Turning Your WM Research Ideas Into Reality

George Rodway, PhD, APRN, FAWM

Scott McIntosh, MD, MPH, FAWM
Have you ever...

- Opened a journal and said:
  - "I could have written that!"
  - "There's nothing on this topic!"
Why publish?

- WM is an exciting field
- Academic credibility & advancement
- Become known as an expert in an area
- You will be asked to be a peer reviewer
- Contribute to the knowledge base
Scientific Paper

- Title & Abstract
- Introduction
- Methods
- Results
- Discussion
- Figures & Tables
- References
Case Review

- One of easiest papers to write
- Redact patient identifiers
- Present the case
- Literature review
- Teaching points
- Why is the case pertinent to the readership?
Basics of Clinical Research
The Research Question

- Conception of the RQ
- Characteristics of a good one
- Hypothesis
- Outline the study plan
FINER criteria

- Feasible?
  - Number of subjects
  - Affordable (time and money)
  - Manageable in scope
- Interesting?
- Novel?
  - Provides new findings, or confirms or refutes
- Ethical?
- Relevant?
Study Design Basics

- Retrospective
  - Secondary Data Analysis

- Prospective
  - E.g., Clinical Trials
So you completed the study and analyzed the data... now what...

Publishing Your Results
Steps to Publication...

- Preparing
- Writing
- Submitting
- Peer Review
- Revising
- Resubmitting...
- Publishing
Identify:
- Topic, Scope, Format
- Author(s)
- Target Audience
- Appropriate Journal

Read the journal!

Is it a good fit?
Writing

- Follow the author guidelines!!
- Have a clear focus/purpose
- Outline
- Revise and Edit
- Solicit colleagues opinion
http://wemjournal.org
To submit your manuscript electronically, go to: http://ees.elsevier.com/wemi/ and sign in as a new author. You will be able to create a log-in name and password for your use only.

Before submitting your manuscript, please gather the following information:

- All Authors: First Names, Middle Names or Initials, Last Names; Institutions; Departments; Phone and Fax Numbers; Street Addresses; e-mail Addresses
- Title and Running Title (you may copy and paste these from your manuscript)
- Abstract (you may copy and paste this from your manuscript)
- Keywords (3 to 6)
- Manuscript files in Word, WordPerfect, or Text formats
- Figures/Images in TIF, EPS, PDF, or JPG formats
- Tables in XLS or DOC formats
- Two suggested reviewers and their e-mail addresses

WEM SCOPE AND CATEGORIES

Wilderness & Environmental Medicine (WEM) is the official journal of the Wilderness Medical Society. It is published quarterly and is devoted to original scientific and technical contributions related in whole or in part to wilderness or environmental medicine. Manuscripts are considered for the following categories:
Writing

- Quality of the manuscript...
- Answer the “so what?”
- Revise & Edit!! *Repeat*...
- Get a Colleague’s opinion...
- Other actions...
Submitting

- Did you follow the author guidelines??!!
- One journal at a time
- Original work
- Not previously published
- Wait patiently for a response
What happens after I submit?

- Managing Editor and EIC quickly review
  - Is it appropriate for journal?
  - Send to reviewers
View Reviews and Comments for Manuscript
WEMJ-D-10-00116
"Impact of Passive Smoking on Family Health"
Original Submission

Click the recommendation term to view the comments for the submission. Click on "Manage Review Attachments" to view or upload Review Attachments for this submission.

<table>
<thead>
<tr>
<th>Name</th>
<th>Original Submission</th>
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<tbody>
<tr>
<td>Jonna Barry, PHD (Managing Editor)</td>
<td>Reject</td>
</tr>
<tr>
<td>Author Decision Letter</td>
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<tr>
<td>Yogoadee Kanta Ranjan, MDS (Author)</td>
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View Reviews and Comments for Manuscript
WEMJ-D-10-00089
"THE RELATIONSHIP BETWEEN FOREST EXPERIENCE AND ALCOHOLICS' DEPRESSION"
Original Submission

Click the recommendation term to view the comments for the submission. Click on "Manage Review Attachments" to view or upload Review Attachments for this submission.

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<td>Reject</td>
</tr>
<tr>
<td>Wun Soo Shin, Ph.D. (Author)</td>
<td></td>
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</tbody>
</table>

Manage Review Attachments (1)  View Manuscript Rating Card
What happens after I submit?

