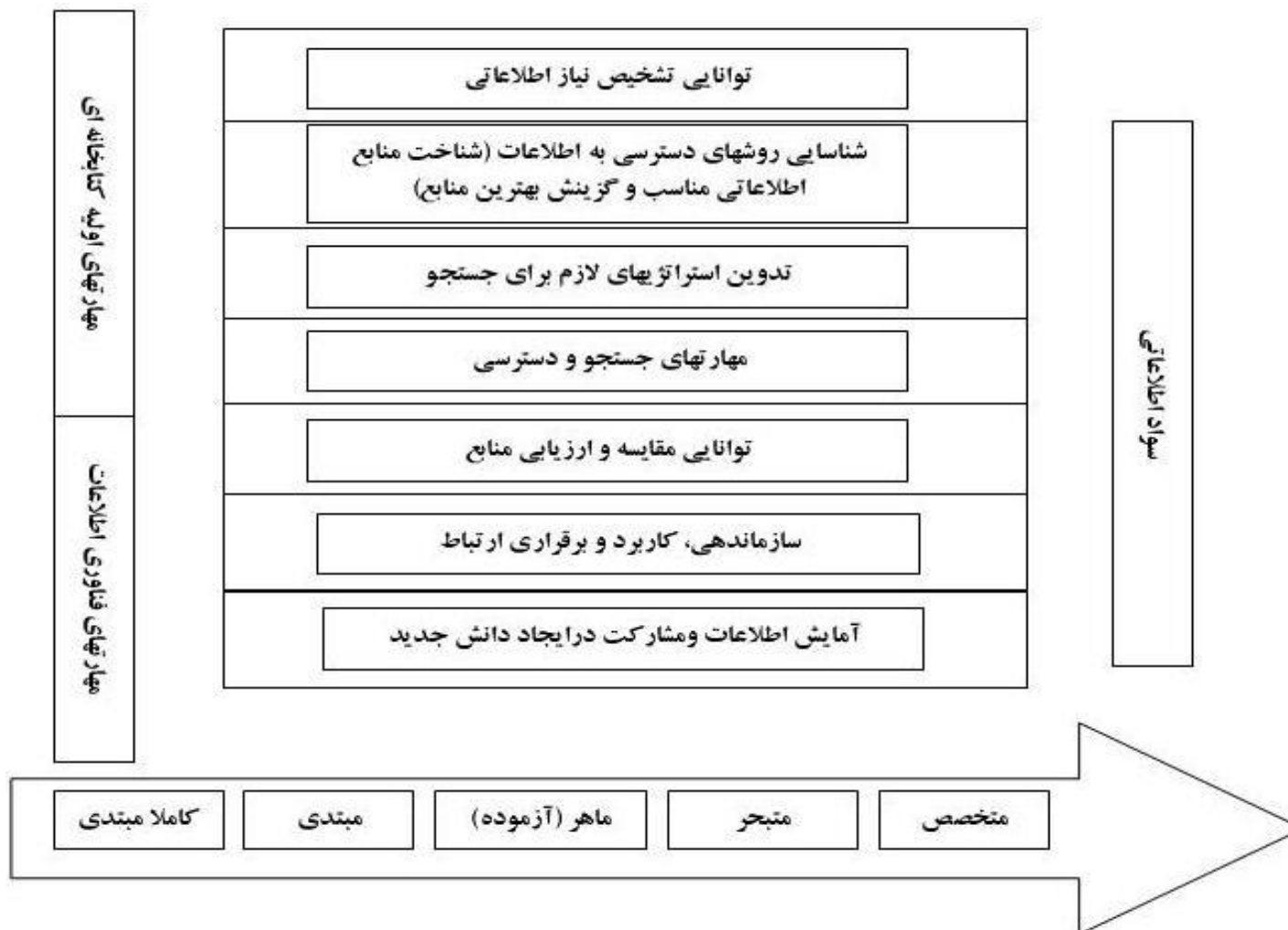


کارگاه آموزشی
مقاله نویسی علمی



هفت اصل سواد اطلاعاتی بر گرفته از

Information skills in higher education: a SCOUNL Position Paper (1999)

Types of Articles

- Full Original Researches
- Letter to the Editor, Letter or Communications
- Commentary
- Editorials
- Narrative reviews
- Systematic reviews
 - Cochrane reviews
- Case reports
- Technical Note

Types of Articles

- ***Full Original Researches***

- A full length original research article (up to ~8000 words, including tables, figures and references) presents novel findings relevant to the Aims and Scope of the Journal.

- ***Letter or Communications***

- You may want to provide supporting information, clarification, criticism, correction, or an alternative explanation to the results in a previously published journal article.
- You may disagree with the interpretation of the results, have further information to add to a publication, or have a novel comment to make.
- If you decide to write a letter, it needs to carry a clear and concise message and to have instant appeal.
- If your letter is too long, it may not be considered for publication at all and your message will not reach your audience.

- In most journals, letters have to conform to a word limit. For example, 500 words or two pages is usually the maximum and this may include a figure or a table. The number of authors is also usually limited to a maximum of four to six, and the number of references is usually limited to less than five including a reference to the journal article to which the letter relates.
- APB-Communications are preliminary reports (up to ~2000 words, including tables, figures and references).
-

- **Reviews**

- A full length critical Review (up to ~8000 words, including tables, figures and references (100-160)) provides a summary and discussion of the relevant literature about any topic covered within the Aims and Scope of the Journal.

- **Systematic Reviews**

These types of publications should report the clear narrow research question and a reproducible methodology including: a replicable comprehensive search protocol to capture published and unpublished researches, screening process based on inclusion and exclusion criteria, PRISMA flow diagram, quality assessment process of studies and assessment of risk of bias, unbiased reasons for exclusion of studies, verified quality assessment tools used in the review, data extraction tools, and qualitative and quantitative analysis (meta-analysis) methods.

- ***In Focus Reviews***

- The In Focus Reviews (up to ~8000 words, including tables, figures and references) present a collection of full papers and/or other article types by different research groups as well as their own opinion as “Expert Opinion” on a theme of interest to the Journal's readership within a special/theme issue.
- ***Minireviews***
- Minireviews are sharply focused well-focused, well-documented examinations of timely related issues (up to ~4000 words, including tables, figures and references (50-80)). The issues may be of a controversial nature, or may address a more narrowly focused area than those typically covered in a Review.
- § Review and Minireview articles should be finalized with last section as “Concluding Remarks”.
- § In Focus Reviews are by invitation only. Authors will be invited by Editor-in-Chief or a “Gest Editor” for contribution in a thematic special issue. These articles should be finalized with last section as “Expert Opinion and Final Remarks”.

- **2.2.6. *Spotlights***

- A Spotlight is a brief, lightly referenced article (up to ~1500 words, including tables, figures and references) about an outstanding area, newsworthy advance or event showing the biological impacts and consequences.

- **2.2.7. *Perspective***

- A Perspective is a lightly referenced scholarly opinion based article (up to ~1500 words, including tables, figures and references) about current or future directions in a field which may impose great Impacts.

- **2.2.8. *Notes***

- Notes (up to ~1500 words, including tables, figures and references) are final reports from Articles in that they are limited in scope and present high quality of general interest and of sufficient importance to warrant publication.

- **2.2.9. Commentaries**

- Commentaries present the author's considered opinion (up to ~1000 words limited to one figure/table with four key references) on a scientific or technical subject within the scope of the *Journal*. If such a Commentary article criticizes an article already published in the *Journal*, then the authors of the original article will be given a chance to response in the same issue in which the Commentary is published.

- **2.2.10. Lessons Learned**

- Lessons Learned are short articles (up to ~800 words, limited to one figure/table with four key references) which provide authors with a means of informing other scientists about critical issues, experiences and observations (e.g., key insights into an unanticipated manufacturing problem or biological impacts from a preliminary study), the descriptions of which would not be appropriate for any other types of articles. Such an article will be reviewed directly by one of the Editors who is expert of such scientific field.

اجزاء یک مقاله علمی

- عنوان
- نام و مشخصات نویسندگان
- چکیده (خلاصه)
- مقدمه (زمینه)
- روش بررسی (مواد و روشها، روش مطالعه، روش کار)
- یافته ها (نتایج)
- بحث
- نتیجه گیری نهایی
- قدردانی و سپاس (تشکر و قدردانی)
- منابع

The Sections of the Scientific Paper

Content	Section of Paper
Summary in a nutshell	Abstract
Description of the problem	Introduction
Solution way of the problem	Materials and Methods
Findings to solve the problem	Results
Interpretation of the findings	Discussion
Mentioning the contributors	Acknowledgments (optional)
Used references	Literature Cited
Extra Information	Appendices (optional)

IMRAD Story

(Introduction, Methods, Results and Discussion)

- Early journals published **descriptive** papers (still used in case reports, geological surveys etc..)
- By the second half of the 19th century, **reproducibility of experiments** became a fundamental principle of the philosophy of science.
- The **methods section** became all important since Louis Pasteur confirmed the germ theory of disease
- IMRAD organization of a scientific paper started to develop
- IMRAD format slowly progressed in the latter half of the 19th century

Organization of a scientific paper

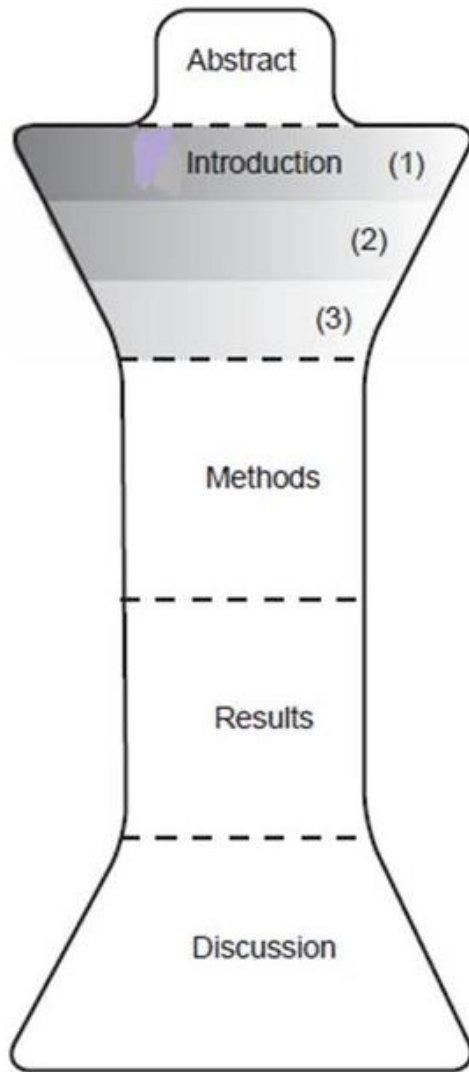
- The most common is the IMRAD
- [2010-IJP.pdf](#)
- The results are so complex that they need to be immediately discussed:
R + D = Results and Discussion section

[2015-JNR-Ghorbani.pdf](#)

- If a number of methods were used to achieve directly related results:
M + R = Experimental section

[JACS.pdf](#)

نگارش را از کدام قسمت شروع کنیم؟



The Results section

Results as a “story”: the key driver of an article

- کاری که کرده اید را بدون دخل و تصرف آنها ذکر کنید .
- بدون توضیح، فقط توصیف
- which data should be included;
 - The results section always begins with text, reporting the key results and referring to your figures and tables as you proceed.
 - Summaries of the statistical analyses may appear either in the text (usually parenthetically) or in the relevant Tables or Figures (in the legend or as footnotes to the Table or Figure).
 - Important negative results should be reported, too.

