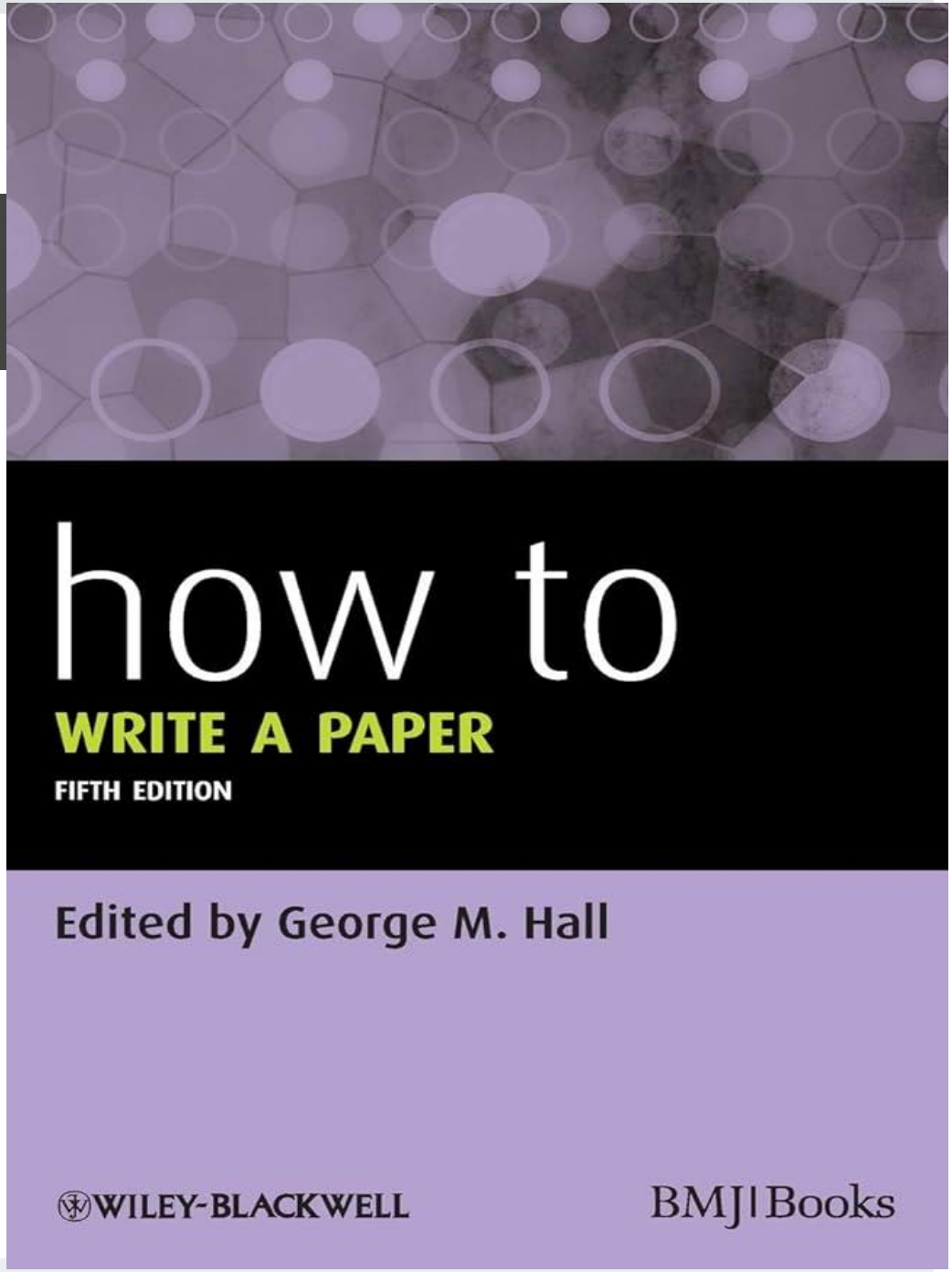
# Book Review


how to
WRITE A PAPER
FIFTH EDITION
Edited by George M. Hall
WILEY-BLACKWELL
BMJ Books

# Title:

## How to Write a Paper?
**FIFTH EDITION**

Edited by **George M. Hall**,
Professor of Anaesthesia,
Department of Anaesthesia &
Intensive Care Medicine, St
George's, University of London,
**London, UK 2013**

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by George M. Hall (Editor)

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# How to Write a Paper

Editor(s): George M. Hall

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## About this book

This concise paperback is one of the best known guides to writing a paper for publication in biomedical journals. Its straightforward format – a chapter covering each of part of the structured abstract – makes it relevant and easy to use for any novice paper writer.

