Writing for the JRCPE

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The success of the *Journal of the Royal College of Physicians of Edinburgh* (JRCPE) depends in large part on receiving high quality, well-written articles, editorials and case reports. Writing for medical or scientific journals is not a skill that most of us are born with, but like all skills it can be learnt. This short article gives some general advice on how to write papers and case reports for the *JRCPE*, and also some advice on what the Editorial Board look for in an article or case report.

What is the JRCPE for?

As we have outlined in a previous editorial,[1] the *JRCPE* exists to further the aims of the College; to raise standards of practice, to educate our members and the wider medical community, to improve the quality of care we offer to our patients, and to influence healthcare policy. The papers that we commission or select for publication reflect these aims, and hence papers that align clearly with these aims have a much higher chance of being published.

Case reports

When we receive case reports, the first question we usually ask is 'what is the lesson for practice?' The mission of the College is to improve standards of medical care – and this is often best achieved by case reports which highlight an important, focused yet generalisable lesson for clinical practice across a wide range of specialities. It should be clear from this description that case reports of very rare diseases, or of very rare presentations of more common diseases, are less likely to hold generalisable lessons. There is a place in the literature for case reports of very rare conditions – but it is not in the *JRCPE*! If you can encapsulate the lesson from your case report in a single sentence, you may have a viable case. If you cannot do this, it is probably time for a rethink.

A good case report will start with a brief introduction, outlining the issue or problem that the case illuminates, followed by a line or two summarising the case. The next section should outline the case; this is usually best laid out in chronological order. Tell a story; engage the reader as you would engage the audience at grand rounds. Include all of the relevant information that a reader would want to know if you were relating the case to them. Be ruthless in pruning out irrelevant information. If you are unsure as to whether information should be included, relate the case to a colleague. Ask them what other information they want to know as the case unfolds.

Illustrations can be a valuable addition to any case, but include only those that add educational value, or illustrate an aspect of the case that cannot easily be described as text. Illustrations for the sake of it, or just because the picture is pretty, merely serve to distract.

The discussion section of a case report should make the lesson from the case explicit, and should focus on the ramifications of the case and lesson for practice. In most cases, a long exposition on the aetiology, pathogenesis, epidemiology, investigation and management of the condition is not necessary; this information is better obtained from textbooks. By all means include brief notes on some of the above sections if they are directly relevant to the lesson, but keep the discussion focused on the lesson that the case offers.

If there are specific recommendations for practice that you wish to draw out from the case, these are often best placed in a concluding paragraph. The word 'specific' is key here though – recommendations such as 'Clinicians should be aware of this disease' or 'further education is required' are unhelpful and should be avoided.

Papers

A good paper does three things – it poses a clear question or aim, it answers that question or aim, and it tells a story. A good paper does the hard work of explaining the results clearly and simply to the reader, rather than the reader having to do the work themselves.

These are also the features that any editor will also look for. In the case of many journals, and in particular in the case of a clinically oriented journal such as the *JRCPE*, the other key question is 'so what?' Having read the paper, what impact has it had? Does it tell the reader something new? Is it going to change practice, or at least make the reader re-examine their practice? Does it suggest a new explanation for an old problem, or suggest new lines of enquiry? If it does none of the above, or merely confirms what we know already, it is unlikely to engage the interest of readers – and so it will not engage the interest of editors[2].

In addition, ask yourself who you are trying to communicate with. A paper is part of a conversation with an audience, and so your work needs to be directed to the right audience. In the case of the *JRCPE*, the audience is practising physicians – not just in the UK, but across the world. A broad audience, and an audience with a focus more towards clinical practice than purely on science.

So tailor your writing to your audience. Make it clinically relevant and emphasise why your message is of interest to general physicians. If your message is not relevant to general physicians (perhaps the topic is very specialised, or is far removed from clinical practice), consider submitting your work elsewhere, where it will reach the audience who will benefit most from it.

Some pitfalls to avoid when writing papers:

Using long sentences and complicated words. The best writing is simple to understand – a 10 year old should be able to read it. Use short sentences, avoid excessive subclauses, and avoid using obscure words where simple words will suffice. Break up large blocks of text into small paragraphs, and use subheadings to signpost areas of content.

Overly long introductions. The introduction is usually best served by writing three paragraphs: one on why the problem is important, one on what we know and where the gaps in our knowledge are, and one explaining why this study was therefore conducted and what its aims were.

