


Poslijediplomski studij Biomedicina
Metode medicinske informatike u istraživanju

Priprema rukopisa za objavljivanje u časopisu

Ksenija Baždarić



Medicinski fakultet Sveučilišta u Rijeci | Katedra za medicinsku informatiku | travanj 2015.

Organizacije urednika

- International Committee of Medical Journal Editors - ICMJE - Vancouver grupa 
- World Association of Medical Editors - WAME 
- Council of Science Editors - CSE 
- European Association of Science Editors - EASE 

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Kako odabrati časopis?

- Cilj i svrha časopisa
- Indeksiranost (WoS)
- Čimbenik odjeka
- Vrijeme potrebno za objavljivanje
- Broj brojeva godišnje

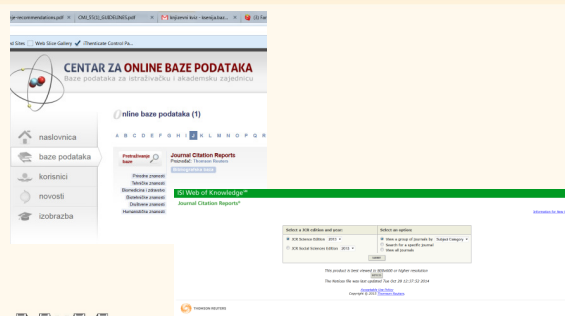
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Baze podataka - <http://www.online-baze.hr/>



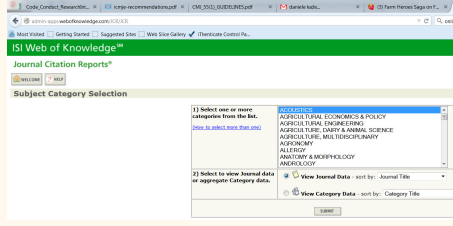
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Citna baza podataka Journal Citation Report



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JCR - Odabir područja

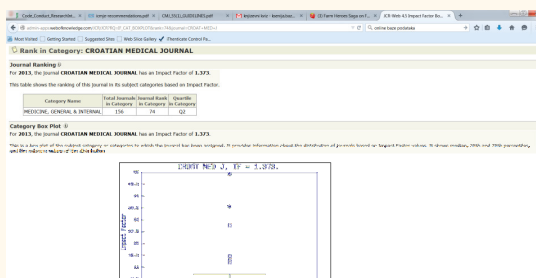


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JCR – lista časopisa

Rank	Abbreviated Journal Title (Printed journal title)	ISSN	Total Cites	Impact Factor	CiteScore
1	JAMA	0007-1226	125789	32.024	11.347
2	LANCET	0140-6736	119225	29.707	12.145
3	NEW ENGLAND JOURNAL OF MEDICINE	0027-3333	114422	28.787	10.114
4	THE NEW ENGLAND JOURNAL OF MEDICINE	0027-3333	114422	28.787	10.114
5	THE NEW ENGLAND JOURNAL OF MEDICINE	0027-3333	114422	28.787	10.114

JCR – položaj časopisa u skupini (kvartile)



Preporuke za provođenje, izvještavanje, uređivanje i objavljivanje rada u medicinskih časopisima

Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals

(prije *Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publications*)

Dostupno na: <http://www.icmje.org/recommendations/>

Autorstvo

- preporuka ICMJE:
 - značajan doprinos u planiranju, prikupljanju podataka ili obradi i tumačenju podataka
 - pisanje I. inačice rada ili sudjelovanje u pisanju i prepravljanju njegova intelektualna sadržaja
 - odobravanje konačne inačice rada
 - odgovornost za sve dijelove istraživanja
- Mnogi časopisi traže AS (authorship statement)

Sukob interesa

- Svi sudionici trebaju razmotriti svoje sukobe interesa
 - Autori
 - Recenzenti
 - Urednici
- Ne zaboraviti napisati tko je financirao istraživanje!
- Ispuniti CoI statement

Odgovornost prilikom slanja rada u časopis

- Autori - autorstvo, CoI
- Časopis:
 - Povjerljivost
 - Pravovremenost
 - Recenzentski postupak
 - Integritet urednika

Scientific Misconduct, Expressions of Concern, and Retraction

- Procedure prema COPE smjernicama (http://publicationethics.org/files/u2/All_flowcharts.pdf)
- Expression of concern – dok traje istraga
- U slučaju da ustanova potvrdi pogreška ili znanstveno nepoštenje – uredništvo može povući rad – retrakcija (prema COPE smjernicama <http://publicationethics.org/files/retraction%20guidelines.pdf>)

Primjeri retrakcija:

- <http://www.nature.com/nature/journal/v512/n7514/full/nature13661.html>
- <http://www.ncbi.nlm.nih.gov/pubmed/25329035>



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ICMJE - General Principles

- IMRaD struktura
- dugi članci trebaju imati podnaslove
- pregledni članci i prikazi slučajeva imaju drugu strukturu
- dvostruki prored
- široke margine
- numeriranje svih stranica



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Smjernice za izvještavanje

EQUATOR network - <http://www.equator-network.org/>
(Enhancing the QUALity and Transparency Of health Research)

Neke od najpoznatijih smjernica:

- CONSORT - Consolidated Standards of Reporting Trials - <http://www.consort-statement.org/>
- STROBE - STrengthening the Reporting of OBServational studies in Epidemiology <http://www.strobe-statement.org/>.
- PRISMA - Preferred Reporting Items for Systematic Reviews and Meta-Analyses - <http://prisma-statement.org/>



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Consort checklist

Section/Topic	Item No	Checklist item	Reported on page No
Title and abstract	1a	Identification as a randomised trial in the title	
	1b	Structured summary of trial design, methods, results, and conclusions (for specific guidance see CONSORT for abstracts)	
Introduction Background and objectives	2a	Scientific background and explanation of rationale	
	2b	Specific objectives or hypotheses	
Methods	3a	Description of trial design (such as parallel, factorial) including allocation ratio	
	3b	Important changes to methods after trial commencement (such as eligibility criteria), with reasons	
Participants	4a	Eligibility criteria for participants	
	4b	Settings and locations where the data were collected	
Interventions	5	The interventions for each group with sufficient details to allow replication, including how and when they were actually administered	
	6a	Completely defined pre-specified primary and secondary outcome measures, including how and when they were assessed	
Outcomes	6b	Any changes to trial outcomes after the trial commenced, with reasons	
	7a	How sample size was determined	
Sample size	7b	When applicable, explanation of any interim analyses and stopping guidelines	
	8a	Method used to generate the random allocation sequence	
Randomisation: Sequence generation	8b	Type of randomisation; details of any restriction (such as blocking and block size)	
	9	Mechanism used to implement the random allocation sequence (such as sequentially numbered containers), describing any steps taken to conceal the sequence until interventions were assigned	



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Consort checklist

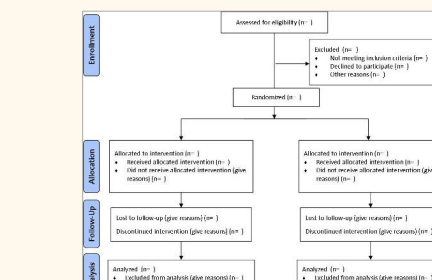
	assessing outcomes) and how	
Statistical methods	11b	If relevant, description of the similarity of interventions
	12a	Statistical methods used to compare groups for primary and secondary outcomes
	12b	Methods for additional analyses, such as subgroup analyses and adjusted analyses
Results	13a	Participant flow (a diagram is strongly recommended)
	13b	For each group, losses and exclusions after randomisation, together with reasons
Recruitment	14a	Dates defining the periods of recruitment and follow-up
	14b	Why the trial ended or was stopped
Baseline data	15	A table showing baseline demographic and clinical characteristics for each group
	16	For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups
Outcomes and estimation	17a	For each primary and secondary outcome, results for each group, and the estimated effect size and its precision (such as 95% confidence interval)
	17b	For binary outcomes, presentation of both absolute and relative effect sizes is recommended
Ancillary analyses	18	Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory
	19	All important harms or unintended effects in each group (for specific guidance see CONSORT for harms)
Discussion	20	Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses
	21	Generalisability (external validity), applicability of the trial findings
	22	Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence
Other information	23	Registration number and name of trial registry
	24	Where the full trial protocol can be accessed, if available
Funding	25	Sources of funding and other support (such as supply of drugs), role of funders



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CONSORT dijagram



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Naslovna stranica članka (engl. Title Page)

- Naslov članka (engl. article title)
 - Sažeti naslov lakše se čita
 - Prekratak naslov nije informativan
 - Staviti u naslov ključne riječi kako bi pretraga bila što osjetljivija
- Imena autora i afilijacije – ustanova, odjel,..
- Kontakti autora za dopisivanje (engl. corresponding author)
- Izvori financiranja



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Naslovna stranica članka (engl. Title Page)

- Kratak naslov članka (engl. A running head). Obično do 40 znakova
- Broj riječi u tekstu (bez sažetka, zahvala, legendi slika i tablica i referencija)
- Broj tablica i slika
- Conflict of Interest Notification Page
 - http://www.icmje.org/coi_disclosure.pdf
 - http://www.icmje.org/coi_instructions.html



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Sažetak (engl. Abstract)

- Cilj istraživanja
- Osnovno o materijalima i metodama
- Glavne rezultate
- Glavni zaključak
- Treba naglašavati novinu u istraživanju
- Biti jako pažljiv oko pisanja, većina čita samo sažetak
- Piše se na kraju rada
- Razlikuje se od kongresnog sažetka



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Primjer informativnog sažetka

Influence of the "Rijeka model" of bioethics education on attitudes of medical students towards death and dying—a cross sectional study.

