



PennState
College of Nursing



Writing and Publishing Your Delirium Research: Practical Tips From An Editor

Donna Marie Fick, RN, GCNS-BC, PhD, FAAN
Penn State College of Nursing

(DO NOT REPRODUCE WITHOUT PERMISSION)

WHY BOTHER TO Write or Disseminate your work?

“THE FUTURE BELONGS TO THE BEST WRITERS!”

- Is An Essential Skill In Science-for Grants And Publishing
- Writing Is The Best Way To Disseminate/Advance The Science (or is it?)
- Publishing Is Your Primary Currency For Getting Grants

WHY PUBLISH?

- To exchange ideas
- Advance the Science
- To build reputation
- To disseminate work globally

Have you got:

- Something new to say?
- A solution to a current or difficult problem?
- A new development on a 'hot' topic in your field?

ORIGINAL INVESTIGATION

Updating the Beers Criteria for Potentially Inappropriate Medication Use in Older Adults

Results of a US Consensus Panel of Experts

Donna M. Fick, PhD, RN; James W. Cooper, PhD, RPh; William E. Wade, PharmD, FASHP, FCCP; Jennifer L. Waller, PhD; J. Ross Maclean, MD; Mark H. Beers, MD

Background: Medication toxic effects and drug-related problems can have profound medical and safety consequences for older adults and economically affect the health care system. The purpose of this initiative was to revise and update the Beers criteria for potentially inappropriate medication use in adults 65 years and older in the United States.

Methods: This study used a modified set of procedures and methods for formulation for a subject matter in which pre-lacking. The criteria reviewed covered: (1) medications or medication *generally be avoided* in persons 65 year they are either ineffective or they pose a risk for older persons and a safer alternat

Results: This study identified 48 individual medications or classes of medications to avoid in older adults and their potential concerns and 20 diseases/conditions and medications to be avoided in older adults with these conditions. Of these potentially inappropriate drugs, 66 were considered by the panel to have adverse outcomes of high severity.

The Power of Words

What Can We Learn From the Disabilities Movement?

“As names have power, words have power. Words can light fires in the minds of men. Words can wring tears from the hardest hearts.” (Rothfuss, 2007, Chapter 86)

I have always enjoyed the power and beauty of words, hiding fiction books under my text books so I could read during school hours. But it wasn't until I became a nurse and mother that I really understood the power of words we use in health care and the importance of language in health care that puts the person first.

It was 1998. I had been a nurse for 12 years, board certified in gerontology since 1990, and had just begun my career researching ways to improve the care of



What are your Publishing goals this year?

Submitting a systematic review, trying to write, just submitted to IRB, hard to get started and get focused , working on 3 SR and a pilot, first time submitting and trying not to procrastinate...

What Can You Publish?

- Clinical Article
- Reviews-systematic, integrative
- Meta-analysis
- Data based research paper with prospective data
- Secondary data analysis or large data sets
- Brief reports or Research Briefs
- Other Editorials, letters, special issues

Delirium Publications-reviews, meta-analysis, qualitative, mixed, secondary data, briefs, RCT's, epidemiological, editorials, guidelines...

Clinical Review & Education

JAMA | Review

Delirium in Older Persons Advances in Diagnosis and Treatment

Esther S. Oh, MD, PhD; Tamara G. Fong, MD, PhD; Tammy T. Hsieh, MD, MPH; Sharon K. Inouye, MD, MPH

IMPORTANCE Delirium is defined as an acute disorder of attention and cognition. It is a common, serious, and often fatal condition among older patients. Although often underrecognized, delirium has serious adverse effects on the individual's function and quality of life, as well as broad societal effects with substantial health care costs.

OBJECTIVE To summarize the current state of the art in diagnosis and treatment of delirium and to highlight critical areas for future research to advance the field.

EVIDENCE REVIEW Search of Ovid MEDLINE, Embase, and the Cochrane Library for the past 6 years, from January 1, 2011, until March 16, 2017, using a combination of controlled vocabulary and keyword terms. Since delirium is more prevalent in older adults, the focus was on studies in elderly populations; studies based solely in the intensive care unit (ICU) and non-English-language articles were excluded.

FINDINGS and meta-analysis of delirium in older patients with the treatment tools with and without response approach improve outcome of delirium in older patients.