*How to Write a Paper* addresses the mechanics of submission, including electronic submission, and how publishers handle papers, writing letters to journals abstracts for scientific meetings, and assessing papers. This new edition also covers how to write a book review and updated chapters on ethics, electronic publication and submission, and the movement for open access.



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# About this book

WILEY

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# Book Review ???!!!!!!

- Typically, reviews are **brief**. In newspapers and academic journals, they rarely exceed **1000 words**, although you may encounter lengthier assignments and extended commentaries. In either case, reviews need to be **succinct**. While they vary in tone, subject, and style, they share some **common** features:

- First, a review gives the reader a **concise summary of the content**. This includes a relevant **description** of the **topic** as well as its **overall perspective**, **argument, or purpose**.

- Second, and more importantly, a review offers a **critical assessment of the content**. This involves your reactions to the work under review: what strikes you as noteworthy, whether or not it was **effective or persuasive**, and how it **enhanced your understanding** of the issues at hand.

- Finally, in addition to analyzing the work, a review often **suggests** whether or not **the audience would appreciate it**.

# What is Academic Publishing?

- Shares new knowledge using accepted research methods, giving credible results.
- Uses peer review or an editorial referee system to qualify texts for publication.
- Follows policies to protect the integrity of researchers and research.
- Follows standards to allow the organization and retrieval of information.

# Why is Publishing Important?

- For academic disciplines—it generates and publicizes new knowledge based on scholarly activities and research.
- For individual faculty members' careers—it is used to decide promotion.
- For universities—it enhances profiles and standing.

# Chapter 1

## Structure of a scientific paper, 1

George M. Hall

# THE **OBJECT** OF PUBLISHING A SCIENTIFIC PAPER

provide a document that contains sufficient information to enable **readers** to:

- assess the observations you made;
- repeat the experiment if they wish;
- determine whether the conclusions drawn are justified by the data.

# The basic structure of a paper

is summarized by the acronym IMRAD, which stands for:

- Introduction (What question was asked?)
- Methods (How was it studied?)
- Results (What was found?)
- And
- Discussion (What do the findings mean?)

# Introduction

- should be brief
- must state clearly the question that you tried to answer in the study.
- To lead the reader to this point, it is necessary to review the relevant literature briefly.

# Introduction

- Many **junior** authors find it difficult to write the introduction.
- The most common problem is the inability to state clearly what **question** was asked.
- This should not be a problem if the study was **planned** correctly.
- it is too late to rectify basic errors when attempting to write the paper.
- the original objectives can easily be forgotten. It is useful to ask **collaborators** from time to time what question we hope to answer. If I do not receive a short clear sentence as an answer, then alarm bells ring.

# Introduction

- Must not include a **review of the literature**.

- Only cite those references that are **essential** to justify your proposed study. **Three** citations from different groups from different countries, usually are enough to convince most assessors.

- You must never ignore pertinent literature published while the **study is in progress**.

# Methods

- methods section is the most common cause of absolute rejection of a paper

- The **main purposes:**
- to describe, and sometimes
- defend, the experimental design and
- to provide enough detail that a competent worker could repeat the study.

# Methods

- give the precision of the **measurements** undertaken;
- **sensibly use statistical analysis**.
- Statisticians are helpful, and they have contributed greatly to improving both the design and analysis of clinical investigations.
- They cannot be expected, however, to resurrect a badly designed study.

# Results

- **has two key features:**
  - an overall description of the major findings of the study,
  - the data should be presented clearly and concisely.

**only relevant, representative data**

avoiding unnecessary repetition of data in the text, figures and tables

# Discussion

- The initial draft is too long.
- Should not be more than one - third of the total manuscript (Introduction +Methods+ Results + Discussion)
- Summarise the major findings
- Discuss possible problems with the methods used
- Compare your results with previous work
- Discuss the clinical and scientific implications of your findings
- Suggest further work
- Produce a succinct **conclusion**

# Common errors in Discussion

- include **repetition** of data already given in the **results**
- a belief that the methods were **beyond criticism**
- preferential citing of **previous** work to **suit** the conclusions
- Good assessors will seize upon such mistakes, so do not even contemplate trying to deceive them.

**Many** people will read the title of the paper and **some** will read the summary, but **very few** will read the complete text.

- **Title and summary** of the paper are of great importance for indexing and abstracting purposes

Before you start the first draft of the manuscript, carefully read the ‘ Instructions to Authors ’ that every journal publishes, and prepare your paper accordingly.