How to write the Results

- Results section is written in the past tense
- It needs to be clearly and simply stated since it constitutes the new knowledge contributed to the world
- The purpose of this section is to summarize and illustrate the findings in an orderly and logical sequence, **without** interpretation
- The text should guide the reader through the findings, emphasizing and highlighting the major points
- Do not describe methods that have already been described in the M&M section or that have been inadvertently omitted

• هدف نگارش نتایج، پاسخگویی به سؤالات تحقیق است ولی
شرح یافته‌هایی را نیز شامل می‌شود که در فرضیات وجود
نداشته و محقق ضمن اجرای پژوهش به آنها دست یافته است.

• لازم نیست تمام اطلاعات به دست آمده ارائه شوند، این بخش
باید فقط حاوی اطلاعات مرتبط با عنوان باشد.

• در نگارش نتایج باید از جملات طولانی و تکراری خودداری
کرد.

- از جملاتی چون «نتایج حاصل از آزمایش A در جدول ۱ ارائه شده» خودداری کنید و در عوض چنین بنویسید که به متن مراجعه کند: «(روش درمانی مورد استفاده در آزمایش A، نتیجه ۵٪ بیشتر از گروه کنترل به بار آورده است (جدول ۱)).»

- بخش نتایج را به ترتیب فهرست فرضیه ها تنظیم کنید.

- سعی کنید نتایج واضح باشد و از تکرار غیرضروری اطلاعات متن، تصاویر و جداول پرهیز کنید.

- یافته های مهم را مشخصا بیان نمائید Highlight

Methods of presenting the data

1. Directly in the text
 2. In a table
 3. In a figure
- Never have a table or figure that is not mentioned in the text

- Differences, directionality, and magnitude:
- Report your results so as to provide as much information as possible to the reader about the nature of differences or relationships.
- For example, if you testing for differences among groups, and you find a significant difference, it is not sufficient to simply report that "groups A and B were significantly different".
- How are they different? How much are they different? It is much more informative to say something like, "Group A individuals were 23% larger than those in Group B", or, "Group B pups gained weight at twice the rate of Group A pups."
- Report the direction of differences (greater, larger, smaller, etc) and the magnitude of differences (% difference, how many times, etc.) whenever possible.

- Always report your results with parenthetical reference to the statistical conclusion that supports your finding (if statistical tests are being used in your course). This parenthetical reference should include the statistical test used and the level of significance (test statistic and DF are optional).
- "Males (180.5 ± 5.1 cm; $n=34$) averaged 12.5 cm taller than females (168 ± 7.6 cm; $n=34$) in the AY 1995 pool of Biology majors (two-sample t-test, $t = 5.78$, 33 d.f., $p = 0.015$)."

- *Each* Table or Figure must include a brief description of the results being presented and other necessary information in a legend (sometimes called a caption) .
- **Table legends go above the Table**; tables are read from top to bottom.
- **Figure legends go below the figure**; figures are usually viewed from bottom to top.

Abbreviation of the word "Figure": When referring to a Figure in the text, the word "Figure" is abbreviated as "Fig.", while "Table" is not abbreviated.

چگونه سبک ارائه و نمایش داده ها را انتخاب کنیم؟

Figure, table, or text?

- استفاده از راهنمای نویسندگان Instructions to Contributors
- مقالات اخیر منتشر شده در مجله مورد نظر
- بستگی به انتظار نویسنده از خواننده در درک قدرت و توانمندی داده ها دارد. هر یک نقاط قوت و ضعفی دارند:

Tables are most useful for:

- recording data (raw or processed data);
- explaining calculations or showing components of calculated data;
- showing the actual data values and their precision;
- [2010-IJP.pdf](#)

Figures are most useful for :

- showing an overall trend or “picture”;
- comprehension of the story through “shape” rather than the actual numbers;
- allowing simple comparisons between only a few elements.
- [2015-JNR-Ghorbani.pdf](#)

- Any Table or Figure you present must be sufficiently clear, well-labeled, and described by its legend to be understood by your intended audience without reading the results section, i.e., it must be able to stand alone and be interpretable.
- Overly complicated Figures or Tables may be difficult to understand in or out of context, so try for simplicity whenever possible.

• بهتر است موقع ارسال مقاله برای درج در مجلات ، جداول ، نمودارها و شکلها را داخل متن نگذارید بلکه جای آنها را در متن مشخص کرده و در صفحات جدا با ذکر شماره قرار دهید.

LEGENDS

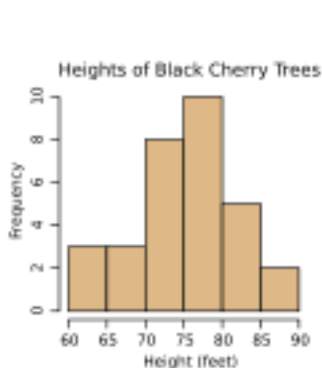
Figure 1. PCR-based restriction fragment analysis for the genotyping of three single nucleotide polymorphisms of the synapsin III gene identified in this study. In A, lanes 1, 4, 5 are homozygotes of g.-631C, lane 6 is homozygote of g.-631G, and lanes 2, 3 are heterozygotes. In B, lane 2, is homozygote of g.-196A, lane 5 is homozygote of g.-196G, and lanes 1, 3, 4 are heterozygotes. In C, lanes 2, 3 are homozygotes of g.69G, while lane 2, 3 are heterozygotes. Lane 5 is undigested PCR fragment. M indicates 100 bp DNA ladder marker.

Legend

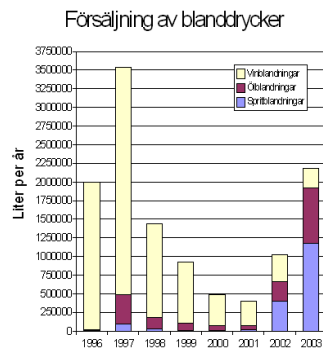
Figure 1. Expression levels of eight genes in rat frontal cortex after intraperitoneal injection of risperidone(1mg/kg) or vehicle for 1, 2, 3 and 4 weeks, respectively. Y axis indicates relative gene expression ratio as normalized by the geometric mean of the expression levels of GAPDH, cyclophilin A and 18S rRNA. X axis indicates time interval of experiment, C indicates control animals, R indicates animals treated with risperidone. * indicates $p < 0.05$, CIRL indicates calcium-independent alpha-latrotoxin receptor.

کدام چارت و یا نمودار مناسب است؟

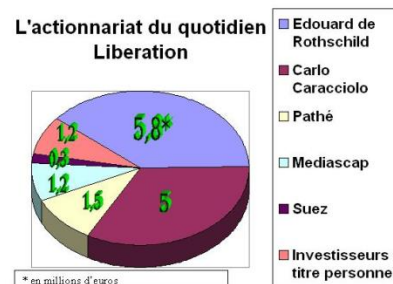
- نمودار و چارت ها متناسب با نوع داده ها استفاده نمائید.
- بهترین نسبت قابل درک گراف ها برای چشم نسبت ۲ به ۳ است.
- نتایج به صورت متن، جدول و یا نمودار یا تلفیقی از هر سه نشان داده می شوند.
- نتایج نباید در بیشتر از یک فرم ارائه شوند.



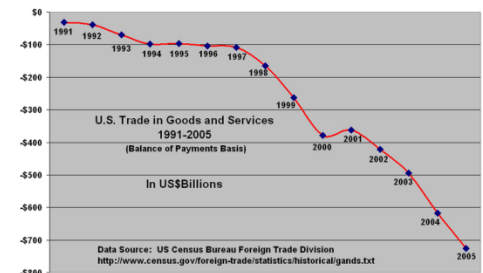
Histogram



Bar chart



Pie chart



Line chart

اصول و قواعد گراف ها را رعایت کنید

یک شکل ممکن است از هزاران کلمه گویا تر و ارزشمند تر باشد

- ساده بودن

- درج واحدهای اندازه گیری

- اجتناب از همپوشانی نمودارها

- تناسب با ستون بندی اسلوب نگارش مجله

- اندازه فونت مناسب

- زیرنویس مناسب و متناسب با فرمت مجله

- [2015-JNR-Ghorbani.pdf](https://www.researchgate.net/publication/309111111)

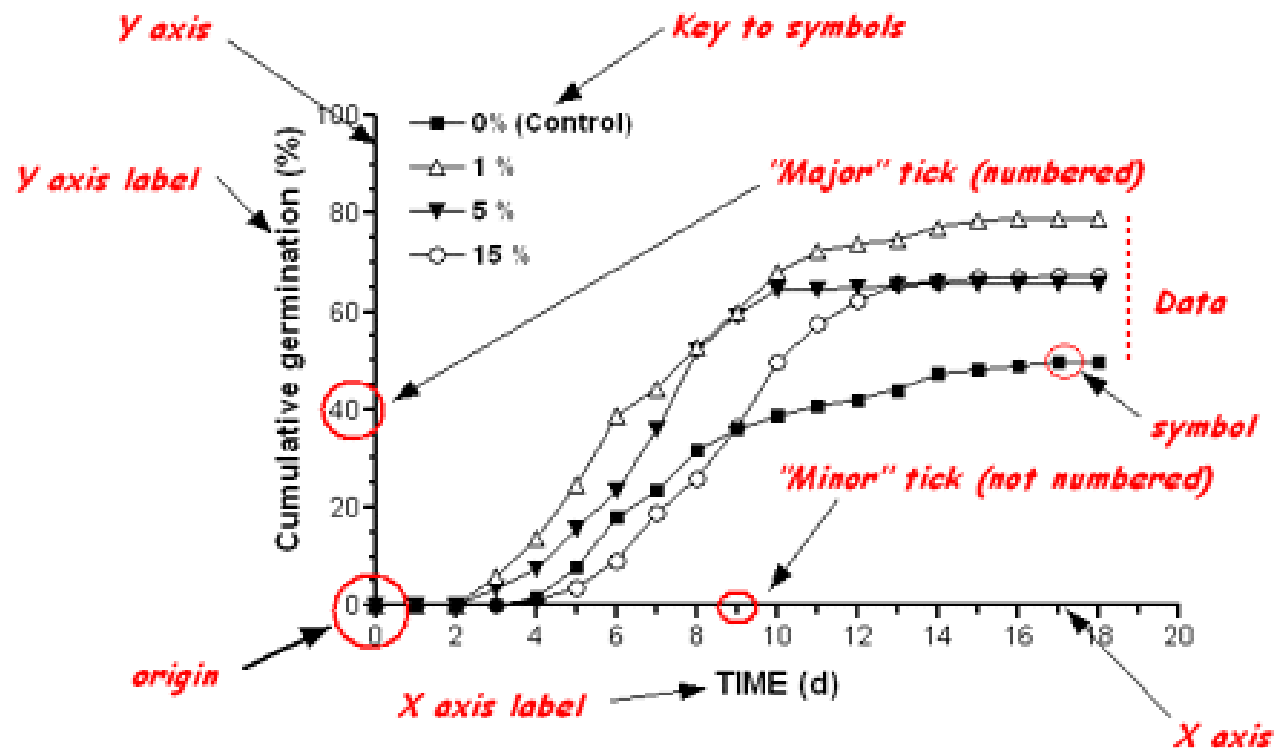


Figure 1. Cumulative germination of *Chenopodium* seeds after pregermination treatment of 2 day soak in NaCl solutions. n = 1 trial per treatment group (100 seeds/trial.)