The aim of this study was to assess attitude towards euthanasia, and the influence of socio-demographic data and death education carried out through the "Rijeka model" of bioethics education for the first-year medical students of the School of Medicine, University of Rijeka, Croatia. The cross-sectional study was conducted in the academic year 2003/1-2004. 124 (61% female) participants were surveyed by using an anonymous questionnaire before and after training. Catholics ($p = 0.003$) and students from areas with populations of less than 50,000 inhabitants ($p = 0.001$) had significantly negative attitude towards euthanasia than others before the course, yet no differences were found following this training. Attitude towards euthanasia was significantly positive after the course ($p = 0.005$). All items in the questionnaire, except "Croatia should legalise euthanasia", received more positive scores after the course. Death education carried through the "Rijeka model" of bioethics education has changed attitudes of medical students towards a more positive perception of euthanasia.



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Primjer strukturiranog sažetka

- **AIM:** To assess ethical issues in everyday clinical practice among physicians and nurses of the University Hospital Rijeka, Rijeka, Croatia. Subjects and
- **METHODS:** We surveyed the entire population of internal medicine, oncology and intensive care specialists and associated nurses employed at the University Hospital Rijeka, Rijeka, Croatia ($n = 532$). An anonymous questionnaire was used to explore the type and frequency of ethical dilemmas, rank of their difficulty, access to and use of ethics support services, training in ethics and confidence about knowledge in ethics. Physicians ($n = 113$, 55% of them female) ranged in age from 27 to 61 years, and nurses ($n = 251$, 95% female), from 20 to 52.
- **RESULTS:** The most frequent ethical dilemmas concerned uncertain or impaired decision-making capacity (66% of physicians, 47% of nurses, $p = 0.008$), limitation of treatment at the end of life (60% of physicians, 31% of nurses, $p < 0.001$) and disagreements among family members (47% of physicians, 31% of nurses, $p = 0.025$). The most difficult dilemmas concerned euthanasia and physician-assisted suicide (49% of physicians, 52% of nurses) and limitation of treatment at the end of life (14% of physicians, 18% of nurses). Only a minority reported ever using any kind of ethics support services (12% of physicians, 3% of nurses, $p = 0.001$) or being very confident about knowledge in ethics (5% of physicians, 6% of nurses).
- **CONCLUSIONS:** Similar ethical difficulties are present in the clinical practice of both physicians and nurses, with important differences in access and use of ethics support services. A need for systematic ethics educational activities was identified. Inclusion of individual ethics education in Croatian healthcare ethics support services is strongly advised.



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Uvod

- Kratak prikaz (1-2 stranice)
- kontekst istraživanja
- Važnost problema
- Cilj istraživanja, istraživačko pitanje, hipoteza



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Materijali i metode

- Ne štediti papira ☺
- Materijali:
 - Informacije o protokolu istraživanja
 - Ispitanici: kriteriji uključenja/isključenja
- Metode: dati dovoljno detalja da se istraživanje može ponoviti
 - Citirati uobičajene metode, opisivati neuobičajene
 - Autori preglednih radova trebaju dati racionalu odabira radova
 - Kako je istraživanje napravljeno



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Materijali i metode

- Odjeljak Statistika
 - Dovoljno detalja da informirani čitatelj može potvrditi rezultate
 - Srednje vrijednosti i raspršenja (s CI - intervalom pouzdanosti)
 - Ne oslanjati se isključivo na P vrijednosti
 - Opisati unasumičenje (randomizaciju)
 - Navesti računalni program



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Rezultati

- Predstavite prvo najvažnije rezultate – odgovor na istraživačko pitanje
- Logički slijed slika i tablica
- Rezultati pričaju priču, moraju biti tačni
- U kliničkim istraživanjima prvo opišite uzorak
 - Uključeni/isključeni
- Navesti sve podatke: odziv, isključene, itd.
- Termini značajan/slučajan → pažljivo!