- Reviewers (usually 3) make comments and recommendations

Most scientists regarded the new streamlined peer-review process as 'quite an improvement.'
Subject Matter Experts
Previously Published
Typically Double-Blind
Rigorous process to ensure quality
Provides author(s) with info to enhance current & future manuscripts
Takes time!
Not personal...
Accept as is
- Excellent, but rare

Revise (minor or major)
- Repeat peer review \textit{IF} reviewer suggestions have been addressed

Reject
- Appeal
- Revise & resubmit (elsewhere?)
Common Reasons for Rejection of a Manuscript

The manuscript is not appropriate for the journal:
Substantial weakness exists in the article:
- Poorly written
- Poor grammar, punctuation, or spelling
- Typographical errors
- Weak content
- Inaccurate information or references
- Lack of clarity

Problems exist in the format of the manuscript:
- Does not conform to the journal’s format
- Poorly chosen title or one that is incongruent with the article
- Jargon is used that may be unfamiliar to many readers

The article may not conform to editorial priorities
Accept Percentages by Year

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Accepted</th>
<th>In Progress</th>
<th>Rejected</th>
<th>Withdrawn</th>
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<td>26</td>
<td>53</td>
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<td>2012</td>
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<td>183</td>
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<td>2013</td>
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<td>2014</td>
<td>214</td>
<td>95</td>
<td>214</td>
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<td>214</td>
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<td>2015</td>
<td></td>
<td>63</td>
<td>63</td>
<td>63</td>
<td>63</td>
</tr>
</tbody>
</table>

Acceptance Percentages by Year:
- 2004: 55%
- 2005: 53%
- 2006: 51%
- 2007: 42%
- 2008: 38%
- 2009: 65%
- 2010: 66%
- 2011: 52%
- 2012: 42%
- 2013: 43%
- 2014: 48%
- 2015: 44%
Many journals have a high rejection rate

**REVISE! REVISE! REVISE!**

Send a cover letter addressing **EVERY** reviewer's suggestion or comment

- Before responding:
  - Wait 24 hours, re-read
  - Be respectful

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Harland

The Fear

different—and not only because it was in sixteen millimeter and black-and-white. I can’t tell you what it was called, because it launched straight into the first scene without titles or credits of any kind.

It started with six people paddling down a river in two canoes and a friend, sitting on an old jetty in the movie, the river was called the Delancey, it was easy to guess where it had been shot.

‘That’s the Hawkesbury, for sure,’ said Dom. ‘Shut up!’ be hissed him. But no one was taking the movie too seriously.

The six people follow a trail through the bush up to a dilapidated house with grand verandas. One of them called Naomi, kicks at a fallen log that breaks up, revealing a mass of wriggling grubs.

‘Like My Brother Cain,’ added Dom, before he burst out laughing.

We still recognized it—the very same image of corruption from the very same camera angle that Roe reused twenty-one years later. If you’ve seen My Brother C. Merrie, you’ll recognize her log just moments before the supernatual dog pack appears.

We were waiting for a monster to jump out, perhaps some horror appropriate to the Australian bush setting. But no, nothing. This was a strangely realistic movie, a rambling, understated slice of life. It was almost cinéma vérité, like a movie by Ken Loach or Mike Roche. You had the sense the actors weren’t acting, just being themselves. The only exception was Naomi, who turned out to be the old character. Perhaps Roe had chosen her for the blank, blonde hair, heart-shaped face and long eyelashes that she tottered non-stop. While the others were natural and relaxed, Naomi was teeth-on-edge brittle, always trying too hard.
What happens after I resubmit??

- Repeat Peer Review…or Editor discretion…
- Acceptance notification
- Notified of publication date
- Proofs sent from typesetter
  - 2-3 day reply needed!
  - Review carefully
Assess your personal barriers to writing for publication
Think about what you do really well in your practice
OR
What annoys you in your practice & how it could be improved
Choose 1 of the above and write down 5 aspects you would need to cover in a publication
Find 3 peer reviewed journal articles related to your topic
Research an appropriate journal
Read the author guidelines
Draft an outline
Wilderness Medicine Research Examples
Health Risks and Risk-Taking Behaviors Among International Committee of the Red Cross (ICRC) Expatriates Returning From Humanitarian Missions

Attì-La Dahlgren, MD, MPH,* Lisa DeRoo, PhD, MPH,* Jacqueline Avril, MD,† Gerard Bise, MD, MPH,† and Louis Loutan, MD, MPH*

*Division of International and Humanitarian Medicine, Geneva University Hospitals, Geneva, Switzerland; †International Committee of the Red Cross (ICRC), Geneva, Switzerland

- self-administered anonymous questionnaire
- 1200 surveys completed
- Injury top causes:
  - Car crash
  - Sport
  - Falls/contusions
  - Animal bite
BRIEF REPORT

Comparison of a SAM Splint-Molded Cervical Collar with a Philadelphia Cervical Collar

Todd McGrath, MD; Crystal Murphy, MD

From Drexel University College of Medicine, Department of Emergency Medicine, Hahnemann University Hospital, Philadelphia, PA (Drs McGrath and Murphy).
Table. Mean degrees of movement in each measured direction and mean total degrees of movement for each collar per subject