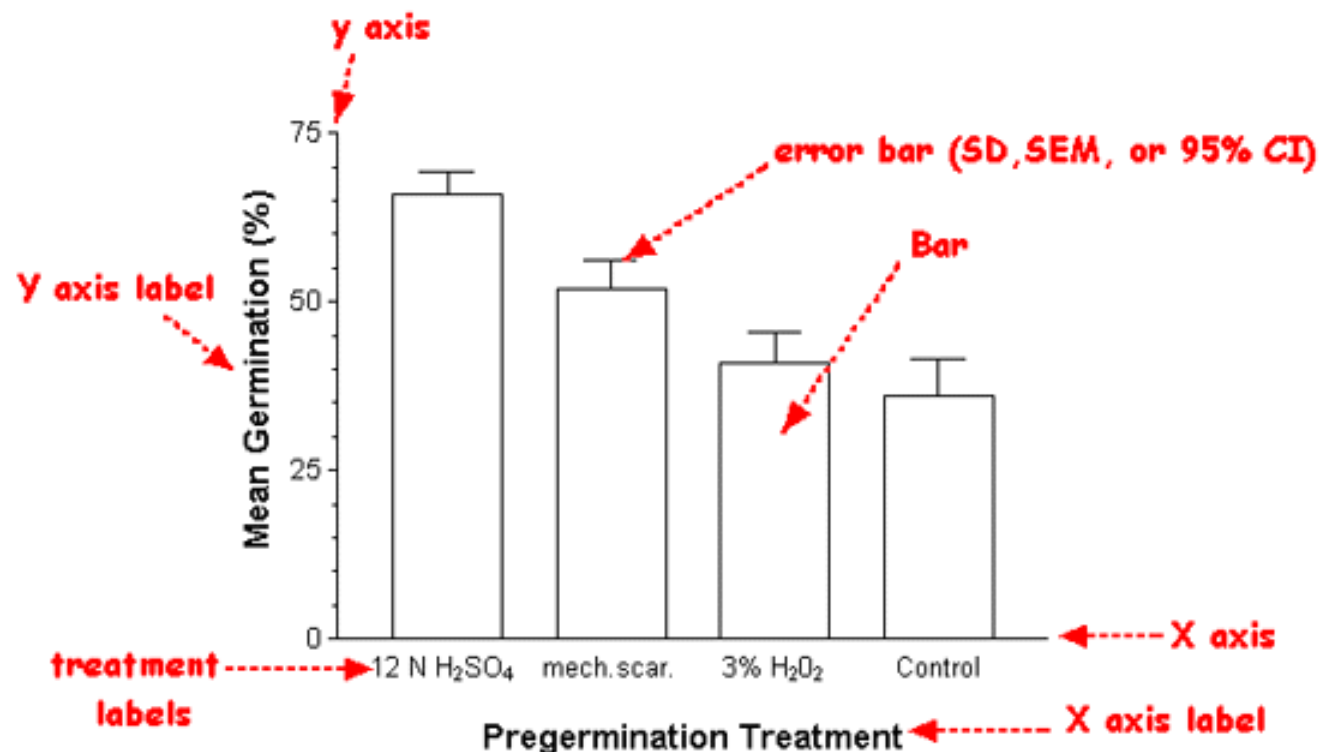


Figure 1. Mean germination (%) of gourd seeds following various pregermination treatments. N=10 groups of 100 seeds per treatment and control. Treatments: 12 hour soak in 12 N H₂SO₄, 90 second scarification of seed coat with 80 grit sandpaper, 6 hour soak in 3% H₂O₂.

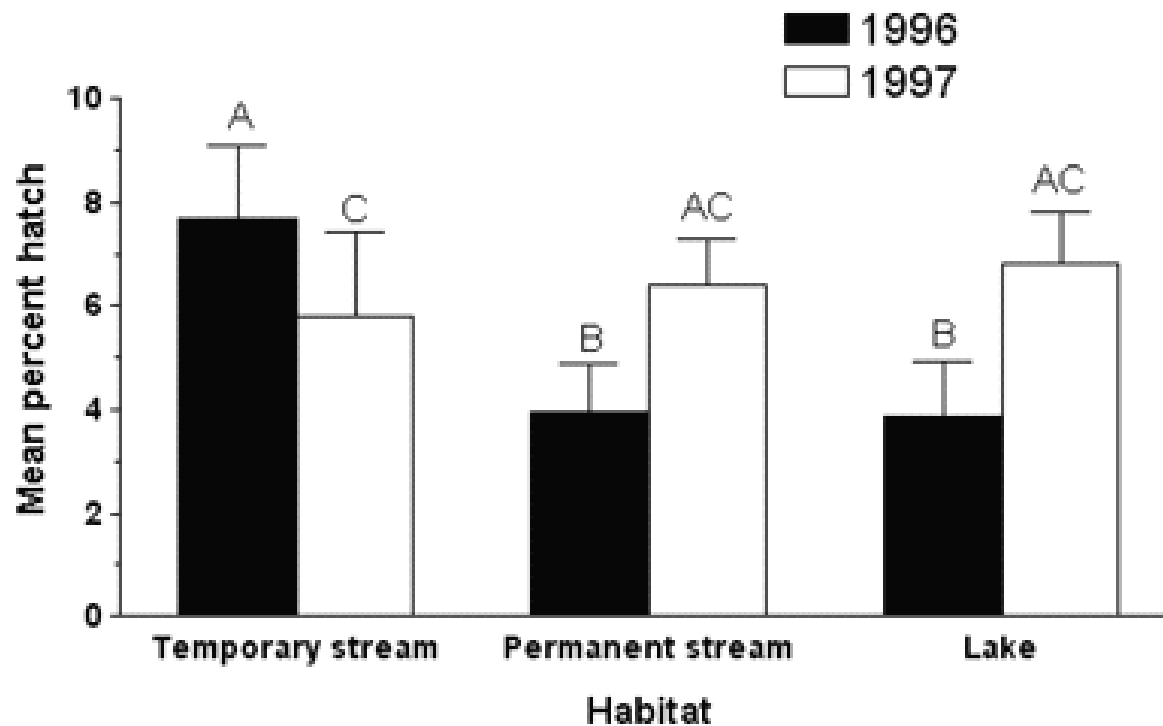


Figure 3. Effects of habitat and year on tycho-parthenogenetic capacity (mean % hatching success $\pm$ 1 SD of unfertilized eggs) in mayflies. Means with different letters are significantly different (Tukey's HSD, $p < 0.05$).

Bar graph

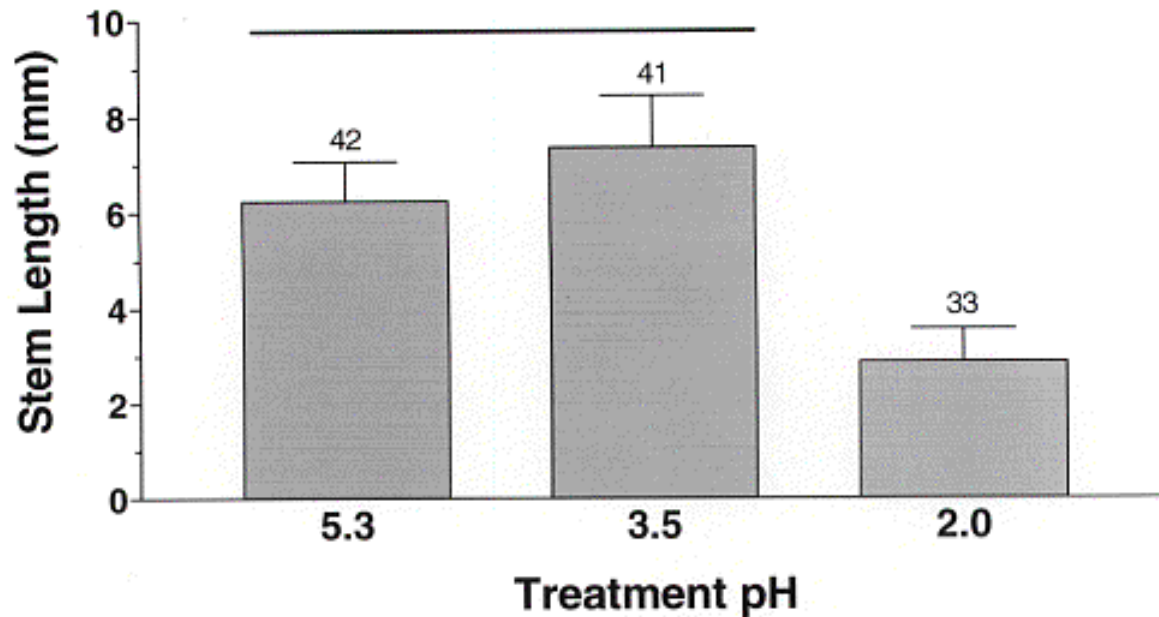


Figure 1. Mean stem length (± 1 SD) of seedling clover watered to soil saturation daily for 2.5 weeks with simulated acid rain of varying pH. The control (pH 5.3) was normal city tapwater. The pH 3.5 and 2.0 water was acidified with 2 M sulfuric/ 1 M nitric acid solution. Line over bars indicates groups which were not significantly different (Kruskal-Wallis Test and Dunn's Multiple Comparison's Tests). Number over bar indicates sample size.

ارائه داده در جدول

یک جدول می تواند داده های عددی زیاد را در یک فضای کوچکتر از متن ارائه نماید.

- بسیاری از اوقات اثر بخشی جدول بسیار کمتر از یک نمودار است.

- هر جدول باید دارای شماره و عنوان موجز و روشن نسبت به داده ها باشد.

- زیر نویس هر جدول متناسب با قواعد مجله سمبل گذاری می شود.

- راست چین بودن جدول در فارسی و چپ چین بودن در انگلیسی رعایت شود.

- اجتناب از خطوط عمودی و افقی جدا کننده جدول

Table 4. Population variation in hatch success (mean percent) of unfertilized eggs for females from populations sampled in 1997. N = number of females tested.

Population	mean (%)	Standard deviation	Range	N
Beaver Creek ^T	7.31	13.95	0-53.16	15
Honey Creek ^T	4.33	7.83	0-25.47	11
Rock Bridge Gans Creek ^T	5.66	13.93	0-77.86	38
Cedar Creek ^P	6.56	9.64	0-46.52	64
Grindstone Creek ^P	8.56	14.77	0-57.32	19
Jacks Fork River ^P	5.28	8.28	0-30.96	28
Meramec River ^P	5.49	10.25	0-45.76	45
Little Dixie Lake ^L	7.96	14.54	0-67.66	71
Little Prairie Lake ^L	6.86	7.84	0-32.40	36
Rocky Forks Lake ^L	3.31	4.12	0-16.14	43
Winegar Lake ^L	10.73	17.58	0-41.64	5
Whetstone Lake ^L	7.36	12.93	0-63.38	57

^T = temporary stream, ^P = permanent streams, ^L = lakes.

