Come pubblicare un articolo di medicina narrativa
Types of narration

- Commentary
- Review of stories
- Critical incident reports
- Prose
- Poem
- Obituary
- Essay
- Qualitative study
- Clinical trial
- Biography
- Blogs
Step 1: define your audience

Physicians/Nurses
Physiologists
Health management
Policy makers
Patients and families
Sociologist/medical anthropologist
Medical students
Literary circles
Step 2: chose appropriate forum

- Physicians/Nurses
- Psychologists
- Social workers
- Therapists
- Health management
- Policy makers
- Patients and families
- Sociologist/medical anthropologists
- Medical students
- Literary circles and scholars
Journals in Medical Humanities

- Med Humanit
- Intima
- BMJ Medical Humanities
- Diversity in medicine
Specialistic medical journals

- **Annals of Internal Medicine (IF 17.8)**
- **Journal of Adv Nursing**
- **AM J HOSP PALLIAT CARE**
- **Pain Physician**
- **plosOne**
- **Pediatrics**
- **Am J Kidney Dis**
Intima: A Journal of Narrative Medicine

There are presently no open calls for submissions.

General Information

Intima: A Journal of Narrative Medicine publishes original contributions of literary and artistic merit that relate to the theory and practice of narrative medicine. Please see specific guidelines on the genres and submit your piece(s) in the genres most appropriate. Our editors come from a variety of fields and will read with their particular areas of expertise in mind. All work submitted becomes the property of Intima and may be reproduced in part or whole at the discretion of the Editors in future publications either online or in print. Intellectual property rights are retained by the author. We do not welcome simultaneous submissions. Please do not submit previously published work or work published on a personal blog. The best way to know what we are looking for is to read past issues of the Intima.

Patient Privacy Notice
Intima adheres to legal and ethical guidelines in accordance with academic and health community publication standards. As clinicians, patients, and family members, we feel strongly that patient privacy and confidentiality should be maintained at all times.
What information to search for?

Class activity (10 minutes):

1. Split into groups of 2
2. Read the Instructions for authors
3. Search for the important information
4. List items based on priority (highest priority at top of list)
What information to search for

✓ Aims
✓ Scope
✓ Instructions to authors
✓ Guidelines
✓ Trial registration
Step 3: Communicate effectively

Define main topics
Provide complete information
Avoid non relevant info
Give structure
Orienting your reader
Common writing patterns

- Subject-verb-object
- General- specific
- Before-after
- Problem-solution
- Good news-bad news
- Paragraph-chapter
Sections of the Manuscript
IMRAD

• Introduction
• Methods
• Results and
• Discussion
Introduction section

- Provides brief setting for topic
- Expands with facts form key papers previously published
- States the research question
Methods

Describes methodology (at several levels of detail), patients, materials, and procedures
Results section

• Describes findings
• Provides data that support research question
• No commentary to results
Discussion section

- Put findings into context
- Explains novelty of findings
- How your study contradicts/confirms other studies
- Study limitations
- The extent to which findings can be generalized
Abstract

• Concise
• Complete, stand-alone information
• Reflects contents of paper
• Not misleading compared to information in full text
• Attracts reader to read entire article
• Adheres to reporting guidelines
Style strategies for communicating effectively
An on-line analysis of the ultrasonic radio frequency signal was performed to obtain quantitative operator independent measurement of the integrated backscatter signal of the ventricular septum and the posterior wall.
Accurate pre-operative risk estimation of adverse outcome following CABG is important especially for high-risk stratification in the light of alternative strategies such as aggressive medical treatment, resynchronization therapy or left ventricular surgery.
Fairy tales

Once upon a time, as a walk through the woods was taking place on the part of Little Red Riding Hood, the Wolf’s jump out from behind a tree caused fright in Little Red Riding Hood.
Effective story telling?