<table>
<thead>
<tr>
<th>Degrees of movement</th>
<th>Philadelphia collar (PC)</th>
<th>SAM splint (SS)</th>
<th>Mean difference of SS from PC ± SD*</th>
<th>P value from paired t test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extension</td>
<td>17.6</td>
<td>20.2</td>
<td>2.54 ± 6.94</td>
<td>0.212</td>
</tr>
<tr>
<td>Rotation right</td>
<td>18.8</td>
<td>20.1</td>
<td>1.33 ± 3.87</td>
<td>0.238</td>
</tr>
<tr>
<td>Rotation left</td>
<td>19.3</td>
<td>20.6</td>
<td>1.25 ± 3.38</td>
<td>0.205</td>
</tr>
<tr>
<td>Flexion right</td>
<td>20.8</td>
<td>18.6</td>
<td>−2.23 ± 4.00</td>
<td>0.068</td>
</tr>
<tr>
<td>Flexion left</td>
<td>15.9</td>
<td>14.5</td>
<td>−1.46 ± 4.39</td>
<td>0.258</td>
</tr>
<tr>
<td>Total/subject</td>
<td>92.5</td>
<td>97.4</td>
<td>4.92 ± 23.6</td>
<td>0.466</td>
</tr>
</tbody>
</table>
Comparison of Commercially Available Disposable Chemical Hand and Foot Warmers

William A. Sands, PhD, FACSM, C-ARS, NREMT; Wendy L. Kimmel, MS; Brittany R. Wurtz, BS; Michael H. Stone, PhD, FNSCA; Jeni R. McNeal, PhD, CSCS

From the US Olympic Training Center, US Olympic Committee, Performance Services, Colorado Springs, CO (Dr Sands, Ms Kimmel, and Ms Wurtz); East Tennessee State University, Sports Performance Enhancement Consortium, Johnson City, TN (Dr Stone); and Eastern Washington University, Department of Health, Physical Education and Recreation, Cheney, WA (Dr McNeal).
ORIGINAL ARTICLE

Medical problems of porters and trekkers in the Nepal Himalaya

BUDDHA BASNYAT, MD*, AND JAMES A. LITCH, MD

Himalayan Rescue Association and Nepal International Clinic, Katmandu, Nepal
CHRISTMAS 2008: SPORT
Mortality on Mount Everest, 1921-2006: descriptive study

Paul G Firth, anaesthetist,¹ Hui Zheng, statistician,² Jeremy S Windsor, specialist registrar in anaesthetics and intensive care,³ Andrew I Sutherland, Wellcome research training fellow,⁴ Christopher H Imray, vascular surgeon,⁵ G W K Moore, professor,⁶ John L Semple, professor,⁷ Robert C Roach, associate professor,⁸ Richard A Salisbury, computer analyst⁹
Fig 1 | Deaths on standard north and south routes of Everest during spring climbing season (April-June) 1982-2006. Deaths during descent are above route profile and deaths before summiting or during bids for summit with unknown outcome are below. One sherpa died below Yak camp during evacuation. Right axis shows estimated barometric pressure during May, and percentage of oxygen at sea level (760 mm Hg) that exerts equivalent partial pressure to atmospheric oxygen at relevant altitude. Left axis shows estimated ambient air temperature during May. Scale on x axis is expanded by factor of two for route above 8000 m. *Two sided Fisher’s exact test.
Mountain mortality: a review of deaths that occur during recreational activities in the mountains

J S Windsor,¹ P G Firth,² M P Grocott,¹ G W Rodway,¹,³ H E Montgomery¹

Table 3  A summary of those studies that have calculated mortality rate per 1000,000 exposure days for specific mountain activities

<table>
<thead>
<tr>
<th>Authors</th>
<th>Location</th>
<th>Era</th>
<th>Activity</th>
<th>Deaths</th>
<th>Age (years)</th>
<th>% Male</th>
<th>Mortality rate (/100,000 exposure days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>McIntosh et al (2008)¹⁴</td>
<td>Mt McKinley National Park, USA</td>
<td>1990–2006</td>
<td>Mountaineering</td>
<td>96</td>
<td>33</td>
<td>92</td>
<td>100</td>
</tr>
<tr>
<td>Morrow (1988)²³</td>
<td>Vermont, USA</td>
<td>1979–1986</td>
<td>Skiing</td>
<td>15</td>
<td>30</td>
<td>81</td>
<td>0.67</td>
</tr>
<tr>
<td>Sherry and Clout (1988)²⁴</td>
<td>Snowy Mountains, Australia</td>
<td>1956–1987</td>
<td>Skiing</td>
<td>29</td>
<td>35</td>
<td>86</td>
<td>0.87</td>
</tr>
<tr>
<td>Xiang et al (2003)²⁵</td>
<td>Colorado, USA</td>
<td>1980–2001</td>
<td>Skiing and snowboarding</td>
<td>274</td>
<td>32</td>
<td>81</td>
<td>0.53–1.88*</td>
</tr>
</tbody>
</table>

*The range of annual mortality rates obtained per 1000000 skier visits to Colorado between 1980 and 2001.
†Calculated by McIntosh et al.¹⁴