<--Table legend

<--Column titles

<--Table body
(data)

<--Lines demarcating
the different parts
of the table

مثال:

این دو
جدول را
با هم
مقایسه
کنید.

Table 5.2 Soil test K and mineralogy of soils (SD = Standard Deviation).

Soil	Clay (g kg ⁻¹)	Silt (g kg ⁻¹)	mg K kg ⁻¹ soil		
			WS	CaCl ₂	NaTPB
1	380	200	10	41	480
2	535	265	31	162	1208
3	410	230	15	57	583
4	434	205	19	70	652
5	485	235	27	100	932
6	610	282	50	290	1730
7	360	190	6	34	360
8	440	235	20	87	723
Mean	456.8	230.3	22.3	105.1	833.5
SD (±)	83.4	31.9	13.9	84.9	448.9

Table 5.3 Soil texture correlates with K concentration determined using three extraction methods: WS = Water Soluble, CaCl₂ = Calcium Chloride, NaTPB = Sodium Tetraphenyl Boron (SD = Standard Deviation).

Soil	Clay (g kg ⁻¹)	Silt (g kg ⁻¹)	mg K kg ⁻¹ soil		
			WS	CaCl ₂	NaTPB
7	360	190	6	34	360
1	380	200	10	41	480
3	410	230	15	57	583
4	434	205	19	70	652
8	440	235	20	87	723
5	485	235	27	100	932
2	535	265	31	162	1208
6	610	282	50	290	1730
Mean	457	230	22	105	834
SD (±)	83	32	14	85	449

How to refer to Tables and Figures from the text

- Germination rates were significantly higher after 24 h in running water than in controls (Fig. 4).
- DNA sequence homologies for the *purple* gene from the four congeners (Table 1) show high similarity, differing by at most 4 base pairs.
- Table 1 shows the summary results for male and female heights at Bates College.
- [2010-IJP.pdf](#)

The Method and Material section

مواد و روشها

هدف از تحریر این قسمت چگونه باید باشد؟

• بطور سنتی، تکرار پروژه توسط شخص دیگر؟

• فراهم کردن اعتبار برای داده های بدست آمده؟

داوران در پاسخ به این سوال قسمت روش ها را مطالعه می کنند:

Do the methods and the treatment of results conform to acceptable scientific standards?

مواد و روشها

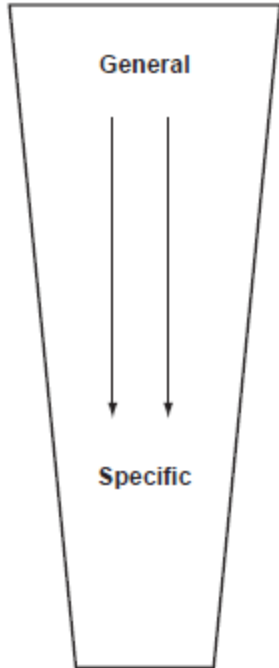
شامل توضیح دقیق در مورد:

- مواد مورد استفاده و منبع تهیه
- نوع مطالعه،
- طراحی مطالعه،
- نمونه، روش نمونه گیری و حجم نمونه،
- معیارهای ورود و خروج،
- ابزار و روش گردآوری داده‌ها،
- نحوه انجام آزمایش ها،
- روش تجزیه و تحلیل داده ها
- نام برنامه های رایانه ای آماری
- ملاحظات اخلاقی

The introduction section

مراحل تدوین قسمت مقدمه مقاله

تدوین قسمت مقدمه مقاله در پنج مرحله انجام می شود:



۱. بیان زمینه و حیطه پژوهش به منظور درک خواننده پیرامون مشکل مورد پژوهش
۲. کارها و فعالیت های تحقیقی دیگران که بطور اختصاصی مشکل را تبیین می کند.
۳. گپ موجود چیست و چرا انجام این پژوهش اهمیت دارد.
۴. هدف و یا سوال پژوهش
۵. تاکید بیشتر بر ارزش این تحقیق (اختیاری است)

استناد کردن به مطالعات دیگران.....

- نویسنده از نظر اخلاقی فقط مجاز به استناد کردن به مقالاتی است که نسخه اصل آن در اختیار محقق باشد. اگر اصل مقاله در دسترس قرار نداشته باشد و یا در لیست رفرانس مقاله دیگری باشد می بایست با این نکته اشاره نماید:

[The finding or fact you want to cite] (Smith 1962, cited in Jones 2002). In such cases, only Jones (2002) appears in the reference list.

- از سرقت ادبی (plagiarism) به هنگام استناد سازی از کارهای دیگران اجتناب نمائید.

Plagiarism is using data, ideas, or words that originated in work by another person without appropriately acknowledging their source.

The Discussion section

• عمده هنر نویسندہ در این بخش است.

- The Discussion is harder to define than other sections. Thus, it is usually the hardest section to write.

• با دید انتقادی آنرا چکش کاری کنید.

• برقراری ارتباط “بحث” با

• عنوان مقاله

• مقدمه

- اگر لازم شد مقدمه را بازبینی و اصلاح نمائید.
- از تکرار منابع اشاره شده در “بحث” در قسمت مقدمه اجتناب کنید.

Many paper are rejected by journal editors because of a **faulty Discussion**

What do editors and reviewers want?

- Originality
- Relevance to the audience
- Appropriate experimental design and methodology
- Data presentation
- Appropriate statistical analysis
- Thorough and logical discussion of results
- Importance of the results to the Scientific Field and the Readership
- Excitement/ “wow”
- Readability, clarity of writing, and grammar

- Do your results provide answers to your testable hypotheses?
 - If so, how do you interpret your findings?
- Do your findings agree with what others have shown?
 - If not, do they suggest an alternative explanation or perhaps a unforeseen design flaw in your experiment (or theirs?)

نگارش “بحث”

اطلاعات زیر باید در قسمت “بحث” بیان شود:

- فرانس مرتبط با هدف اصلی یا فرضیه تحقیق
- مرور سریع بر روی یافته های مهم، خصوصا اهمیت آماری آنها
- آیا آن اطلاعات فرضیه تحقیق را تأیید می کنند؟ سوالات پژوهش را پاسخ می دهند؟ یا اهداف محقق را برآورد کرده اند؟
- آیا با نتایج دیگر محققان همخوانی دارد؟
- نتایج را با استفاده از مطالعات دیگران حمایت کند.
- محدودیت های پژوهش و چگونگی تعمیم پذیری نتایج را بیان کنید.
- کاربرد نتایج مطالعه
- پیشنهاد برای پژوهش های آتی

Verb Tenses (active!):

Past, when referring to study details, results, analyses, and background research:

- We found that
- They lost more weight than
- Subjects may have experienced
- Miller et al. found

Present, when talking about what the data suggest ...

The greater weight loss suggests

The explanation for this difference is not clear.

Potential explanations include

Elements of the discussion section...

1. Key finding (answer to the question(s) asked in Intro.)
 - Supporting explanation, details (lines of evidence)
 - Possible mechanisms or pathways
 - Is this finding novel?
2. Context
 - Compare your results with other people's results
 - Compare your results with existing paradigms
 - How your results fit into, contradict, or add to what's known or believed
 - Explain unexpected or surprising findings
3. Key secondary findings
4. Context
5. Strengths and limitations
6. What's next
 - Recommended confirmatory studies ("needs to be confirmed")
 - Unanswered questions
 - Future directions
7. The "so what?": implicate, speculate, recommend
 - Clinical implications of basic science findings
8. Strong conclusion

Limitations

- Be thoughtful and reasonable
- Don't beat yourself up
- Acknowledge issues of scientific concern
- Don't trash the validity of your study

Goal is to preempt the reviewer's criticism and to demonstrate your knowledge of the limitations and understanding of practical limits and judgment calls in research.

When citing a reference, focus on the ideas, not the authors

- Literature citations should be parenthetical, rather than in the body of the sentence: “...
- "growth rates of > 80 cm are common in populations in Alberta (Marx 1982).” 
- “..., Marx (1982) found growth rates of >80 cm to be common in populations in Alberta.” 

Discussion vs Results

- Results are the facts of the findings, unedited and unqualified
- Results are the presentation of the hard data (statistics, tables, figures)
- Discussion is about what the results mean
- Discussion is about the implications of the findings
- Its primary purpose is to show the relationships among observed facts
- Shift from numeric data to descriptive words
- Do not **overinterpret** the results
 - e.g. stating that a technique is “safe and effective” on the basis of a single case report
- Do not introduce additional or new results

Discussion vs Background

- Discussion is not the place to bury other important and relevant literature
- Doing so may lead to over-inflating importance of current findings
- Discussion is about how the findings fit into the body of literature appropriately introduced in the Background

The Introduction moved from general to specific.

The discussion moves from specific to general.

Summary

The Summary of the Discussion section may be the Conclusion

Summary: summarizes the findings/conclusion

Conclusion: ultimate take-away message

Surprise Ending

“I am still interested in the article, but my sense is that you should report your study in full, separately, and not muddy the waters.” --Journal Editor

Journal Guidelines re: Discussion

- “Findings interpreted in the context of other research, conceptual frameworks, or design.” *Nursing Research*
- “Base the discussion only on the reported results. Describe any further study needed.” *Western Journal of Nursing Research*
- “Report the results of the study. Discuss the significance of the findings, interpret the results and conclusions.” *The Journal of Nutrition*
- “The Discussion should explain the significance of the results and place them into a broader context. It should not be redundant with the Results section. This section may contain subheadings and can in some cases be combined with the Results section.” *Cell*

Journal Guidelines re: Discussion

- “The discussion section (not to exceed 1,500 words including citations) should be as concise as possible and should include a brief statement of the principal findings, a discussion of the validity of the observations, a discussion of the findings in light of other published work dealing with the same or closely related subjects, and a statement of the possible significance of the work. Extensive discussion of the literature is discouraged.” *The Journal of Neuroscience*

Journal Guidelines re: Discussion

- “This section should not contain paragraphs dealing with topics that are beyond the scope of the study. Four manuscript pages should in general be enough to compare and interpret the data with regard to previous work by yourself and others.”

Cardiovascular Research

- “The discussion should set the results in context and set forth the major conclusions of the authors. Information from the Introduction or Results section should not be repeated unless necessary for clarity. The authors' speculations concerning the possible implications of the findings may be presented in this section but should be clearly separated from the direct inferences.” *Translational Research, The Journal of Laboratory and Clinical Medicine*

Bottom Line

The Discussion should answer the two deadly questions facing all research:

So What?

Who Cares?

