

Common Pitfalls When Reporting General Practice/Family Medicine Research: Simple Recommendations to Prevent Them

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Many guidelines websites and editorials have addressed the subject of how to write a scientific paper for peer-reviewed journals by focusing on its structure, format, and content [1-3] as well as of how to report research findings [4-6]. A new Journal on General Practice has been launched, and this short opinion does not intend to repeat all this guidance that has been written and circulated on the internet. It aims to collect the experience gained from my personal work as an editor and reviewer of many original papers compiled by general practitioners that addresses the common pitfalls encountered when reporting their research findings in international peer-reviewed journals. It does not include specific guidance on reporting observational, intervention, diagnostic studies, and systematic reviews of meta-analyses; this guidance is now contained in internationally accepted statements [7-11]. However, it can be utilized as an easy checklist of steps and actions that may facilitate the primary care practitioner to successfully report his/her research findings.

Upon this framework and quite empirically, common pitfalls when general practice/family medicine research is in the process to be reported can be classified into two categories; those prior to the compilation of the original paper and those after its completion. The first group usually includes major and frequently not subjected corrections for pitfalls that can be seen as pitfalls resulting from wrong decisions. Examples of those pitfalls included decisions to report any research findings without:

(1) A written clinical protocol: A written clinical protocol or a simple frame with terms of reference where the research questions, a clear overall aim with distinct objectives, methods, the expected impact of the study, and the core research group could facilitate and guide the study implementation, while it is a form of contract between the members of the research group and the scientific community. In generally, this reflects the principles of the collaboration between the principal investigator with the members of the research group, the administrators and the members of the bioethical committee that this protocol should be submitted for approval. Today, many peer-reviewed journals encourage the researchers to submit their clinical protocol for review.

(2) A bio-ethical approval: It is essential to obtain permission from a bioethical committee upon the existing regulations and considerations in each national setting, even when a medical audit study is considered. The need of a written patient consent is clearly emphasized. The researchers are invited to read carefully the guidelines issued by the Committee of Publication Ethics (COPE) [10], where either guidance for peer reviewers, new editors and new researchers are included.

(3) Permission from the developers for implementing of any questionnaire or tool: It is essential to obtain permission from the developers of the questionnaire or tools utilized in the study to collect the data. The questionnaires written in the English language should be translated bilingually in the home language and at least they would be culturally adapted before any check of their psychometric properties.

(4) Making the community aware about the study aim and

objectives: It is important to inform the community and the public on background information about the general aim and objectives of the study; in particular in studies with a strong community orientation and impact.

(5) Closely reading the publication policy: Creating a publication policy among the consortium or research group members regarding what papers could be written for the framework of the study including information about the title of the article and the co-authorship is essential. All the researchers should be aware about the uniform requirements for manuscripts submitted to Biomedical Journals that have been endorsed by the International Committee of Medical Journal Editors (ICMJE) [11] where general standards are included and guidance on publication ethics that is a product of the Committee of Publication Ethics (COPE).

(6) Agreeing on a suitable journal: Agreeing on a suitable journal where your researcher could be submitted is not an easy decision and information should be checked in regards to the scope of the Journal, the content of the articles that it publishes, previous published articles that report on the same field, and certainly reading the instructions for the authors that the Journal has adapted.

The second group of pitfalls includes those when the authors have completed the first draft of their manuscript. Usually those pitfalls could be rehabilitated but frequently they can lead to serious misunderstandings and conflicts either with the co-authors or the editor when the paper will be submitted. The following recommendations may assist the researchers to avoid common pitfalls:

(1) Seek equal contribution among co-authors when writing: All the co-authors should be encouraged to contribute with comments and interventions to the first draft and statements "the manuscript is excellent and no any comments" should be discouraged. Partial writing of the manuscript by other co-authors is not advised.

(2) Follow international statements for reporting: The first author is strongly recommended to complete the first draft by following the Journal's instructions and the consensus statements on how the research findings should be reported based on the type of the research either observational (STROBE) [7], or randomized controlled trial (CONSORT) [8], or diagnostic study (STARD) [9] or systematic review (PRISMA) [10] or meta-analyses [11].

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(3) **Communicate with all authors:** Upon the completion of the first draft, the next step includes a consultation with all co-authors either in a natural meeting or by teleconference to discuss critical points of the manuscript.

(4) **Report all relevant disclosures:** Attention should be allocated to the section of acknowledgements, disclosure of conflict of interest and authors' contributions. All these three parts of the manuscript are strongly recommended for any manuscript, independently if the Journal's instructions report it or not.

(5) **Seek written approval from all co-authors:** A written approval by all the co-authors of both the cover letter to the Editor and the main text is requested prior to the manuscript's submission. The compilation of the cover letter is an important part of the submission process and the researchers are strongly recommend to not hide whether their manuscript has been submitted elsewhere or if any essential part of this paper has been published either on journals or proceedings or chapter of books. It is an important disclosure of the corresponding author on behalf of all the co-authors.

(6) **Try linguistic editing:** For the researchers who are not native English speakers, a linguistic editing is strongly advised.

(7) **Try a last check at glance before submission:** The last action is the submission of the final manuscript. Prior to submitting, the corresponding author should check all the issues that the Journal seeks and explore whether all the format requests of the journal as those in regards to tables, figures, photos have been followed. A final check on the correct appearance of the authors' names, affiliations, and references order is also imperative.

Finally, many other recommendations could be added, however this

short opinion article attempts to inform the non-familiar researchers in general practice/family medicine how they can avoid serious problems when reporting their findings and the discouragement that usually follows the first rejection.

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