Some journals give detailed instructions, often annually, and these can be a valuable way of **learning some of the basic rules**.

A grave mistake is to submit a paper to one journal in the style of another; this suggests that it has **recently been rejected.**

Chapter 2

# Introduction

**Richard Smith**

**Ovations, UnitedHealth Group, London, UK**

# Before beginning, answer the basic questions

- What do I have to say?
- Is it worth saying?
- What is the right format for the message?
- What might be right for the paper edition of the publication and what for the Web edition?
- What is the audience for the message?
- What is the right journal for the message?

Tell readers why you have undertaken the study

# Clarify what your work **adds**

Editors will not want to publish – and readers will not want to read – studies that simply **repeat what has been done** several times before.

The EQUATOR web site brings all these together and includes other useful material on scientific writing. More guidelines will follow and many journals, including the BMJ, require authors to conform to these standards.

- Keep it short
- Make sure that you are aware of earlier studies
- Give the study's design but not the conclusion
- Think about using journalistic tricks sparingly
- Don't baffle your readers (abbreviations)

- To write an effective introduction you must know your audience, keep it short, tell readers why you have done the study and explain why it ’ s important, convince them that it is better than what has gone before and try as hard as you can to hook them in the first line.

Chapter 3

# Methods

**Gordon B. Drummond**

**University Department of Anaesthesia and Pain Medicine, University of Edinburgh, Edinburgh, UK**

# What to include in the **methods** section

❑ *How the study was designed:*

- Keep the description brief
- Say how randomisation was done
- Use names to identify groups or sections of a study

❑ *How the study was carried out:*

- Describe how the participants were **recruited** and chosen
- Give reasons for **excluding** participants
- Consider mentioning **ethical** features
- Give accurate details of **materials used**
- Give exact **drug dosages**
- Give the exact **form of treatment**

❑ *How the data were analysed:*

- Use a ***P*-value** to disprove the null hypothesis
- Give an estimate of the **power of the study** (the likelihood of a false negative– the $\beta$ error)
- Give the exact **tests used for statistical analysis** (chosen a priori)

# A good **methods** section can answer these questions

- Does the text describe
- what question was being asked
- what was being tested
- how trustworthy are the measurements?

- Were the **measurements recorded, analysed** and interpreted **correctly**?

- Would a suitably qualified reader be able to **repeat** the experiment in the same way?

Chapter 4

# Results

**Charles W. Hogue**

**Department of Anesthesiology & Critical Care Medicine, The Johns Hopkins University School of Medicine, Baltimore, USA**

# Key elements of a well -written **results** section

- **Account** for all subjects in the study and **double check** that the **number** of subjects is **consistent** in the abstract, text, tables and figures.
- Be concise and **emphasise** the **important findings**.
- **Do not repeat** information provided in the tables.
- Minimise abbreviations.
- Describe the results from each table or figure in a separate paragraph.
- Begin each paragraph with a **topic sentence** but do not simply repeat the table or figure legend.
- Importantly, the results should be **interpreted** in the discussion, not in the results section.

# Hints on constructing **tables**

- • Make the tables visually easy to read.
- • Begin each table on a separate page and number in the order referenced in the text.
- • **Do not repeat** data in more than one table or figure.
- • Place only **one value** in each table **cell**.
- • Provide a concise legend that summarises the content of the table.
- • Provide definitions of each abbreviation in the table legend or footnote so the reader does not have to refer to the text.
- • Include a heading for each column and clearly denote the number of subjects in each group ( ‘n’).
- • P-value for comparison as an annotation with the actual value provided in a footnote may be appropriate when there are few comparisons.
- • Provide the **actual P-value**, not terms such as ‘P = NS’ or ‘P > 0.05’.
- • Provide units of measurement, preferably within parentheses after the variable in the row heading.

# Advice for preparing **figures** and **illustrations**

- • Use scientific **graphics** programmes, not simple graphics generated from a spreadsheet.
- • If using colours, keep the background white, and avoid yellow and other colours that are difficult to see.
- • Axes of line drawings should be black and not less than 0.25 pt.
- • If **scanning** a hard copy of a figure, submit as TIFF or JPEG (not PowerPoint) with
- at least 600 dpi and 15 -cm/6-inch margin.
- • Label all axes clearly.
- • Figures should be numbered in the order that they appear in the text.
- • Provide a legend for each figure that describes the data and all annotations.
- • Figures should stand alone; the reader should not need to refer to text for definitions.
- • Permission to reproduce a figure is necessary, and the source should be stated clearly in the figure legend.
- • Consider including supplemental tables, graphs, appendices and video or audio material to augment the results and understanding of a study.
- • **Video** formats are usually MPEG -4, QuickTime or Windows Media Video.
- • Limit video clips to 15 –25s with resolution of 480 × 360 and 640 × 480 pixels.
- • Preferred audio formats include **WAV or MP3.**
- • Refer to journal preference for submitting video or audio material (i.e. CD or DVD).