Including every reference. Statements require referencing, but include key references only

Overly long discussions. Focus your discussion around the following key areas, and avoid windy, speculative expositions:

- A brief summary of your key findings (one or two lines)
- What others have found and how your results compare
- A concise explanation for why your results show what they do
- Strengths, but more importantly weaknesses of your methodology
- Recommendations for practice, and possibly for future research. This should be as specific as possible; simply noting that 'further research is needed in this area' is uninformative and does not help direct the efforts of others.

Mixing results and methods. Numbers (e.g. the number recruited) belong in the results. Justification for why you did a particular analysis belongs in the methods.

Spurious precision. When reporting results, avoid reporting excessive digits after the decimal point. Such practices make text and tables hard to read, and give the impression of greater precision that

actually exists. Blood pressure, for instance, is measured in clinical practice as an integer; it should be reported as an integer or at the most to one decimal place. Similarly, there is no benefit to reporting non-significant p values to more than two decimal places.

Reporting p values without the accompanying data. A p value is not a result. Proportions should include the numerator and denominator, followed by the percentage. Similarly, continuous data should be accompanied by a measure of dispersion – mean by standard deviation; median by interquartile range. Confidence intervals are more informative than p values. These reporting conventions apply to the abstract as well as to text and tables in the main body of the paper.

Other tips

There are now guidelines for reporting almost every type of study, from randomised trials to quality improvement studies; most of these are available at the EQUATOR website[3]. We strongly encourage authors to follow these guidelines; they greatly improve the structure of papers and ensure completeness of reporting. Such guidelines should indeed be consulted at the stage of study design, rather than waiting until the study is complete and the writing is underway.

If English is not your first language, get someone to read your paper and edit it before submission. Plagiarism (including self-plagiarism) is not acceptable in scientific publishing; take care that your writing is not only original in content, but does not reuse phrases, sentences or paragraphs from previously published work without referencing or attribution. We will reject plagiarised work and will pursue disciplinary sanctions for serious cases.

Read the *JRCPE* Guidance for Authors on the College website or via this link – http://bit.ly/1N2ajNL. This will help you format your paper correctly and provides guidance on how best to submit images. If you have any questions about how to format your paper then contact the editorial office.

Education section

We welcome a variety of contributions to the education section; to ensure that your contribution does not duplicate recent or planned material, please contact the education section editor to discuss your article before submitting it.

Continuing Medical Education articles, reviews and updates/advances in medicine should provide a clear but comprehensive overview of a topic of interest to those practising general medicine. The level should be appropriate to the non-specialist consultant or higher specialist trainee – you are not writing a review for a specialist audience. Clear learning points should be included in these articles. We also plan to introduce a section on images in medicine; up to 300 words with 1-2 images with an educational message and a learning point.

We commission Controversies in medicine articles from time to time; these typically form a pair of articles setting out opposing views on a topical issue. Approach writing for these articles as you would a debate. Unlike a review, it is perfectly acceptable in these articles to marshal evidence that supports only one side of the argument – indeed, any attempt to be even-handed in your contribution is unlikely to provide the type of article that we seek! Similarly, the writing style that works in these articles may be somewhat more rhetorical – but should still be factually accurate.

History and Humanities Section

Papers on the history of medicine should offer new research based on primary material i.e. the original historical documents. Care should be taken to interpret such material in the context of the social and cultural values of the period. An excessively 'presentist' approach, whereby people and events from the past are judged by how they measure up to what we do today, should be avoided. Likewise the 'Great Man' approach where an individual is uncritically lauded and the wider social context ignored is also to be avoided. Papers should take into account the secondary literature on the subject and relate the findings to the larger field of scholarship.

Papers on the medical humanities should avoid the impenetrable jargon of some academic writing on the subject. Instead papers should be accessible to an intelligent but non-specialized readership. The medical humanities seek to illuminate aspects of medicine, such as the experience of illness, the doctor-patient encounter, ethical questions in clinical practice and the relation of medicine to society.

Conclusion

Good writing requires three fundamentals: high-quality content to write about in the first place, a complete understanding of the material, and the ability to put oneself in the position of the reader and editors. Combining these three attributes will help your writing to be simple yet lucid, readable but engaging. We look forward to receiving your submissions to the Journal!

References:

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3. EQUATOR network reporting guidelines. http://www.equator-network.org/reporting-guidelines/ (Accessed 8/11/15)