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Odds & Sods About Manuscript Preparation

Watch a recording of the session here

Lawrence Grierson

October 23rd, 2018

Michael G. DeGroote SCHOOL OF MEDICINE

McMaster University

Family Medicine

Tuesday, October 23rd, 2018

Research Knowledge & Skill Builder

Odds & Sods About Manuscript Preparation

Lawrence Grierson

@LawrencGrierson

@McMasterFamMed

Michael G. DeGroote SCHOOL OF MEDICINE

Agenda

- Writing in Teams
  - Standards for Authorship
  - Negotiating Authorship
  - Author Order

- The Problem-Gap-Hook Heuristic

Writing in Teams – Standards for Authorship

The International Committee of Medical Journal Editors (ICMJE) guidelines for determining authorship in health related journals:

Writing in Teams – Standards for Authorship

The International Committee of Medical Journal Editors (ICMJE) guidelines for determining authorship in health related journals:

- Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
- Drafting the work or revising it critically for important intellectual content; AND
- Final approval of the version to be published; AND
- Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Writing in Teams – Negotiating Authorship

Writing in Teams – Negotiating Authorship

- Is there an opportunity for me to be recognized as a co-author on publications arising from this project?
- What types of contributions will be necessary?
- What is the relation between these contributions and the paid work I am contracted to do?
- How will authorship order be negotiated?
- Who will adjudicate authorship order, contributions etc. if a conflict arises or clarity is needed?

Writing in Teams – Author Order

Writing in Teams – Author Order

INNOVATIONS IN EDUCATION

► Additional material is published online only. To view, please visit the journal online (http://dx.doi.org/10.1136/bmjqs-2017-007566).

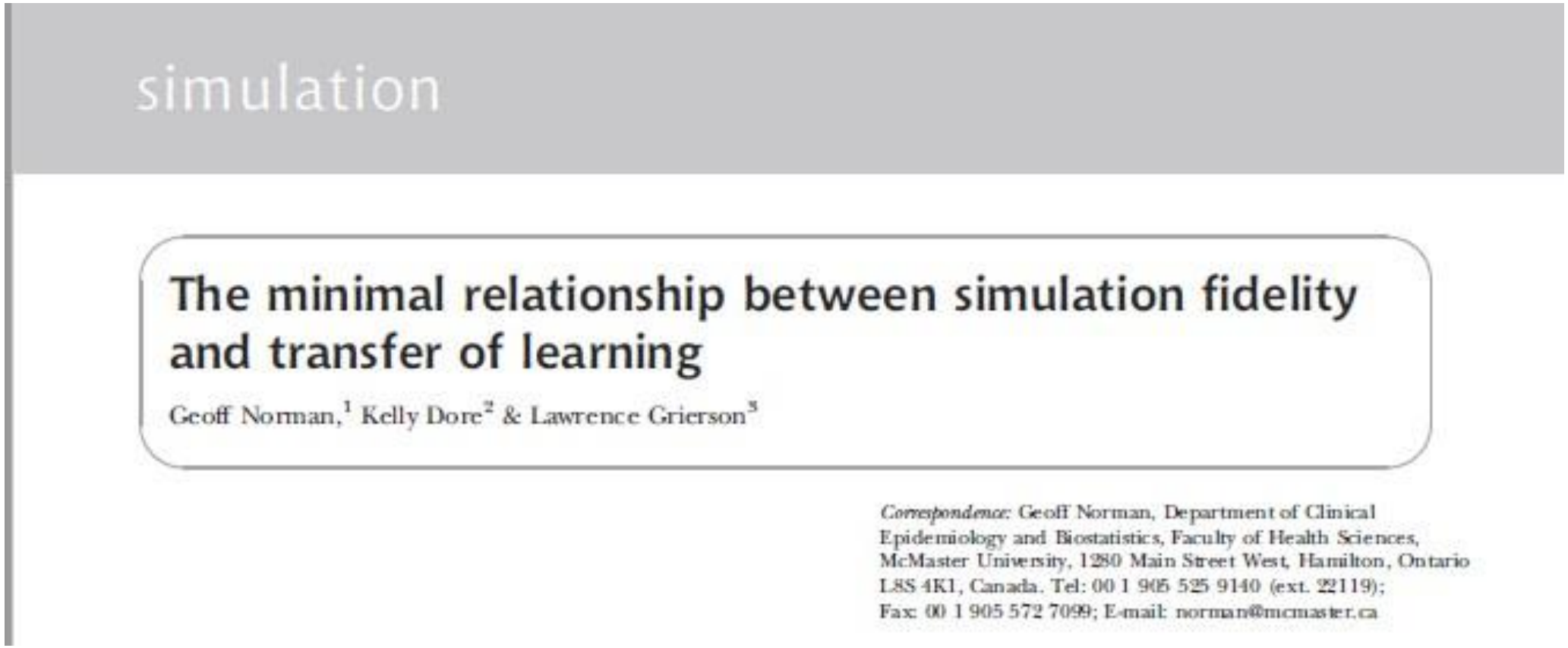
For numbered affiliations see end of article.