Chapter 5

# Discussion

**George M. Hall**

**Department of Anaesthesia & Intensive Care Medicine, St George ' s, University of London, London, UK**

# Discussion: overall format

- Statement of principal finding(s)
- Appraisal of methods
- Comparison with previous work
- Clinical and scientific implications (if any)
- Further work
- Conclusion (optional)
- Acknowledgements

Chapter 6

# Titles, abstracts and authors

**Kevin W. Eva**

**Department of Medicine, University of British Columbia, Vancouver, Canada**

# Title and abstract

**Do:**

- Follow the journal ’s format/length requirements.
- Write in plain English.
- Use terms that be used by colleagues when searching for papers.
- Concentrate on distilling the essence of your paper.
- Indicate how your data fill a void in the literature.
- Think carefully about who you hope will read your paper(audience)

**Do NOT:**

- Promise things your data cannot provide.
- Use jargon extensively.
- Be too cute with your title.

Chapter 7

# Who should be an author?

**Richard Horton**

**The Lancet, London, UK**

## How to be a Vancouver Group positive author

- All persons designated as authors should qualify for authorship. Each author should have participated sufficiently in the work to take public responsibility for the content.
- Authorship credit should be based only on substantial contributions to (1) conception and design or analysis and interpretation of data; (2) drafting the article or revising it critically for important intellectual content; and (3) final approval of the version to be published. Conditions 1 –3 must all be met.
- Participation solely in the acquisition of funding or the collection of data does not justify authorship. General supervision of the research group is not sufficient for authorship. Any part of an article critical to its main conclusions must be the responsibility of at least one author.
- Editors may ask authors to describe what each contributed; this information may be published.
- All members of the group who are named as authors, should fully meet the above criteria for authorship. Group members who do not meet these criteria should be listed, with their permission, in the acknowledgements or in an appendix.
- The order of authorship should be a joint decision of the co -authors.
- many journals limit the number of authors listed in the table of contents and that the US National Library of Medicine NLM lists in Medline only the first 24 plus the last author when there are more than 25 authors.

**Box 7.2** An example of contributorship

*Byline*: A, B, C, D, E, F, G, H

*Contributors*: A carried out the trial, helped in data analysis and wrote the paper. B was involved in the design, implementation and data analysis, and contributed to the writing of the paper. C was involved in the execution of the trial, data management and analysis, and quality assurance of the turnip assay. D was involved in the trial execution and data entry, management analysis and quality assurance. E was involved in the trial execution and data management with emphasis on analysis. F and G were involved in the design and contributed to the writing of the paper. H was involved in the design, implementation, analysis and biochemical interpretation, and contributed to the writing of the paper.

*Guarantors*: A and H

**Box 7.3** Acknowledgements according to Vancouver

At an appropriate place in the article (the title page footnote or an appendix to the text; see the journal's requirements), one or more statements should specify (1) contributions that need acknowledging but do not justify authorship, such as general support by a departmental chair; (2) acknowledgements of technical help; (3) acknowledgements of financial and material support, which should specify the nature of the support; and (4) relationships that may pose a conflict of interest.

Persons who have contributed intellectually to the paper but whose contributions do not justify authorship may be named and their function or contribution described – for example, 'scientific adviser', 'critical review of study proposal', 'data collection' or 'participation in clinical trial'. Such persons must have given their permission to be named. Authors are responsible for obtaining written permission from persons acknowledged by name, because readers may infer their endorsement of the data and conclusions.

Technical help should be acknowledged in a paragraph separate from that acknowledging other contributions.

- Chapter 8 References
- S imon H owell1 and L iz N eilly 2
- 1 Senior Lecturer in Anaesthesia, University of Leeds, Leeds, UK
- 2 Medical Librarian, University of Leeds, Leeds, UK

**Box 8.1** Common databases

Allied and Complementary Medicine Database (AMED); Applied Social Sciences Index and Abstracts (ASSIA); British Nursing Index (BNI); Cumulative Index to Nursing and Allied Health Literature (CINAHL); ProQuest Dissertations and Theses; Health Management Information Consortium (HMIC); Popline (population database); PsycINFO (psychology database); Sociological Abstracts; Toxline (toxicology database)

- A search using MeSH terms is likely to be more successful and comprehensive than a general keyword query alone, but for those aiming to carry out the most effective searching, a combination of the two techniques is strongly advised. PubMed provides a browser of MeSH terms, so you can identify and use the relevant terms. In OvidSP, the ‘ **mapping ’ function** helps the user locate the most appropriate heading(s).
- EMBASE uses a similar set of subject headings, which may again be accessed using the mapping facility provided by OvidSP.