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Rezultati

- Pisati točne P vrijednosti na 3 decimale
 - Umjesto $P=0,0006$ treba $P<0,001$
 - izbjegavati NS
- P vrijednosti uz mjere središnjice i raspršenja
 - Žene imaju nižu razinu hemoglobina od muškaraca (110 ± 9 vs. 128 ± 8 ; $P<0,001$).
- Koristiti decimalna mjesta u odnosu na mjeru točnosti
- Tablice i slike pripremiti prema uputstvima časopisa
- Objašnjenje ostaviti za Raspravu



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Rasprava

- Naglasiti nove važne aspekte studije i zaključke iz njih
- Ne ponavljati dijelove uvoda ili rezultata već objasniti kako se vaši rezultati uklapaju u postojeću znanstvenu paradigmu
- Objasniti ograničenja istraživanja



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Rasprava

- Naputci prema Byrneu, 1998
 - Početi raspravu najvažnijim rezultatom – nova informacija
 - Opišite novost rezultata – čitatelj treba razumjeti vrijednost novog rezultata
 - Raspravite rezultate i usporedite ih s objavljenim rezultatima
 - Ne ponavljati rezultate
 - Ponudite alternativno objašnjenje rezultata
 - Budite skromni u izjavama – izbjegavajte prvi, jedini, najveći
 - Raspravite neočekivane rezultate

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Tablice i slike

- Informativni naslovi tablice, stupaca, legenda
- Naslov iznad tablice
- Naslov slike ispod slike


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Referencije

- manje je više, do 20 referencija
- citirati originalna znanstvena istraživanja rađe nego pregledne radove u kojima je neko istraživanje opisano
- NE citirati sažetke
- radovi u tisku citiraju se uz dozvolu autora
- autor odgovoran za referencije, ne smije se citirati retrakcija

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Stil referencija



- Citing Medicine, 2nd edition
- The NLM Style Guide for Authors, Editors, and Publishers
- http://www.nlm.nih.gov/bsd/uniform_requirements.html

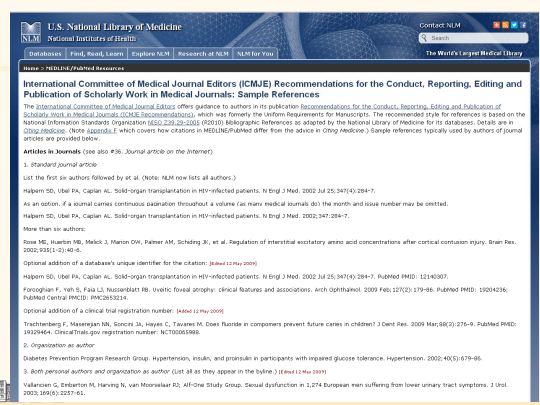
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Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Sample References

Mrežna adresa:
http://www.nlm.nih.gov/bsd/uniform_requirements.html

- Standard journal article**
List the first six authors followed by et al. (Note: NLM now lists all authors.)
Halpern SD, Ubel PA, Caplan AL. Solid-organ transplantation in HIV-infected patients. *N Engl J Med.* 2002 Jul 25;347(4):284-7.
- Organization as author**
Diabetes Prevention Program Research Group. Hypertension, insulin, and proinsulin in participants with impaired glucose tolerance. *Hypertension.* 2002;40(5):679-86.

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U.S. National Library of Medicine
National Institutes of Health

International Committee of Medical Journal Editors (ICMJE) Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals: Sample References

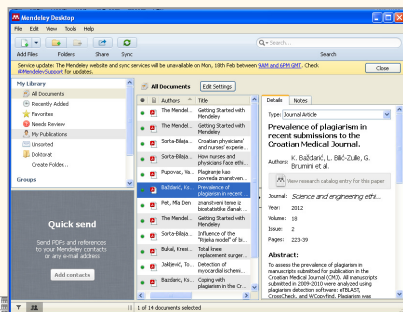
The International Committee of Medical Journal Editors (ICMJE) offers guidance to authors in its publication Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals (CONSEC Recommendations), which was formerly the Uniform Requirements for Manuscripts. The recommended style for references is based on the National Information Standards Organization (NISO) Z39.18-2003 (DOI:10.13013/JNLI-2003-0046). References are adapted by the National Library of Medicine for its databases. Details are in CONSEC Appendix 2, which covers how citations in MEDLINE should differ from the advice in CONSEC. Sample references typically used by authors of journal articles are provided below.