Class activity (15 minutes):

1. Split into groups of 2
2. Read the sentence
3. Try to identify the problem
4. Edit the sentence and solve communication issues
Problem: characters and actions

- the subjects are not characters
- actions are not verbs
- the subjects are actions represented as abstractions
- unexpected communication pattern
Once upon a time, as a walk through the woods was taking place on the part of Little Red Riding Hood, the Wolf’s jump out from behind a tree caused fright in Little Red Riding Hood.
How to solve it

• Identify the characters and actions
• Find nominalizations
• Change nominalizations into verbs
• Turn characters into subjects
• Revise actions into a chronological order
Once upon a time, Little Red Riding Hood was walking through the woods, when the wolf jumped out from behind a tree and frightened her.
Writing style

1. Informative
2. Simple concise phrasing
3. Predictable writing patterns
4. Not left to interpretation of reader
5. Rigorous reporting of information
Dear Dr. Piccione,

Despite the promising title… the presentation of the topic is somewhat haphazard, mixing treatment with prevention and overall fracture risks…. The overall grammar is a challenge.
The myth:

I. Learned researchers and managers must use sophisticated language.

II. Quality of research is reflected by level of language complexity and amount of jargon in papers.

III. Easy sentences are sign of poor language skills and careless writing.
Our results open the road to new therapies!

Great!
New therapies can now be explored in light of our research findings.
Exploration of new therapies is now permitted due to recent findings (Me, and coll.).
Different ways to say “almost” the same thing......
a. We discovered that drug A is better than the drug B.
b. It has been discovered that drug A is better than drug B.
c. It was discovered that drug A is better than drug B.
d. As it had been demonstrated, drug A is better than drug B.
e. Superiority studies performed by our group have confirmed the superiority of drug A compared to drug B.
f. The superiority of drug A over drug B has been proven by findings from recent studies.
What do you really want to say?
Step 4: Apply applicable GLs

- See what guidelines the journal requires
- Understand which apply to your paper
- Follow as closely as possible
- If you cannot fulfill GLs, mention in cover letter why
International guidelines

- Uniform Requirements for Manuscripts Submitted to Biomedical Journals (URM)
- CONSORT, STARD, PRISMA, STROBE, MOOSE
- International Committee on Harmonization (ICH)
Associations of Science Editors

- ICMJE
- EASE
- WAME
- CSE
Ethics-oriented organizations

• COPE

• EQUATOR

• The Cochrane Collaboration
### SQUIRE guidelines for studies on improvement in HC

**Revised Standards for Quality Improvement Reporting Excellence (SQUIRE 2.0)**

**September 15, 2015**

<table>
<thead>
<tr>
<th>Text Section and Item Name</th>
<th>Section or Item Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Notes to authors</strong></td>
<td>• The SQUIRE guidelines provide a framework for reporting new knowledge about how to improve healthcare.</td>
</tr>
<tr>
<td></td>
<td>• The SQUIRE guidelines are intended for reports that describe system level work to improve the quality, safety, and value of healthcare, and used methods to establish that observed outcomes were due to the intervention(s).</td>
</tr>
<tr>
<td></td>
<td>• A range of approaches exists for improving healthcare. SQUIRE may be adapted for reporting any of these.</td>
</tr>
<tr>
<td></td>
<td>• Authors should consider every SQUIRE item, but it may be inappropriate or unnecessary to include every SQUIRE element in a particular manuscript.</td>
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<td></td>
<td>• The SQUIRE Glossary contains definitions of many of the key words in SQUIRE.</td>
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<tr>
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<td>• The Explanation and Elaboration document provides specific examples of well-written SQUIRE items, and an in-depth explanation of each item.</td>
</tr>
<tr>
<td></td>
<td>• Please cite SQUIRE when it is used to write a manuscript.</td>
</tr>
</tbody>
</table>

**Title and Abstract**

1. **Title**
   - Indicate that the manuscript concerns an initiative to improve healthcare (broadly defined to include the quality, safety, effectiveness, patient-centeredness, timeliness, cost, efficiency, and equity of healthcare).

2. **Abstract**
   - a. Provide adequate information to aid in searching and indexing.
   - b. Summarize all key information from various sections of the text using the abstract format of the intended publication or a structured summary such as background, local problem, methods, interventions, results, conclusions.