# Ethics

- Ethics in publication and research have a higher profile now than in the past, assisted by organisations such as COPE and the ICMJE.

- Publishers and editors are increasingly aware of the need to maintain integrity in these areas, helped by online tools that are only possible in the era of electronic databases. CrossCheck, for example, enables editors to check for duplication of text across a wide range of published materials, allowing them to spot instances of possible plagiarism.

# What is open access?

- Put simply, open access is the idea of providing unrestricted online access to scholarly literature, so that anyone can make use of it without having to pay for a subscription, site licence or per - article fee.
- To expand a little, to qualify as fully open access, the material needs to be freely available online:
- • without payment or access barriers such as registration,
- • immediately on publication,
- • in perpetuity,

- How do I make my articles open access?
- There are two main ways of making an article open access: open access
- publication (sometimes known as the ‘ Gold ’ route) and deposit by the author
- in an open online repository (the ‘ Green ’ route, also called self- archiving ).

- Article charges typically range from $1,000 to $3,000, though some charge less and a few charge up to $5,000.

- Journals with publication charges usually have arrangements to reduce or waive these charges for authors unable to afford them (e.g. those from less developed countries).

# Hybrid and partially open access journals

- The main variants are as follows:
- • Optional open access. Subscription journals that will allow authors (in return for a publication charge, similar in size to that charged by fully open access journals) to make their individual articles open access.

- the most numerous type of open access journal

- • Delayed open access. Subscription journals that make their content open access after a set period (anything from 2 to 24 months).

- • Hybrid journals. These offer **open access** to some kinds of content, typically research articles, while still requiring a subscription to access the other types of content (e.g. review articles or journalistic content).

# Self-archiving ( ‘Green’ open access)

- The other route to open access is for authors to deposit a copy of their journal articles in an open repository.

- Many journals also attach some conditions to self-archiving. Many will require an embargo period between publication and the earliest the article can be made open access. Others will require a URL linking to the official version on the publisher ’ s web site.

- Publishers ’ policies with regard to self - archiving can be conveniently checked at the ROMEO web site.
- ROMEO – this web site maintains a database of publisher policies regarding self - archiving ( http://www.sherpa.ac.uk/projects/sherparomeo.html

# The purpose of a letter

- Usual
- • Comment (positive or negative) in response to a previous publication
- • Concise communication of clinical or investigative data
- • Communication of case report(s)

- Less common
- • General medical or political comment (‘guild issues ’)
- • Comment concerning the nature or format of the journal
- • Advertisement of interest to collaborate or to gain access to patients or study material

Sir,

I feel I must put pen to paper with respect to the recent communication by Dr Peter Jones and colleagues in your August issue,[1] to draw the attention of your readers to possible misinterpretation of the data that they present. Although these excellent workers have an internationally renowned track record in the field of complement activation (not only in rheumatoid arthritis but in other inflammatory diseases as well), in this present study, they seem to have omitted to properly control for the varying degrees of inflammation in the knee joints of the patients that they aspirated – not only those with rheumatoid arthritis but also those with osteoarthritis. Such inflammation of the knee joint could have been assessed readily either by local examination and scoring of features such as temperature increase, effusion, synovial thickening, anterior joint line tenderness, duration of early morning stiffness, and the duration of inactivity stiffness, with addition of the different scores to a single numerical value (that is, the system devised and tested by Robin Cooke and colleagues in Alberta[2]) and/or by simultaneous measurement and comparison to levels of other markers of inflammation, for example, the synovial fluid total white cell and differential (particularly polymorphonuclear cell) count or local synovial fluid levels of various arachidonic acid products such as prostaglandins or leukotrienes . . .