Articles in Journals (see also #36: Journal article on the Internet)

1. Standard journal article
List the first six authors followed by et al. (Note: NLM now lists all authors.)
Halpern SD, Ubel PA, Caplan AL. Solid-organ transplantation in HIV-infected patients. *N Engl J Med.* 2002 Jul 25;347(4):284-7.
As an option, if a journal carries continuous pagination throughout a volume (as many medical journals do) the month and issue number may be omitted.
Halpern SD, Ubel PA, Caplan AL. Solid-organ transplantation in HIV-infected patients. *N Engl J Med.* 2002;347:284-7.
2. Organization as author
Diabetes Prevention Program Research Group. Hypertension, insulin, and proinsulin in participants with impaired glucose tolerance. *Hypertension.* 2002;40(5):679-86.
3. Both personal authors and organization as author (list all authors)
Valentzen G, DeBerton M, Herwig N, van Meerswijk SL. All-Ohio Study Group. Sexual dysfunction in 1,274 European men suffering from lower urinary tract symptoms. *J Urol.* 2002;168(3):2337-41.

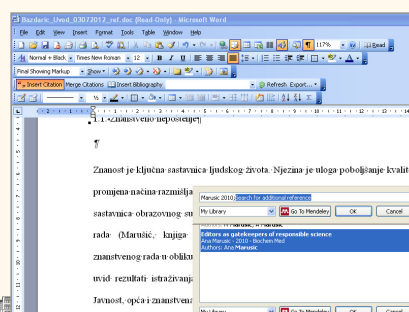
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Program Mendeley



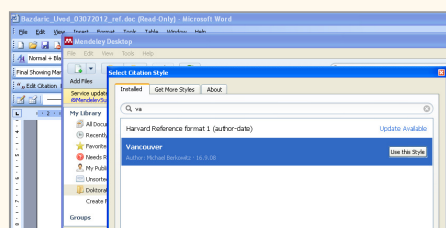
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Program Mendeley



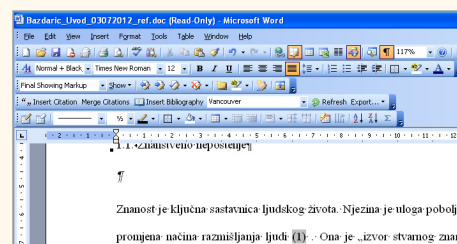
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Mendeley - odabir načina citiranja



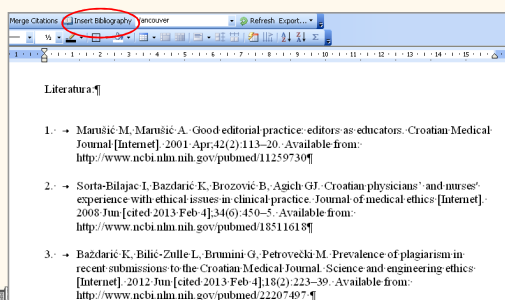
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Mendeley - umetanje referencije



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Mendeley - umetanje bibliografije



Medicinski fak

Pismo uredniku (engl. letter to the editor, cover letter)

- izjava o ranijim sličnim istraživanjima i radovi u privitku
- izjava o mogućem sukobu interesa povezanom s financiranjem
- izjava da su svi autori ispunili kriterije za autorstvo i odobrili posljednju inačicu rada
- podatci o autoru za dopisivanje

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Pismo uredniku (engl. letter to the editor, cover letter)

Dear editor,

please find enclosed manuscript M that we wish to be published in print edition of your journal.

In our study we found XX. We think that the topic of XX in a general medical journal arises much interest to the editors and readers and therefore would be of relevance to publish it in your journal.

Author's contribution: A and B contributed to the design of the study. C collected the data, analysed and interpreted the results. A and D contributed to the analysis and interpretation of the results. C contributed to the drafting of the manuscript, and B, C and D critically reviewed it. All authors gave final approval of the version submitted for publishing.

We declare no conflict of interest

Sincerely,

name of the corresponding author

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Postupanje s rukopisom u časopisu

Oblikovanje rukopisa prema uputstvima za autore željenog časopisa (guidelines to the authors)

1. Slanje rukopisa u časopis
2. Odluka o recenziji (peer-review) ili odbijanju (rejection)
3. Recenzija
4. Odluka o prihvatanju rada ili odbijanju
5. Prihvatanje rada uz: manje ili veće promjene (minor or major revision)



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Upute za objavljivanje u časopisu

- Slijediti ih → vjerojatnost objavljivanja veća
- Najčešće sadrže: cilj i područje časopisa, vrstu članaka koje objavljuju, smjernice kojih se pridržavaju te upute za tehničko oblikovanje rada.
- [http://neuron.mefst.hr/docs/CMJ/guidelines/CMJ_55\(1\)_GUIDELINES.pdf](http://neuron.mefst.hr/docs/CMJ/guidelines/CMJ_55(1)_GUIDELINES.pdf)



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