**Introduction**

- **Why did you start?**

3. **Problem Description**
   - Nature and significance of the local problem.

4. **Available knowledge**
   - Summary of what is currently known about the problem, including relevant previous studies.
Abstract

Background. Qualitative research explores complex phenomena encountered by clinicians, health care providers, policy makers and consumers. Although partial checklists are available, no consolidated reporting framework exists for any type of qualitative design.

Objective. To develop a checklist for explicit and comprehensive reporting of qualitative studies (in-depth interviews and focus groups).

Methods. We performed a comprehensive search in Cochrane and Campbell Protocols, Medline, CINAHL, systematic reviews of qualitative studies, author or reviewer guidelines of major medical journals and reference lists of relevant publications for existing checklists used to assess qualitative studies. Seventy-six items from 22 checklists were compiled into a comprehensive list. All items were grouped into three domains: (i) research team and reflexivity, (ii) study design and (iii) data analysis and reporting. Duplicate items and those that were ambiguous, too broadly defined and impractical to assess were removed.

Results. Items most frequently included in the checklists related to sampling, method, setting for data collection, method of data collection, respondent validation of findings, method of recording data, description of the derivation of themes and inclusion of supporting quotations. We grouped all items into three domains: (i) research team and reflexivity, (ii) study design and (iii) data analysis and reporting.

Conclusions. The criteria included in COREQ, a 32-item checklist, can help researchers to report important aspects of the research team, study methods, context of the study, findings, analysis and interpretations.

Keywords: focus groups, interviews, qualitative research, research design

Qualitative research explores complex phenomena encountered by clinicians, health care providers, policy makers and consumers in health care. Poorly designed studies and inadequate reporting can lead to inappropriate application of qualitative research in decision-making, health care, health policy and future research.

Formal reporting guidelines have been developed for randomized controlled trials (CONSORT) [1], diagnostic test studies (STARD), meta-analysis of RCTs (QUOROM) [2], observational studies (STROBE) [3] and meta-analyses of observational studies (MOOSE) [4]. These aims to improve the quality of reporting these study types and allow readers to better understand the design, conduct, analysis and findings of randomized controlled trials [5]. Systematic reviews of qualitative research almost always show that key aspects of study design are not reported, and so there is a clear need for a CONSORT-equivalent for qualitative research [6].

The Uniform Requirements for Manuscripts Submitted to Biomedical Journals published by the International Committee of Medical Journal Editors (ICMJE) do not provide reporting guidelines for qualitative studies. Of all the mainstream biomedical journals (Fig. 1), only the British Medical Journal (BMJ) has criteria for reviewing qualitative research. However, the guidelines for authors specifically record that the checklist is not routinely used. In addition, the checklist is not comprehensive and does not provide specific guidance to assess some
ClinicalTrials.gov
A service of the U.S. National Institutes of Health

Impact of Narrative Medicine (Workshop Reflexive Writing) (INAMERE)

This study has been completed.

Sponsor:
Assistance Publique - Hôpitaux de Paris

Information provided by (Responsible Party):
Assistance Publique - Hôpitaux de Paris

ClinicalTrials.gov Identifier:
NCT01798069

First received: February 21, 2013
Last updated: April 17, 2014
Last verified: February 2013

History of Changes

Tracking Information

First Received Date ICMJE: February 21, 2013
Last Updated Date: April 17, 2014
Start Date ICMJE: December 2012
Primary Completion Date: July 2013 (final data collection date for primary outcome measure)

Current Primary Outcome Measures ICMJE:
(submitted: February 22, 2013)
satisfaction of standardized patient will be assessed through the questionnaire recommended by the American Board of Internal Medicine (ABIM). [ Time Frame: 5 months after randomization (i.e. 1 month after the end of the intervention) ] [ Designated as safety issue: No ]
It consists of ten questions, denoted by EVGFP scale (excellent = 5, very good = 4, good = 3, fair = 2, poor = 1).