(Dr C Dickens)

# Guidelines for a letter in response to an article

- Be courteous and interested – not rude or dismissive
- Make specific rather than general comments
- Give reasoned argument, not biased opinion
- Do not repeat aspects already covered in the original article
- Introduce a different perspective or additional data to the topic
- Attempt to make only one or a very few specific points
- Be concise

# Structure for reporting a systematic review

| Section | Contents |
|---|---|
| **Introduction** | Sets out the problem and the specific questions addressed in the review |
| **Methods** | Describes the search and appraisal processes |
| | Often describes the number of studies checked and found eligible |
| **Results** | Describes the quality and results of eligible studies |
| **Discussion** | Summarises findings and their limitations and the implications for practice and research |

# Steps in a systematic review

| Step | Processes |
| --- | --- |
| Formulate researchable questions | Set out the answerable ‘ PICO ’ question(s) |
| Find relevant primary studies | Databases and search terms |
| Appraise quality and extract data | Quality criteria used to select studies and data extraction template |
| Synthesise | Methods of interpreting and/or combining results |
| Interpretation | Set in context of the clinical or research problem, and previous reviews |

**Table 14.3** Designation of levels of evidence according to type of research question

| Level | Intervention | Diagnosis | Prognosis | Aetiology |
|---|---|---|---|---|
| I | Systematic review of level II studies | Systematic review of level II studies | Systematic review of level II studies | Systematic review of level II studies |
| II | Randomised controlled trial | Cross-sectional study among consecutive presenting patients | Inception cohort study | Prospective cohort study |
| III | One of the following: non-randomised experimental study (e.g. controlled pre- and post-test intervention study), comparative (observational) study with a concurrent control group (e.g. cohort study, case-control study) | One of the following: cross-sectional study among non-consecutive patients, diagnostic case-control study | One of the untreated control patients in a randomised controlled trial, retrospectively assembled cohort study | One of the following: retrospective cohort study case-control study (*Note*: These are the most common study types for aetiology, but see level III for intervention studies for other options.) |
| IV | Case series | Case series | Case series, or a cohort study of patients at different stages of disease | A cross-sectional study |

**Table 15.1** The elements of a book review

- Description of the book
  - is it a handbook/workbook/textbook/reference book?
  - hardback/paperback – can be read in bed?
- Stated intended audience and whether this matches with reviewers' impressions – who do you think the book would suit?
- At what level is it pitched – student/beginner to postgraduate to expert
- Price – and suitability for targeted audience, is it value for money?
- No. of pages, sections, chapters
- Scheme/layout of sections/chapters – logical, systematic (avoid just listing contents)
- Readability – does it flow in a logical manner?
- What it covers and what it doesn't – strengths and weaknesses. Brief examples. Anything missing?
- Navigation – contents and index
- Pictures any good? Brief examples.
- Usability – size (pocket size?), able to be carried around, too big, too heavy, too fragile
- Is it current?
- References appropriate?
- Is it unique or one of a crowd? Does it compare favourably to others of its ilk?
- Font and font size OK?
- Paper
- Any changes since last edition
- How is controversial material handled?
- Overuse of non-standard abbreviations or jargon?

# Referee, reviewer or assessor

- It helps to remember, however, that the final decision is with the editor, and it is his or her responsibility.

- Your role, as reviewer, is to give an honest assessment of the value of a piece of work in the context of your knowledge, experience and your brief review of the relevant literature.

- استفاده از عبارت داور می تواند گمراه کننده باشد زیرا به این معنی است که شما داور نهایی هستید، که اینطور نیست زیرا این سردبیر است که باید تصمیم نهایی را بگیرد.

- نقش شما، به عنوان داور، ارزیابی صادقانه ارزش یک اثر در زمینه دانش، تجربه و بررسی مختصر شما از ادبیات مربوطه است.

# Research misconduct

- You may, at times, as an assessor, have doubts about a paper. It may be that you doubt the figures, the tables, the complete reporting of results, manipulation of sampling and so on.

- If you **suspect** research misconduct, it is important that you bring your **doubts** to the attention of the editor. You could be wrong, however, so this must be done in a sensitive manner. Do not contact the authors directly.

# Immediate rejection

- Occasionally, it is immediately obvious to an EIC that the manuscript has been submitted inappropriately: the topic would be more suitably considered by another speciality journal, or the standard of the science or the use of English is well below the minimum required by that journal. Not more than 5% of new manuscripts fall into this category. In such an instance, the EIC will not hesitate to take an immediate decision, which is usually ‘ Reject ’ . However, a thoughtful editor will often accompany this decision by detailed advice to the author on how the manuscript could be improved significantly.

**Box 17.1** How to please an editor

- Adhere strictly to the Guidelines for Authors throughout the text.
- Do exactly what the Guidelines dictate: no more, no less. Make the editor's life easier.
- Avoid basic errors such as incorrect numbering of figures or tables, forgetting to attach figures and using the wrong reference format.
- If invited to submit a revision, attend to every detail raised by the editor and assessors in a structured, unemotional manner.
- Contact the editorial office if you are concerned that your manuscript is not being dealt with efficiently.
- Communicate courteously and correctly with the editorial office, arguing your case coherently and professionally.
- Never submit a manuscript to more than one journal simultaneously: editors find out, and they loathe the practice.
- Make sure that all the authors have read and contributed to the manuscript. Would they be willing to stand up in public to defend their work?