Avoid verbiage

- Short words
- Short sentences
- Short paragraphs
- No jargon
- No abbreviations
- Prefer active to passive
- Be careful with slang

The best English in scientific writing
is to make the point in the fewest
possible words.

scientific writing is not literary writing

Avoid verbiage

- Avoid excessive use of the indefinite pronoun "*it*".
 - "*It would thus appear that*" can be replaced by "*apparently*";
 - "*It is evident that*" by "*evidently*";
- Other commonly used phrases such as: "*It will be seen that*"; "*It is interesting to note that*" and "*It is thought that*", can be left out.
- Shorter and more familiar words
 - Use "to" instead of "in order to"
 - Use "clear" instead of "unblemished"

Avoid verbiage

- Remove value judgements: “Surprising”, “interesting”, “unfortunately” have no place in a scientific paper.
 - Avoid “**we believe**”, “**we feel**”, “**we concluded**”, etc.
 - Use the active voice whenever possible. It is usually less wordy and unambiguous.
-
- The fact that such processes are under strict cerebellar control is demonstrated by our work in this area. □
 - Our work demonstrates that such processes are under strict cerebellar control. □

The Conclusion section

End with a Conclusion

- State the **significance** of the work
- Give your **evidence for each conclusion**
- Summarize your evidence for each conclusion.
- State it as clearly as possible
- It **should not be** a virtual duplication of the abstract
- Be carefull about **wrong conclusions**

- در اینجا حرف جدیدی نننید .

- از آنچه در متن مقاله مطرح کرده اید ، نتیجه گیری کنید .

- یافته ها در قالب جملات کوتاه و مختصر و آسان

- عین جملات متن را تکرار نکنید.

- حداقل ۱ و حداکثر ۲ صفحه

- جزییات بیشتری را نسبت به چکیده داشته باشد.

- اگر پیشنهادی هست ، در این قسمت مطرح کنید.

The Acknowledgement section

The Scientific Manuscript

Acknowledgements

- **Funding sources**
- **Contributors who did not get authorship (e.g. offered materials, advice or consultation that was not significant enough to merit authorship).**

How to State the Acknowledgments

- You should acknowledge:
 1. Any significant technical help that you have received from any individual in your lab or elsewhere
 2. The source of special equipment, cultures, or any other material
 3. Any outside financial assistance, such as grants, contracts or fellowships
- Do not use the word “wish”, simply write “I thank” and not “I wish to thank...”
- Show the proposed wording of the Acknowledgement to the person whose help you are acknowledging

Acknowledgements

- The acknowledgements are placed between the end of the regular text and the references.
- People who have contributed to the paper, but not by a sufficient amount to be included in the author list, should be thanked in the acknowledgements.
- Discuss with your supervisor, which people should be acknowledged.

Acknowledgments The authors acknowledge the financial support from the University of Tabriz.

Acknowledgments

The authors are very grateful to Dr. Esmaeil Moazeni and Majid Darabi for their kind assistance at the Aerosol Research Lab, Faculty of Pharmacy, Tehran. The authors would also like to appreciate Exir Pharmaceutical Co for the supply of insulin. This project is financially supported by the Isfahan Medical Sciences University (Grant No. 185104).

ACKNOWLEDGMENTS

The authors are very grateful to Dr. Mahboodi, Dr. Sardari and Mrs. Azami for their kind assistance in SDS–PAGE, ELISA, and CD studies (Pasteur institute, Tehran, Iran). The authors also would like to express their gratitude to Dr. Jamshidi for his technical assistance in GPC analysis and Dr. Imani for his valuable support to this work (Iran Polymer and Petrochemical Institute). They acknowledge Dr. Farzandi and Dr. Attaran for the generous supply of insulin (Exir Pharmaceutical Co. Iran). This project is financially supported by the Isfahan Medical Sciences University (Grant No.185104).

Acknowledgements

This article was extracted from Pharm.D. thesis (No. 3613) that was submitted to the Faculty of Pharmacy of Tabriz University of Medical Sciences.

Declaration of interest

The authors report no conflicts of interest.

Declaration of interest

This study was financially supported by grant (No. 89/33) from the Drug Applied Research Center of the same university.

The References section

- تمام منابع موجود در مقاله ذکر شوند.
- از استاندارد مشخصی پیروی کنید.
- به نقطه نظرات مجله یا کنفرانسی که قصد دارید مقاله را برای آن ارسال نمایید توجه کنید.
- سعی کنید حتی المقدور از مقالات جدید در مقاله خود استفاده نمایید.

The title

عنوان مقاله

- (خلاصه ، دقیق ، خبری ، پر محتوی)
- -عنوان باید Eye Catching باشد
- عنوان مقاله کوتاه (حداکثر ۱۵ کلمه)،
- حاوی موضوع کلی و جهت گیری پژوهشگر در آن موضوع ،
- هماهنگ با متن مقاله ،
- اجتناب از بکارگیری اختصارات،
- اجتناب از بیان پرسشی ،

مشخصات نویسندگان

- نام و نام خانوادگی نویسنده(گان)
- نشانی و آدرس پست الکترونیکی و شماره تلفن نویسنده اول (یا رابط)، محل کار و **مرتبه علمی**
- نویسندگان باید ترتیب درج اسامی خود را مشخص نمایند
- تعیین نویسنده مسئول

The Abstract

چکیده

- دارای ساختار

- هدف،

- روشها،

- یافته ها ،

- نتیجه گیری،

- بدون ساختار

- پیوسته بودن مطالب بدون تیتربندی

- واژه های کلیدی

- - چکیده باید خیلی دقیق تنظیم شود .
- چکیده یعنی حاصل کارانجام شده
- حدود ۱۰۰ تا ۲۵۰ کلمه باشد .
- در چکیده ارجاع ندهید .
- کاری به پیشینه تحقیق ندارد.

کلید واژه ها

- فیلد مقاله را نشان می دهد.
- کلمات پرستفاده در مقاله
- معمولا ۵ کلمه به ترتیب الفبا
- برای جستجو در فیلد مورد نظر خواننده

معمولا داوران مقاله با قرائت مقدمه مقاله به دنبال پاسخ گویی
به این سوالها هستند:

- Is the contribution new?
- Is the contribution significant?
- Is it suitable for publication in the journal?

Considerations when selecting a target journal

- The scope and aims of the journal
 - The journals that are most often cited in the Introduction and Discussion sections of your manuscript will be most likely to accept work in your field.
- Journal impact
 - The most commonly used measure of journal impact is the Journal Impact Factor.
- Time to publication
- Page charges or Open Access costs
- prepare the manuscript content and style to maximize their chances of acceptance
- use structured review processes and pre-reviews from colleagues to improve the manuscript before submitting it to a journal

اقدامات قبل از نوشتن مقاله

- ۱- انتخاب مجله مناسب بر اساس موضوع
- ۲- جزئیات موضوعات مورد علاقه مجله چیست ؟
- ۳- مجله هر چند وقت منتشر می شود ؟
- ۴- مجله چه نوع مقالاتی را چاپ می کند ؟
- ۵- آیا وجهی برای چاپ مقاله دریافت می کنند ؟
- ۶- آیا تصاویر و اشکال رنگی را چاپ می کنند ؟
- ۷- محدودیت تعداد برای تصاویر و جداول وجود دارد ؟
- ۸- دستورالعمل سبک نگارش مجله چیست ؟
- ۹- استاندارد ذکر منابع در مجله کدام است ؟

Referee's Evaluation Form

General questions

Reviewer number: _____

1. Is the contribution new? ☐ Yes ☐ No
2. Is the contribution significant? ☐ Yes ☐ No
3. Is it suitable for publication in the Journal? ☐ Yes ☐ No
4. Is the organization acceptable? ☐ Yes ☐ No
5. Do the methods and the treatment of results conform to acceptable scientific standards? ☐ Yes ☐ No
6. Are all conclusions firmly based in the data presented? ☐ Yes ☐ No
7. Is the length of the paper satisfactory? ☐ Yes ☐ No
8. Are all illustrations required? ☐ Yes ☐ No
9. Are all the figures and tables necessary? ☐ Yes ☐ No
10. Are figure legends and table titles adequate? ☐ Yes ☐ No
11. Do the title and abstract clearly indicate the content of the paper? ☐ Yes ☐ No
12. Are the references up to date, complete, and the journal titles correctly abbreviated? ☐ Yes ☐ No
13. Is the paper excellent, good, or poor? ☐ Excellent ☐ Good ☐ Poor

Please use a separate sheet for your comments.

Recommendation

- ☐ Accept without alteration
- ☐ Accept after minor revision
- ☐ Review again after major revision
- ☐ Reject

Reviewer's signature: _____ Date of review: _____

Table 15.1 Checklist for review of paper drafts.

Criterion	Reviewer's comments
1 Does the title reflect accurately the content of the paper?	
2 Are the significant words in the title near the beginning to catch a reader's attention?	
3 Does the Introduction begin with the big issue of topical/scientific interest and then narrow down to the specific topic of the paper?	
4 Does the Introduction locate the study effectively within the recent international literature in the field?	
5 Does the Introduction highlight a gap that the research fills, or present a need to extend knowledge in a particular area? (Does it say why the work was done?)	
6 Does the Introduction end with a clear statement of the aim/hypothesis of the research, or summarize the main activity of the paper (depending on the field and relevant journal conventions)?	
7 Are the methods, including statistical analysis, appropriate for the questions addressed and the study conducted?	
8 Are the materials and methods given in enough detail to convince a reader of the credibility of the results?	
9 Do the results provide answers to the questions raised in the Introduction, or fulfil the objectives given?	

- 10 Are the results presented in a logical order (either similar to the order of presenting the aims or methods, or similar to the order in which the Discussion is presented).
 - 11 Are all the tables and figures needed to tell the story of the paper? Could any be combined or deleted?
 - 12 Do all the tables and figures stand alone? (i.e. can readers understand them without going back to read the text of the paper?)
 - 13 Does the Discussion begin with a reference to the original aim/hypothesis/question?
 - 14 Are the results compared with other relevant findings from the literature? Are you aware of any other comparisons that could be made? Are appropriate explanations/speculations included about reasons for observed similarities, differences, and other outcomes?
 - 15 Are appropriate statements made about the wider significance of the results, their limitations, and/or their implications for practice and/or future research directions?
 - 16 Does the paper end with an appropriate concluding paragraph or section that emphasizes the key message(s) and their significance to the field?
 - 17 Is the list of references complete (all the works in the list are referred to in the paper, and all the works referred to in the paper are in the list)?
 - 18 Are the reference list and in-text references formatted accurately and in the right style for the target journal?
 - 19 Does the Abstract include all the information required by the journal, and does it highlight appropriately the key results and their significance?
 - 20 Does the Abstract adhere to the word limit and follow the prescribed format of the target journal?
 - 21 Are the selected keywords those that will best allow the article to be located by the full range of its prospective readers?
 - 22 What additional comments do you have for strengthening the paper?
-

plagiarism

Defining

- Academic plagiarism occurs when a writer repeatedly uses more than four words from a printed source without the use of quotation marks.

وقایع بعد از ارسال مقاله

- ۱- با اعلام وصول مجله، مقاله موقتاً از کنترل نویسنده خارج میشود .
- ۲- Technical Check
- ۳- Editor assigning
- ۴- Editorial Decision
- ۵- فرآیند داوری مقاله توسط ۳ تا ۵ نفر اهل فن و از طریق مجله / سردبیر و یا کنفرانس / دبیر علمی به صورت محرمانه انجام می شود . (۱ تا ۱۲ ماه)
- اگر نظر ۲ از ۳ نفر یا ۳ از ۵ نفر داوران در رابطه با چاپ مقاله مثبت باشد و اصلاحاتی را مطرح کرده باشند ، فرآیند اصلاح مقاله انجام می شود .
- ۵- نتیجه نهایی پذیرش یا عدم پذیرش چاپ مقاله به نویسنده مسئول مقاله کتبا اعلام می گردد . (۱ ماه)

- در هر سال حدود **هفتاد هزار** مجله در دنیا منتشر می شوند

- از بین صد ها مقاله دریافتی توسط سردبیران مجلات و ژورنال ها در دنیا ، در هر سال بین **۵ تا ۲۵ درصد** آنها موفق به رسیدن به مرحله چاپ می گردند.