Original Primary Outcome Measure ICMJE: Same as current

Trial registration
A Randomized Controlled Trial of Storytelling as a Communication Tool

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Abstract

Introduction: Stories may be an effective tool to communicate with patients because of their ability to engage the reader. Our objective was to evaluate the effectiveness of storybooklets compared to standard information sheets for parents of children attending the emergency department (ED) with a child with cough.

Methods: Parents were randomized to receive storybooklets (n=208) or standard information sheets (n=205) during their ED visit. The primary outcome was change in anxiety between triage and ED discharge as measured by the State-Trait Anxiety Inventory. Follow-up telephone interviews were conducted at 1 and 3 days after discharge, then every other day until 6 days post-discharge, and at 1 year. Secondary outcomes included expected future anxiety, event impact, parental knowledge, satisfaction, decision regret, healthcare utilization, time to symptom resolution.

Results: There was no significant difference in the primary outcome of change in parental anxiety between recruitment and ED discharge (change of 5 points for the story group vs. 7 points for the comparison group, p=0.78). The story group showed significantly greater decisional regret regarding their decision to go to ED (p=0.001). 6.7% of the story group vs. 1.9% of the comparison group strongly disagreed with the statement "I would go for the same choice if I had to do it over again". The story group reported another time to resolution of symptoms (mean 3.7 days story group vs. 4.0 days comparison group, median 3 days both groups; log rank test, p=0.04). No other outcomes were different between study groups.

Conclusions: Stories about patient experiences managing a child with cough did not reduce parental anxiety. The story group showed significantly greater decision regret and quicker time to resolution of symptoms. Further research is needed to better understand whether stories can be effective in improving primary outcomes.

Trial Registration: Current Controlled Trials, ISRCTN39542997 (http://www.controlled-trials.com/ISRCTN39542997)

Introduction

Children's illness and injury cause parental anxiety[1,2]. Major sources of parental anxiety are uncertainty about the condition and its management[3,4]. Providing information about the illness and processes of care has been linked with reduced anxiety and uncertainty as well as greater satisfaction with medical services and more appropriate healthcare utilization[1,2]. Standard written instructions have been found lacking[5] while alternative formats (such as video presentations, illustrations, or cartoons) have been found to be more effective. Storytelling is one of the oldest forms of communication[6]. Recently, there has been resurgence in the use of storytelling in medicine in diagnosis[7,8], therapy[9-11], and education[12-15]. Stories may be effective because they are easy to understand and more likely to be remembered[16]. An appeal of storytelling is its ability to present information couched within a personal account that engages the reader and validates their own experiences[17,18]. Few randomized trials have evaluated the
Files to prepare for submission

- Cover letter
- Disclosure (COIs)
- Complete affiliations
- Main text
- Figures and Tables
Letter to the editor

• Summarize the key message + significant findings
• Explain why your article could be interesting to the journal’s readership
• Disclose info on partial publication of data, or funding, conflicts of interest
In summary:
Steps towards publication

✓ Establish your audience
✓ Chose most appropriate journal
✓ Review for style and structure
✓ Apply applicable guidelines
✓ Submit
Electronic submission platform

Medical Humanities

Log In

Welcome to the Medical Humanities manuscript submission site. To Log In, enter your User ID and Password into the boxes below, then click "Log In." If you are unsure about whether or not you have an account, or have forgotten your password, enter your e-mail address into the "Password Help" section below. If you do not have an account, click on the "Create Account" link above.

Update: The ScholarOne Manuscripts v4.17 release was completed on September 9th. Look for the new manuscript submission interface on this site during the rollout between September 15th and October 13th. Please contact Support with any questions.

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Register Here.

Resources
• User Tutorials
• Home Page
Letters to the referee

• Be diplomatic
• Use cautious and balanced statements
• Support your statements with evidence or literature
• Express disagreement politely
• Think ahead of their reply
Writer’s checklist

☐ ______________________

☐ ______________________

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Further readings

• Equator.org [http://www.equator-network.org](http://www.equator-network.org)


THE END