**Table 19.1** Common phrasal verbs and alternatives

| Phrasal verb | Alternative |
|---|---|
| Consisted of | Comprised |
| Drawn up | Devised |
| Trade off | Compromise |
| Look at | Assess |
| Prop up | Support |
| Zeroed in | Focused |
| Cut off | Threshold, limit |
| Prior to | Before |
| Rule out | Exclude |
| Build up | Accumulate |
| Clear up | Resolve |
| Work-up, check-up | Evaluation |

**Table 19.2** Common phrases that can be shortened

| Common phrase | Suggested alternative |
|---|---|
| Kept in mind | Considered |
| The majority of | Most |
| A number of | Several |
| A variety of | Various |
| In line with | Comparable, similar, conform |
| With regards to | Concerning, about, for |
| Low cost | Inexpensive |
| Matter of debate | Contentious |
| With the exception of | Except for |
| Make up for | Compensate |
| Of note | Notably |
| In order to | To |
| Not the same | Different |
| Small number, not many | Few |
| In spite of | Despite |
| Due to | From |
| Not often | Rarely |
| It is possible that | May, might |
| Has the ability to | Can |
| On the occasion of | When |
| Despite the fact that | Although |
| Due to the fact that | Because |


**Figure 20.1** Ethics at the centre of research and its publication.

# Ranking Tools Using Metrics

## Library Resources

- **Journal Citations Report JCR** Provides quantitative tools for ranking, evaluating, categorizing, and comparing journals. ISI Web of Knowledge.

- **CiteScore (Excellent for citation searching)** Search by subject area, title, ISSN, or Publisher

## Other Tools

- **Google Scholar Metrics** allows authors to view journal rankings and ratings by various h-indeces
- **SCImago Journal & Country Rank** Journal evaluation tool that includes the journals and country specific indicators developed from the information contained in Scopus.

# Journal Finder Engines

- JournalGuide

  https://www.journalguide.com

- Journal Suggester (Springer Journals)

  http://journalsuggester.springer.com/

- Elsevier Journal Finder

  http://journalfinder.elsevier.com/


# Self-Archiving

**Self-Archiving allow authors to post their work on the web in**

AUB Scholarworks Repository

- An **Institutional Repositories**
- A **Subject Repository** (such as PubMed Central or arXiv)
- A **Restricted or Publicly available network** (such as Research Gate and Academia.edu)

**Self-Archiving policies varies according to the publisher and funder's policies:**

- Archive **published article** (post-print copy)
- Archive **before peer-review** (pre- print copy)
- Some do **not allow any archiving**

# Finding Publisher's Policies

**Check publishers' policies:**

- **On the journal website under** "Instructions for Authors" or "Copyright Information." Or, contact the publisher.
- SHERPA/RoMEO **database of publishing policies**:
  Search by journal title, publisher or ISSN to review the default copyright and self-archiving policies for publishers and journals.

RIGHTS

**Determine the rights you may still hold** to your work and/or your ability to post and share your article once published.