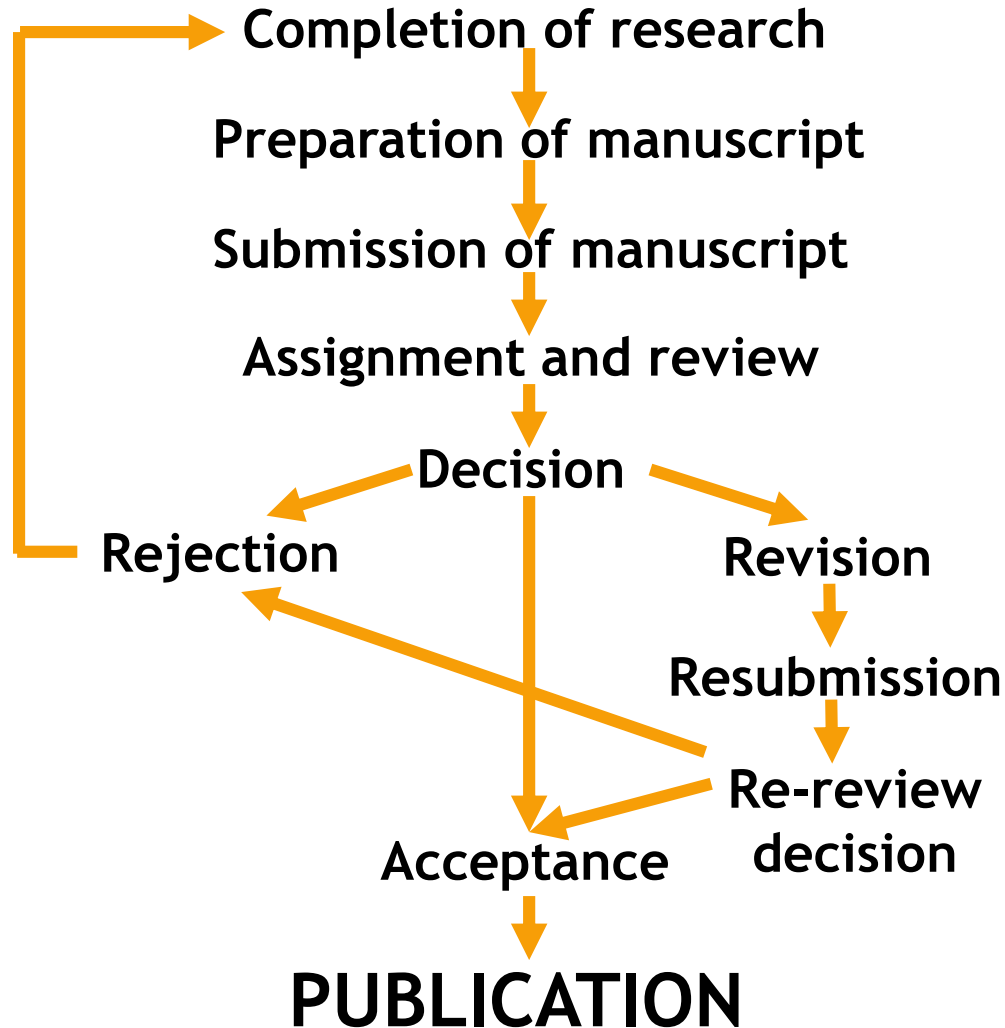
- در این رابطه تقریبا ، ۴۰ تا ۵۰ درصد مقالات در مرحله **بررسی اولیه** رد می شوند .

رد می **Review** - ۳۰ تا ۴۰ درصد نیز بعد از مرحله شوند .

- ۵ درصد نیز در آخرین مرحله یعنی بعد از **Revision** رد می شوند.

Review process,
acceptance,
rejection,
revision

SCIENTIFIC REVIEW PROCESS



AUTHORSHIP QUALIFICATIONS

- 1 Substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data
- 2 Drafting the article or revising it critically for important intellectual content
- 3 Final approval of the version to be published

SERIOUS CONSEQUENCES

Article tools

- [View PDF](#)
- [Send a letter](#)
- [E-mail this article](#)
- [Information on reuse](#)
- [Download citation](#)

Author information

Find articles by
Li, H. in:
[JCI](#) | [PubMed](#) | [Google Scholar](#)

Find articles by
Luo, X. in:
[JCI](#) | [PubMed](#) | [Google Scholar](#)

Need help?
[E-mail the JCI](#)

Search Results for: **author**

Published in Volume 120, Issue 1 (January 4, 2010)
J Clin Invest. 2010;120(1):395–395. doi:10.1172/JCI39832C1.
Copyright © 2010, American Society for Clinical Investigation

Corrigendum

• [View original article](#)

A novel microRNA targeting HDAC5 regulates osteoblast differentiation in mice and contributes to primary osteoporosis in humans

Hui Li, Hui Xie, Wei Liu, Rong Hu, Bi Huang, Yan-Fei Tan, Kang Xu, Zhi-Feng Sheng, Hou-De Zhou, Xian-Ping Wu and Xiang-Hang Luo

Published January 4, 2010

Original citation: *J. Clin. Invest.* **119**:3666–3677 (2009). doi:10.1172/JCI39832.

Citation for this corrigendum: *J. Clin. Invest.* **120**:395 (2010). doi:10.1172/JCI39832C1.

Er-Yuan Liao has chosen to remove his name from the list of authors, as his contribution merited acknowledgment only. The corrected **author** list appears above.

RIGHT JOURNAL

- MAIN CONSIDERATIONS

- PubMed/MedLine/Current Contents listing
- SCI Impact factor - average number of times published papers are cited up to two years after publication.
- Print circulation and on-line usage
- Do your peers/assessors read it?
- History/prestige/society affiliation
- Review/publication speed

Articles cited in your reference list lead you to
the right choice of journal

TARGETING JOURNALS

- SIGNIFICANCE OF WORK

- **Global** - go for big international multidisciplinary journal like: *Nature, Science, PNAS, Lancet, NEJM*
- **Discipline (global)** - go for international speciality journal like: *Circulation, Annals of Thoracic Surgery, Brain Research, Cancer Letters*
- **Regional** - go for regional speciality journal like: *Asian Cardiovascular and Thoracic Annals*
- **Local** - go for national level journal - like *Italian Journal of Pediatrics, Indian Journal of Thoracic and Cardiovascular Surgery*
- **Confirmation or Repeat study (me too)** - go for high acceptance rate journal - often author-pays - like *PLoS ONE, Nature Communications, SpringerPlus*

JOURNAL SELECTION

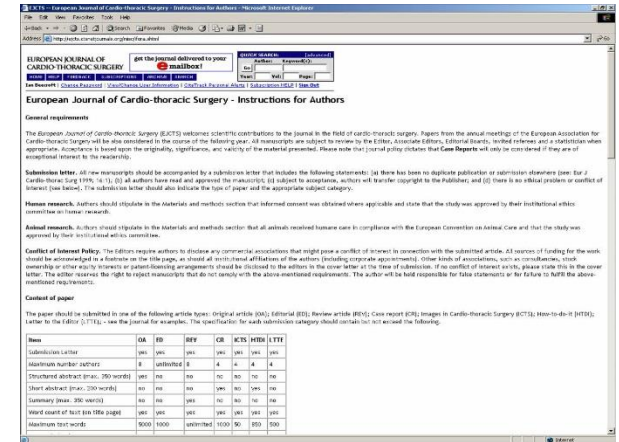
- Search SCI journals listing: <http://ip-science.thomsonreuters.com/cgi-bin/jrnlst/jloptions.cgi?PC=D>
- Check-out the aims and scope of your target journal
- Revise your manuscript to suit any specific journal requirements

Colloids and Surfaces B: Biointerfaces

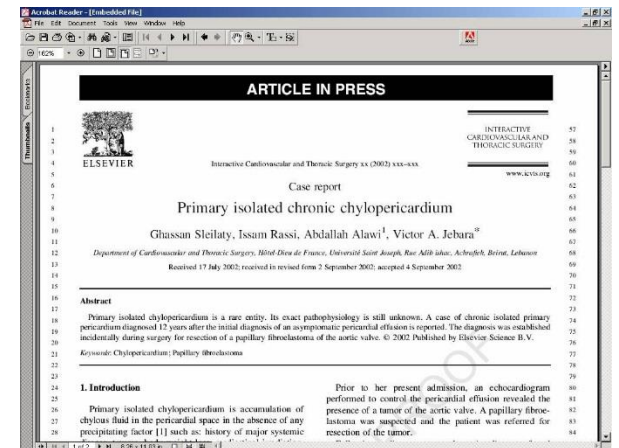
The journal publishes regular research papers, reviews, short communications and invited perspective articles, called BioInterface Perspectives. The BioInterface Perspective provide researchers the opportunity to review their own work, as well as provide insight into the work of others that inspired and influenced the author. Regular articles should have a maximum total length of 6,000 words. In addition, a (combined) maximum of 8 normal-sized figures and/or tables is allowed (so for instance 3 tables and 5 figures). For multiple-panel figures each set of two panels equates to one figure. Short communications should not exceed half of the above. It is required to give on the article cover page a short statistical summary of the article listing the total number of words and tables/figures.

INSTRUCTIONS TO AUTHORS - USE MODELS

- Read carefully the Instructions for authors



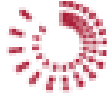
- Look in free content for typical article elements (e.g. for case report)



MAIN ON-LINE SUBMISSION SYSTEMS

SCHOLARONE™

 **Editorial Manager®**
Online Manuscript Submission and Peer Review

 **eJournalPress** **Bench**  **Press**
HighWire

They are all similar in their requirements

USING ON-LINE SUBMISSION SYSTEMS

- Compile all metadata, cover letter, manuscript incl. tables, supplemental files, artwork files (separate) **before** you start
- If its your first time with the system - **get help**
- Register an account - don' t duplicate accounts
- Don' t duplicate submissions

**Most
common
reasons
for
rejection**

TEN COMMON REASONS FOR REJECTION

- 1 Unoriginal work
- 2 Unsound work
- 3 Incorrect journal
- 4 Incorrect format
- 5 Incorrect type allocation
- 6 Previous rejection
- 7 Slicing & Duplication
- 8 Plagiarism (= copying)
- 9 Unready work
- 10 English so bad it's ambiguous

UNORIGINAL WORK:

- Doesn't expand knowledge (even at local level)
- Information of low or little interest

REJECTED!!

INCORRECT JOURNAL E.G.:

- Case report submitted to a journal that doesn't publish them
- Local confirmation (me too) submitted to an international journal
- Subject area 'outside' scope of target journal
- Highly experimental/theoretical study submitted to a clinical journal

REJECTED!!

INCORRECT FORMAT:

- Too many: authors, figures, tables, words, references etc.
- Style (e.g. references) corresponds to another journal = giveaway rejection

REJECTED!!

At EJCTS 2/3 of submissions were formally incorrect and needed to be returned at least once. Repeated non-conforming submissions can lead to author watchlisting

PREVIOUS REJECTION:

- Previous rejections often resubmitted to same journal - detected by duplicate search

RE-REJECTED!!