Correspondence to
Dr. Lawrence Grierson, McMaster University - David Braley Health Sciences Centre, 100 Main Street West, Hamilton ON, L8P 1H6, Canada;

Can first-year medical students acquire quality improvement knowledge prior to substantial clinical exposure? A mixed-methods evaluation of a pre-clerkship curriculum that uses education as the context for learning

Allison Brown,[1,2] Aditya Nidumolu,[2] Alexandra Stanhope,[3] Justin Koh,[2] Matthew Greenway,[2,4] Lawrence Grierson[2,4,5]

Writing in Teams – Author Order



simulation

The minimal relationship between simulation fidelity and transfer of learning

Geoff Norman,[1] Kelly Dore[2] & Lawrence Grierson[3]

Correspondence: Geoff Norman, Department of Clinical Epidemiology and Biostatistics, Faculty of Health Sciences, McMaster University, 1280 Main Street West, Hamilton, Ontario L8S 4K1, Canada. Tel: 00 1 905 525 9140 (ext. 22119); Fax: 00 1 905 572 7099; E-mail: norman@mcmaster.ca

Writing in Teams – Author Order

Research

Admission factors associated with international medical graduate certification success: a collaborative retrospective review of postgraduate medical education programs in Ontario

Lawrence E.M. Grierson PhD, Mathew Mercuri PhD, Carlos Brailovsky MD MA(Ed), Gary Cole PhD, Caroline Abrahams MPA, Douglas Archibald PhD, Glen Bandiera MD MEd, Susan P. Phillips MD, Glenna Stirrett MD, J. Mark Walton MD, Eric Wong MD, Inge Schabort MBChB

Writing in Teams –First Author Responsibilities

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Writing in Teams –First Author Responsibilities

- Initiate conversations about authorship, and delegate work and responsibility accordingly.
- Keep co-authors informed about the progress of the work through review.
- Circulate complete citations for inclusion on the CVs of all co-authors.

The Problem-Gap-Hook Heuristic

The Problem-Gap-Hook Heuristic

- Identify a problem in the world
- Establish a gap in the current knowledge about the problem
- Articulate a hook that convinces readers that this gap is of consequence.

Residency programmes use direct observation (a strategy in which the 'master' clinician watches and provides feedback to the apprentice) to ensure that learners graduate with the requisite skills to be competent, safe and independent practitioners.[1,2] Direct observation is expected to serve two purposes. First, it is expected to underpin the assessment of learner performance that all programmes must conduct. Second, it is supposed to support learning by serving as a basis for formative feedback and for coaching, in order to guide learners toward meeting their learning objectives.[3,4] Evidence strongly supports the validity and reliability of direct observation in assessing a range of clinical competencies, including learners' medical expertise, technical or procedural skills,[5,6] communication[7] and professionalism,[8] at the highest levels of Miller's assessment hierarchy. [9,10] By contrast with its established usefulness in assessment, however, the influence of direct observation on trainees' learning, patient care outcomes and professional identity formation has not been widely studied[11–15]; there is limited evidence to support that feedback generated from direct observation improves trainees' learning and performance,[12,16–18] or that it improves patient safety and care.[19] Direct observation may not occur with enough frequency to be valuable for learning, [20,21] and using direct observation solely to assess individual competencies may miss 'the underlying meaning and interconnectedness of these roles in shaping physician development'.[13] A better understanding of how direct observation influences learning is urgently needed.

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Department of Family Medicine
Michael G. DeGroote School of Medicine
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