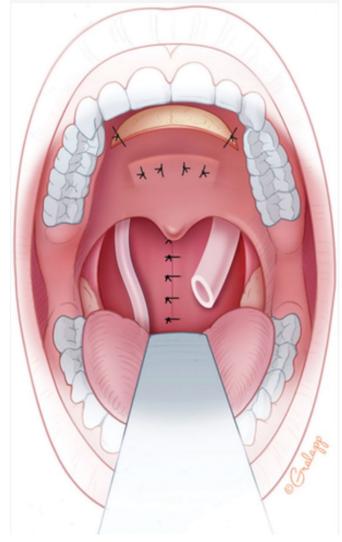
#### From: Association of Structural Fires in New York City With Inequities in Safe Heating for Immigrant Communities

JAMA Netw Open. 2023;6(3):e231575. doi:10.1001/jamanetworkopen.2023.1575









## Anatomy of a Manuscript-Introduction

- Introduction (1-1.5 pages, MAX)
  - 3 Paragraphs
    - Introduction to topic-avoid a summary of what everyone already knows
      - 1<sup>st</sup> sentence or 2-will keep or lose the readers interest
    - What specific aspect of the clinical problem you will address
    - Explicit statement of a study hypothesis

### Anatomy of a Manuscript—Discussion

- The most difficult piece to write and least reproducible
- Do NOT redo the introduction
- DO jump straight to your biggest finding in the first paragraph, which should address your primary hypothesis
- Remaining paragraphs are each unique insights about your findings vis-à-vis existing literature
- Limitations and future studies
- Brief conclusion

#### **Abstract**

- Varies by journal
- 2 sentence max intro
- Clean methods with primary outcome/hypothesis
- Results are meat of abstract. Focus on primary outcome
- Conclusion is what most people will read. Keep it honest. Keep it within the context of your study

# Revising a Manuscript

Be respectful but not over the top in response letter

Treat the cover letter as literature and not just a list of comments and questions to be addressed

**Answer every question** 

**Submit rejections ASAP** 



#### Continued

Do not repeatedly thank everyone for great suggestions.

Avoid too many "respectfully disagrees"

OK to disagree with reviewer but need to explain why-back up with references, preferably from the journal you are submitting to.