- Previous rejections from other journals often badly disguised - cover letter, wrong (or best) journal, format

Both of above bad psychology

SLICING & DUPLICATION:

- **Over-slicing (salami slicing)** your work is attempting to squeeze too many publications out of the same study material - often backfires
- **Duplicate or redundant publication** is attempting to publish the same material in different places

REJECTED!!!

not above the risky strategies

DEFINITION OF DUPLICATE OR REDUNDANT PUBLICATION:

- 1 The hypothesis is similar
- 2 The numbers or sample sizes are similar
- 3 The methodology is identical or nearly so
- 4 The results are similar
- 5 At least one author is common to both reports
- 6 No or little new information is made available

Normally all of above should apply but policy varies

SERIOUS CONSEQUENCES

EUROPEAN JOURNAL OF
CARDIO-THORACIC SURGERY

limits

HOME HELP FEEDBACK SUBSCRIPTIONS ARCHIVE SEARCH SEARCH

Ian Beecroft | [Change Password](#) | [View/Change User Information](#) | [Cite](#)

Correction for [Trujillo et al., Eur J Cardiothorac Surg](#)
Eur J Cardiothorac Surg 2009;35:1119. doi:10.1016/j.ejcts.2009.04.027
Copyright © 2009, European Association for Cardio-thoracic Surgery. Published online 11 May 2009

Retraction notices

Retraction notice to "Iatrogenic perforation of the right pulmonary artery" [Eur. J. Cardio-Thorac. Surg. 34 (6) (2008) 1249]

John J. Trujillo*, Sergio Beltrame, Stefano Urso, Gonzalo Aldamiz-Echevarria

Department of Cardiac Surgery, Clínica Capio, Plaza del Madroño 11, C.P. 02900, Madrid, Spain

* Corresponding author. Tel.: +34 967 247100; fax: +34 967 247101

This article has been retracted at the request of the author and/or the publisher.

Reason: The authors have described the same case that had already been published in a peer-reviewed journal and has not appeared in a publication elsewhere. Re-use of any data or text in a scientific publishing system. The scientific community takes a very serious view of such behavior detected during the submission process.

File Edit View Favorites Tools Help

Search Translate Define Wikipedia

Star Favorites EJCTS -- Search Result

EUROPEAN JOURNAL OF
CARDIO-THORACIC SURGERY

HOME HELP FEEDBACK SUBSCRIPTIONS ARCHIVE SEARCH SEARCH RESULT

QUICK SEARCH: [advanced]
Author: **trujillo** Keyword(s):
Year: Vol: Page:

Results 1-2 (of 2 found)

standard / condensed citation format
10 / 25 / 40 / 60 / 80 results per page
best matches / newest first

Search in [Ann Thorac Surg](#)
or [J Thorac Cardiovasc Surg](#)
or [Asian Annals](#)
or [Card Surg Adult](#)
or [Interactive Cardiovasc Thorac Surg](#)

My search criteria:
trujillo (author)

Alert me when new articles matching this search are published
Save this search to my Personal Folders
Download all citations on this page to my citation manager

☒ **Download citations below:** ☒ **view abstracts in new window** ☐ **download to citation manager**

RETRACTION NOTICES:

☐ John J. Trujillo, Sergio Beltrame, Stefano Urso, and Gonzalo Aldamiz-Echevarria
Retraction notice to "Iatrogenic perforation of the right pulmonary artery" [Eur. J. Cardio-Thorac. Surg. 34 (6) (2008) 1249]
Eur. J. Cardiothorac. Surg., June 2009; 35: 1119.

IMAGES IN CARDIO-THORACIC SURGERY:

☐ John J. Trujillo, Sergio Beltrame, Stefano Urso, and Gonzalo Aldamiz-Echevarria
RETRACTED: Iatrogenic perforation of the right pulmonary artery
Eur. J. Cardiothorac. Surg., December 2008; 34: 1249.

[Extract](#)
[Full Text](#)
[PDF](#)

PLAGIARISM (= COPYING):

- Theft of intellectual property

- Easy to do - cut and paste

- Easy to detect - i-Tenticate

- Easy to avoid - turnitin, WriteCheck (Google)

Very serious implications! = bans and high profile dismissals

REJECTED!!

SERIOUS CONSEQUENCES

EUROPEAN JOURNAL OF
CARDIO-THORACIC SURGERY

Carpentier-Edwards
Annuloplasty Ring
Invented by Alain F. Carpentier, MD, PhD and David H. Adams, MD

HOME | HELP | FEEDBACK | SUBSCRIPTIONS | ARCHIVE | SEARCH | SEARCH RESULT

Ian Beecroft | [Change Password](#) | [View/Change User Information](#) | [CiteTrack Personal Alerts](#) | [Subscription HELP](#) | [Sign Out](#)

QUICK SEARCH: [advanced]

Author: Keyword(s):
Go
Year: Vol: Page:



ELSEVIER

European Journal of Cardio-thoracic Surgery 28 (2005) 369-374

EUROPEAN JOURNAL OF
CARDIO-THORACIC
SURGERY
www.elsevier.com/locate/ejcts

Correction for Sersar et al., *Eur J Cardiothorac Surg* 28 (3) 369-374.

Eur J Cardiothorac Surg 2009;35:1119. doi:10.1016/j.ejcts.2009.04.026

Copyright © 2009, European Association for Cardio-thoracic Surgery. Published by Elsevier. All rights reserved.

Retraction notices

Retraction notice to "Inhaled foreign bodies: management according to presentation" [*Eur. J. Cardio-thorac. Surg.* 28 (3) (2005) 369-374]

Sameh Ibrahim Sersar^{a,*}, Usama Ali Hamza^a, Wael AbdelAziz Abdel Hameed^a, Reda Ahmed AbulMaat Sherif Abdou Moussa^b, Shawki Mahmoud AlMorsi^c, Muna Mohammed Hafez^d

^a Cardiothoracic Surgery, Mansoura University, 35516, Egypt

^b Anaesthesia and ICU, Mansoura University, 35516, Egypt

^c ENT, Mansoura University, 35516, Egypt

^d Pediatrics, Mansoura University, 35516, Egypt

* Corresponding author. Tel.: +20 50 22 55 471 ; fax: +20 50 223 411. (Email: sameh001@yahoo.com).

This article has been retracted at the request of the authors and/or the Editor-in-Chief.

Reason: The authors have plagiarized part of a paper that had already appeared in *Clin. Radiol.*, 59 (2004) 609-614. One of the conditions of submission of a paper for publication is that authors declare explicitly that their work is original and not another article prepared by another group of authors. Re-use of any data should be appropriately cited. As such the scientific publishing system. The scientific community takes a very strong view on this matter and we apologize during the submission process.

Inhaled foreign bodies: management according to early or late presentation

Sameh Ibrahim Sersar^{a,*}, Usama Ali Hamza^a, Wael AbdelAziz Abdel Hameed^a, Reda Ahmed AbulMaat Sherif Abdou Moussa^b, Shawki Mahmoud AlMorsi^c, Muna Mohammed Hafez^d

^a Cardiothoracic Surgery, Mansoura University, 35516, Egypt
^b Anaesthesia and ICU, Mansoura University, 35516, Egypt
^c ENT, Mansoura University, 35516, Egypt
^d Pediatrics, Mansoura University, 35516, Egypt

Received 24 February 2005; received in revised form 10 May 2005; accepted 11 May 2005; Available online 1 July 2005

Abstract

Objective: This retrospective study aims to compare the early and late clinical and management aspects of tracheobronchial aspirated foreign body (AFB). To evaluate the factors associated with delayed diagnosis of foreign body aspiration (FBA) in children and to compare clinical, radiological and bronchoscopic findings in the patients with suspected FBA. A retrospective review of a 10-year experience (from 1995 to 2005). A 1512-bed Mansoura University Hospital and 184-bed Mansoura University Emergency Hospital. **Methods:** The medical records of 3300 patients who underwent bronchoscopy for suspected FBA were reviewed. The data were analysed in three groups: the patients with negative bronchoscopy for FBA (group I), early (group II) and delayed diagnosis (group III). Foreign body was removed using the rigid bronchoscope with or without using the extracting forceps (Baptist novel technique [Sersar et al., *Eur J Cardiothorac Surg* 2004;24(4):157-61]). A novel technique to remove an inhaled foreign body without using a forceps (Sersar et al., *Eur J Cardiothorac Surg* 2004;24(4):157-61) described in the hand made illustration. **Results:** The majority of the patients with FBA were within 3 and 5 years of age. The penetration syndrome and decreased breath sounds were determined in a significantly higher number of the patients with FBA. The plain chest radiography revealed radio-opaque foreign bodies (FBs) in 23.56% of all patients with FBA. Pneumonia and atelectasis were significantly more common in the groups with negative bronchoscopy and with delayed diagnosis ($P < 0.01$). The FBs were most commonly vegetable foreign bodies, such as seeds and peanuts. A significant tissue reaction with inflammation and postbronchoscopic complications were more common in the delayed cases. The novel technique was used since then in 100 cases (4.62%) with atypical FBA (seed and or non-inhaled material). It was successful in 73 (73%) cases of non-impacted inhaled pins. Use of forceps was needed in 21 (21%) cases. Rebronchoscopy using both techniques was needed in six (6%) cases within 72 h. Failed extraction of the inhaled FB occurred in three cases (3%) for whom bronchotomy was needed. **Conclusions:** Bronchoscopy is indicated on appropriate history and on suspicion. To prevent delayed diagnosis, characteristic symptoms, signs and radiological findings of FBA should be checked in all suspected cases. As clinical and radiological findings of FBA in delayed cases may mimic other disorders, the clinician must be aware of the likelihood of FBA. © 2005 Published by Elsevier B.V.

Keywords: Foreign bodies; Radiography; Bronchoscopy

1. Introduction

Children tend to place and explore most objects in their mouths. There is a significant risk of foreign body aspiration (FBA). Morbidity and mortality increase in the younger age group, presumably because children of a young age have narrow airways and immature protective mechanisms [2]. In one series, 78% of those who died after FBA were between 2 months and 4 years of age [3].

FBA is a life-threatening emergency and requires prompt removal, but sometimes it may remain undetected due to atypical history or misleading clinical and radiological findings [4,5]. Delayed diagnosis can occur when parents overlook clinical symptoms or when physicians overlook clinical and radiological findings. Inflammation and granulation tissue develop around the foreign body (FB) in delayed cases, and thus it is not uncommon for patients to be treated for other disorders such as persistent fever, asthma or recurrent pneumonia for a long period of time [6,7]. The diagnosis and removal of the object becomes much more difficult in such cases. Foreign body aspiration is one of the most common and serious problems among children accounting for 7% of lethal accidents in infants aged 1-3 years [2-4].

* Tel.: +20 10 616640; fax: +20 50 2265471.
E-mail address: sameh001@yahoo.com (S. Ibrahim Sersar).