# Open Access Publishing

**Retain your copyright with Open Access publishing** model.

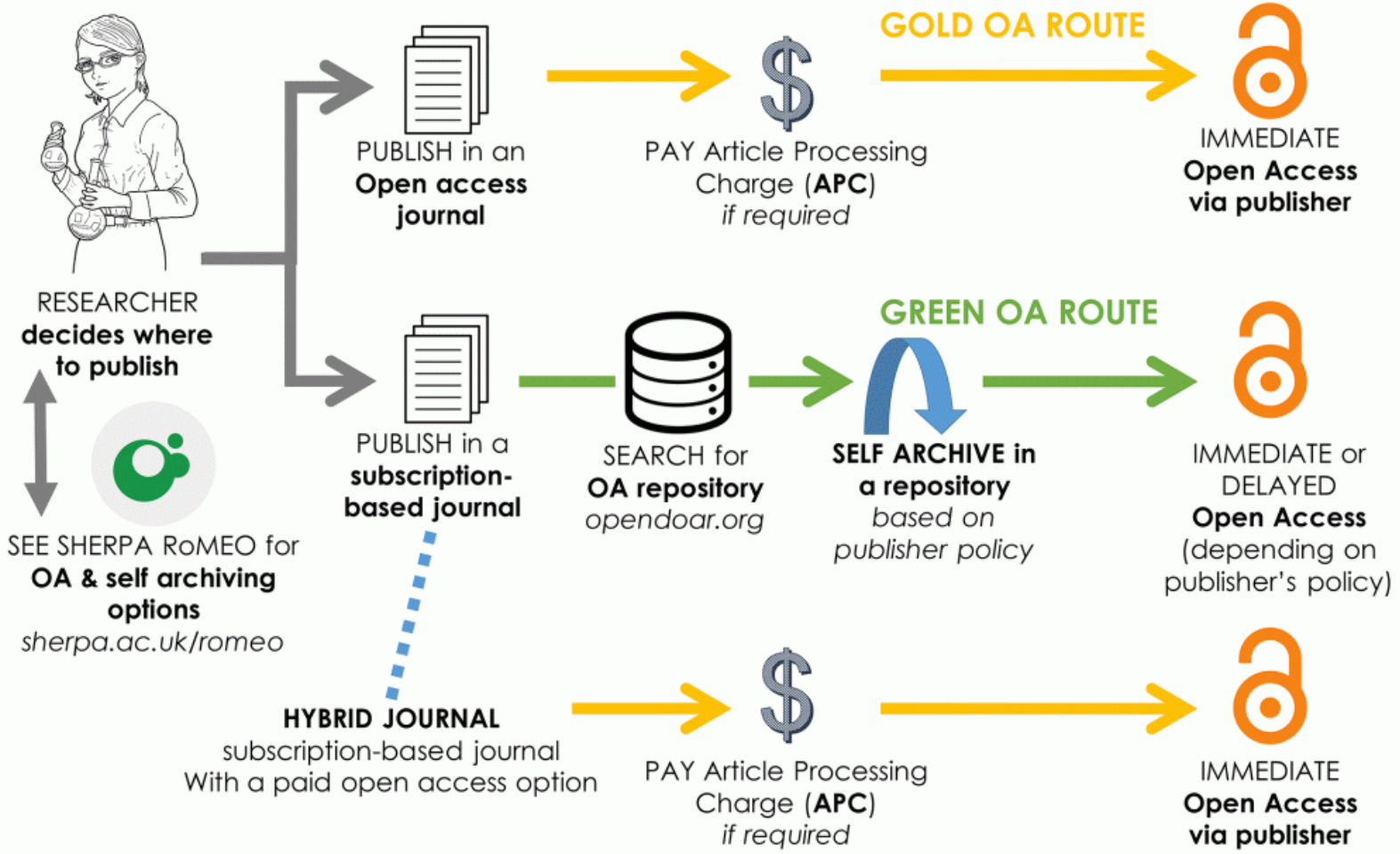
*In general, **open access** stands for the **free and permanent access** to published research*

## Open Access Options?

*There are two main types of open access: gold and green*

| (Gold Open Access) | (Green Open Access) |
|---|---|
| **Free journals** | **Subscription journals** |
| • Public access to the **final published article**<br>• Access is **immediate** | • Free access to a **version of your article**<br>• **Self-archive** a version of your article<br>• **Embargo period** |
| • **Open access fee** paid by the author or researcher funder | |

# Open Access Publishing

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# Fees

Both subscription-based and open access journals may charge a fee (typically $50-125) at the time of manuscript submission to help to fund editorial and peer review administration.

An **article processing charge** (APC), also known as a publication fee. It is **common** in **open access** journals and **fully closed journals**. This fee is usually **paid** by an **author's institution** or **research funder**.

**Open access fee** is paid by the **author**, or **on their behalf** *(Fee could range between $ 500 and $ 5,000 US dollars depending on the journal)*

# Research Funding

Some research funders request or require that work created with their funds be made available openly on the web.

The Registry of Open Access Repository Mandates and Policies (ROARMAP) is a searchable international registry charting open access mandates of universities, research institutions and research funders

# Build your Research Profile

- Keep **consistent** in the style of **writing your** full **name**.
- **Distinguish** your **name** from other authors with **similarity in name**.
- Consider **registering** with ORCID or ResearcherID.
  - Both provide the **solution** to the **author ambiguity** problem within the scholarly research community.
- Get your unique identifier with:
  - **ORCID**
  - **ResearcherID**

ORCID

RESEARCHERID

# Networking

Join a scientific society

Join an online platform for academics to share research papers

- **ResearchGate** the professional network for scientists, 80 million publications, 7 million researchers
- **Academia.edu** 23,080,282 academics have signed up to Academia.edu

Social media: LinkedIn,

# Thank you