0101-7949/\$ - see front matter © 2005 Published by Elsevier B.V.
doi:10.1016/j.ejcts.2005.05.003

SERIOUS CONSEQUENCES

[HOME PAGE](#) [TODAY'S PAPER](#) [VIDEO](#) [MOST POPULAR](#) [TIMES TOPICS](#)

The New York Times

Europe

[WORLD](#) [U.S.](#) [N.Y. / REGION](#) [BUSINESS](#) [TECHNOLOGY](#) [SCIENCE](#) [HEALTH](#) [SPORTS](#) [OPINION](#)

[AFRICA](#) [AMERICAS](#) [ASIA PACIFIC](#) [EUROPE](#) [MIDDLE EAST](#)



Samsung
GALAXY Note

Record on the go
[Find out how](#) →

Plagiarism in Dissertation Costs German Defense Minister His Job

By JUDY DEMPSEY
Published: March 1, 2011

BERLIN — In a bitter political setback for Chancellor [Angela Merkel](#), [Germany's](#) defense minister resigned Tuesday under pressure over his admission that he had plagiarized parts of his doctoral dissertation.

[!\[\]\(7e0d6a31a51eb3952a6a6daebf7e401c_img.jpg\) RECOMMEND](#)
[!\[\]\(67f2870f14660d0c1a2612f703dff40d_img.jpg\) TWITTER](#)
[!\[\]\(f8bb5cf81f1458854fa051ea367dd4d6_img.jpg\) LINKEDIN](#)

ENGLISH SO BAD IT' S AMBIGUOUS

- If the English is so poor that the meaning is ambiguous, it is impossible to review or indeed publish
- Submitted English must be at least 'unambiguous'
- Use excellent translators and verify meaning at all stages
- English polishing and pre-submission editing by **International Science Editing** strongly recommended

REJECTED!!

HANDLING REJECTIONS

- Never resubmit a previously rejected paper to the same journal
- Take the reviewer's comments and benefit from them
- Submit your revised paper to a different journal

Only appeal if feel you have received biased review - possible reviewer conflict of interest!

Handling reviewer comments

YOU RECEIVE GREAT NEWS! - BUT

- You receive notification from the Editor that your paper can be revised for reconsideration by Journal A
- This is a **great** opportunity
- **But** needs to be handled correctly/carefully!
- Don't respond immediately - sleep on it and discuss with co-authors! Only then proceed

RESPONDING TO REVIEWERS

- Prepare your responses carefully
- Reviewer can be wrong!
- Be tactful and enthusiastic - thank the reviewers
- Do not respond to reviewers while upset
- Get help from other authors
- Get help from a statistician (if required)
- Never telephone the editor

POINT-BY-POINT APPROACH

- If not already the case, convert reviewer/editor's comments into a series of clear points and questions
- Answer/respond to each item directly below it
- In doing this do not edit out unwanted comments or questions

EXAMPLE - POINT-BY-POINT RESPONSE

- 1 The authors should give more detail of the methodology. **Two sentences were added to clarify the process (para 2 on p. 3).**
- 2 Figures 2&3 legends are transposed. **The legends for Figures 2&3 have been corrected.**
- 3 Units should be SI and in a standard format throughout. **Units standardized SI eg. mg s^{-1} throughout.**

HIGHLIGHTED VERSION OF REVISED MANUSCRIPT

RESULTS

Incidence of transannular patching

The mean diameter of the ascending aorta was 13.8 ± 2.2 mm, range 7 - 20 mm (33 Vs 12.8 $\pm$ 1.3) and the mean diameter of the pulmonary artery was 7.4 ± 1.6 mm, range 3 - 15 mm (64 Vs 7.6 $\pm$ 1.6). The pulmonary valve was bicuspid in 92 (58%) (54 Vs 38), tricuspid in 66 (41%) (36 Vs 30) and unicuspid in 2 (1%) patients (1 Vs 1).

A TAP was inserted in 96 (60%) patients (76 Vs 20, $p < 0.0001$). These were unicuspid homograft in 30 (all in the RV group), bicuspid pericardium in 27 (3 Vs 1), diameter 17 (in the RV group) and a mini-gortex patch in 1 patient (RA group). Until 1988 the incidence of the use of a TAP was 78.1% (50 out of 64 patients) and since then it dropped to 47.9% (46 out of 96 patients) ($p = 0.0003$).

Infants undergoing repair in the first or second trimester of life were somewhat more likely to have a transannular patch compared to older infants, but this may have been due to the chance (all patients: $p = 0.44$, RV group: $p = 0.10$ and RA group: $p = 0.76$).

Make life as easy as possible for the
(very busy) reviewers and editors!

Remember that editors and
reviewers are almost never paid
for their journal work!

RESUBMISSION OF REVISED MANUSCRIPT (GENERIC)

- Provide cover letter
- Provide response to reviewers and editors (statistician)
- Provide an unmarked version of your revised paper
- Provide a marked version of your revised paper - **highlighting changes**
- Provide all source files for artwork (e.g.: high resolution images) - saves time
- **Reread the specific journal instructions to authors and revision letter**

LOGISTICS

- Respond as quickly as possible - you then help the Editor to shorten average publication times (= everybody happy)
- If you need more time (new experiments needed etc.) **ask for it in advance** to avoid timing-out

STRATEGY

- Respond quickly, clearly, fully and politely!

- Respond tardily, unclearly, incompletely and rudely

Most journals do reserve the right to reject revised papers

Overview on the (peer) review process

Objective: Provide quality insurance of published academic work

- Reliable and credible body of research
- Protection of academic reader who is not a narrow expert in the field

Means: Review by independent experts

- Almost always “single blind” (anonymity of referees), often double blind (+ anonym. authors)
- Decision on publication by editor

Critique: process very slow and subject to failure

- Takes often more than a year from submission to publication and rarely less than 6 months
- Not designed to detect fraud

Further critique and counter-arguments

- ❑ Editors and referees could function as “gatekeepers” (process susceptible for jealousy)
- ❑ Process may suppress dissent against mainstream theories (editors pick established researchers as referees → theory: the “better” the journal the more “mainstream”)
- ❑ Referees tend to disagree with conclusions that conflict with their own views

Counter-arguments:

- ❑ A large number of journals make it difficult to “control” scientific information by an elite
- ❑ Referees comment independently from each other

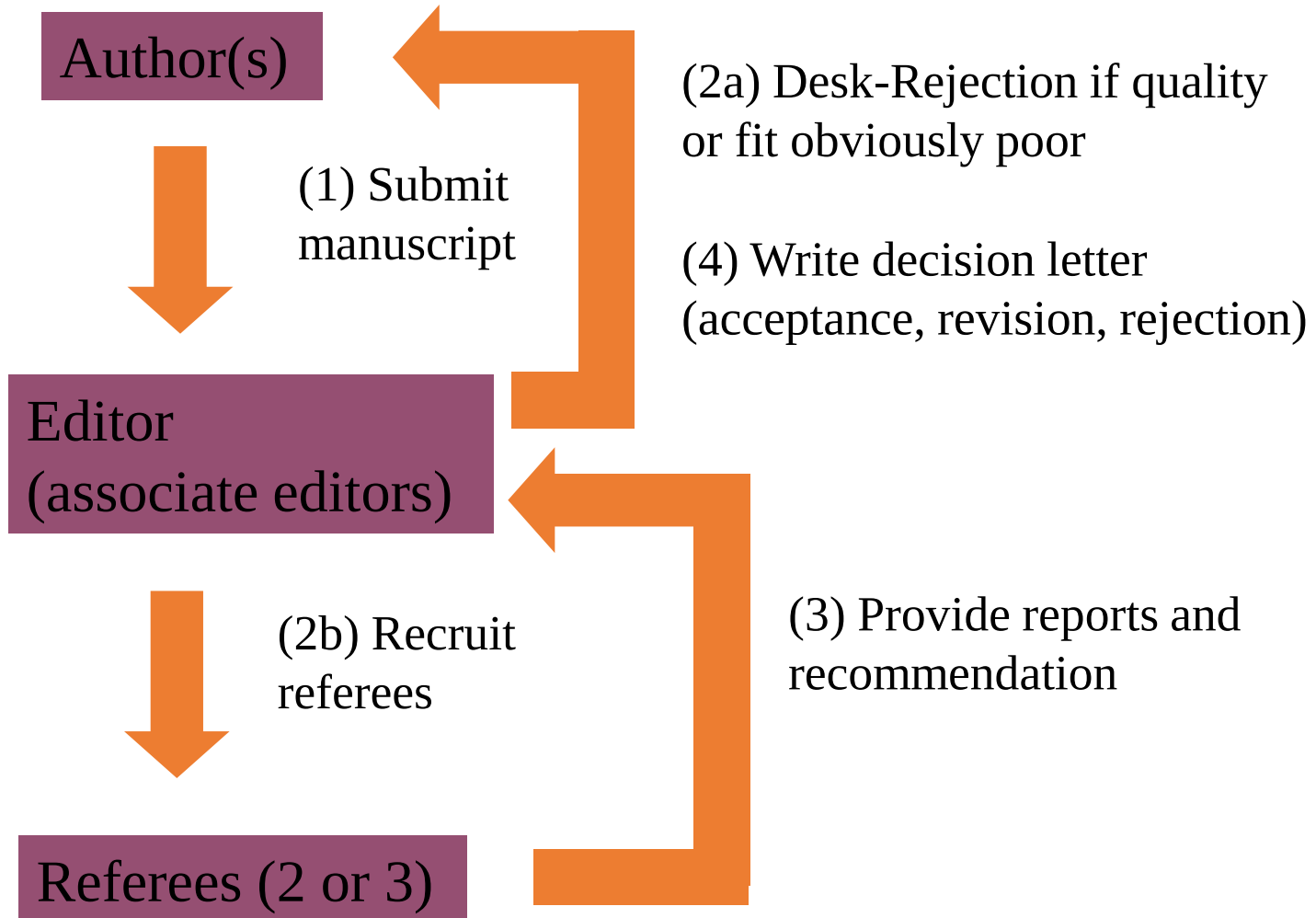
Critical views

Drummond Rennie (Deputy editor of the Journal of the American Medical Association and organizer of a regular congress on peer review and publication):

“There seems to be no study too fragmented, no hypothesis too trivial, no literature too biased or too egotistical, no design too warped, no methodology too bungled, no presentation of results too inaccurate, too obscure, and too contradictory, no analysis too self-serving, no argument too circular, no conclusions too trifling or too unjustified, and no grammar and syntax too offensive for a paper to end up in print”

Ron Mittelhammer: *“Never believe what is written black on white”*

The (peer) review process



The author's role

- ❑ Before submission, check if own paper fits to scope of journal by visiting the journal's website
- ❑ Format paper according to the journal's instructions to authors. Watch for
 - length limitations (including tables and figures)
 - format of references, headings,.... (also to avoid revealing a history of prior submission)
- ❑ Author should respond to each editor and referee comment “bullet by bullet”
 - Does not necessarily mean all suggestions are implemented, but responses must be complete
 - Identify clearly changes made in response to editor's and referees comments

The author's role

- ☐ Authors should communicate with editor if uncertainties on priorities of revision exist (decision letter not clear in resolving potential conflicts between referees' comments)
- ☐ Authors may ask editor to mediate communication with referees in case of problems with interpretation
- ☐ Never take review personal...remember the critique of process...
- ☐ Use neutral tone when responding (even if comments were nasty), but be clear on your stance
- ☐ Invitation for resubmission is a success!
- ☐ When you get a rejection, work on the relevant comments and submit to next journal (within a month)