Author Audio Interview
Supplemental content
CME Quiz at
jamanetwork.com/learning

Author Affiliations: Department of Medicine, Johns Hopkins University School of Medicine, Baltimore, Maryland (Oh); Department of Psychiatry and Behavioral Sciences, Johns Hopkins University School of Medicine, Baltimore, Maryland (Oh); Department of Pathology, Johns

Journal of Hospital Medicine

www.journalofhospitalmedicine.com

ORIGINAL RESEARCH

Delirium Superimposed on Dementia is Associated With Prolonged Length of Stay and Poor Outcomes in Hospitalized Older Adults

Donna M. Fick, RN, PhD, FAAN^{1,2*}, Melinda R. Steis, RN, PhD³, Jennifer L. Waller, PhD⁴, Sharon K. Inouye, MD, MPH^{5,6}

¹School of Nursing, The Pennsylvania State University, University Park, Pennsylvania; ²Department of Psychiatry, Penn State College of Medicine, Hershey, Pennsylvania; ³Orlando Veterans Affairs Medical Center, Viera, Orlando, Florida; ⁴Department of Biostatistics and Epidemiology, Georgia Regents University, Augusta, GA; ⁵Department of Medicine, Beth Israel Deaconess Medical Center, Harvard Medical School, Boston, Massachusetts; ⁶Institute for Aging Research, Hebrew Senior Life, Boston, Massachusetts.

BACKGROUND: Current literature does not identify the significance of underlying cognitive impairment and delirium in older adults during and 30 days following acute care hospitalization.

OBJECTIVE: Describe the incidence, risk factors, and out-

come analysis was performed using SAS 9.3, and significance was an α level of 0.05. Logistic regression, analysis of covariance, or linear regression was performed controlling for age, gender, and dementia stage.

RESULTS: The overall incidence of new delirium was 22%

Delirium superimposed on dementia: A quantitative and qualitative evaluation of patient experience^{*}

Alessandro Morandi^{a,b,*}, Elena Lucchi^{a,b}, Renato Turco^{a,b}, Sara Morghen^{a,b}, Fabio Guerini^{a,b}, Rossana Santi^{a,b}, Simona Gentile^{a,b}, David Meagher^c, Philippe Voyer^d, Donna Fick^e, Eva M. Schmitt^f, Sharon K. Inouye^{f,g}, Marco Trabucchi^{b,h}, Giuseppe Bellelli^{b,i,j}

^a Department of Rehabilitation and Aged Care of the Ancelle Hospital, Cremona, Italy

^b Geriatric Research Group, Brescia, Italy

^c Graduate-entry Medical School, Cognitive Impairment Research Group, Centre for Interventions in Infection, Inflammation & Immunity, Graduate Entry Medical School, University of Limerick,

Journal of Psychosomatic Research 79 (2015) 281–287



Contents lists available at ScienceDirect

Journal of Psychosomatic Research



Opinion

EDITORIAL

Humanizing the Treatment of Hyperactive Delirium in the Last Days of Life

Pratik P. Pandharipande, MD, MSc; E. Wesley Ely, MD, MPH

When patients with advanced cancer near the end of their life, it is important for physicians, nurses, and other health care personnel to respect and dignify the dying process of the patient. This requires a shift in focus from medical intervention to personalization of care to meet the subjective needs of patients and families, including coordination of care, symptom management, communication, and education; emotional and spiritual support; and support of patients' social relationships and decision making.¹ Pain, dyspnea, and hyperactive (ie, agitated) delirium are often experienced by dying patients and witnessed by caregivers. In a study, for example, 51% of 236 patients in palliative care units toward the end of their life had the distressing symptoms of hyperactive delirium.² Limited evidence is available to guide the clinician in managing these symptoms. Although administration of psychoactive medications can sedate patients and reduce outward symptoms of hyperactive delirium, these drugs do so at the cost of precious time that dying patients and families have to communicate with each

Although, on the surface, this study may seem to provide evidence to support treating every dying patient who demonstrates hyperactive delirium with a combination of haloperidol + lorazepam, clinicians taking care of these patients need to consider some important caveats. The combination of haloperidol + lorazepam did not treat delirium, but rather masked hyperactive delirium symptoms by sedating the patients and, more likely, converting those patients to hypoactive (ie, apathy, inattention, or lethargy) delirium. This may explain why patients in the haloperidol + lorazepam group had greater severity of delirium (evidenced by Memorial Delirium Assessment Scale [MDAS] scores ≥ 2 points higher) than the haloperidol + placebo group, despite fewer episodes of hyperactivity. However, the precise effects experienced by patients with hypoactive delirium are unknown because of the limitations of the MDAS in palliative care patients with low Karnofsky Performance Scale Index scores.⁴

Caregivers and nurses did "perceive" that the patients were more comfortable, yet given the distressing descriptions from some patients of what it is like to experience hypoactive

ORIGINAL ARTICLES

www.jpeds.com • THE JOURNAL OF PEDIATRICS

Delirium in Hospitalized Children with Cancer: Incidence and Associated Risk Factors

Chani Traube, MD¹, Sydney Ariagno, BA¹, Francesca Thau², Lynne Rosenberg, BA¹, Elizabeth A. Mauer, MS¹, Linda M. Gerber, PhD¹, David Pritchard, IX, PharmD³, Julia Kearney, MD³, Bruce M. Greenwald, MD¹, and Gabrielle Silver, MD¹

Objective To assess the incidence of delirium and its risk factors in hospitalized children with cancer.

Study design In this cohort study, all consecutive admissions to a pediatric cancer service over a 3-month period were prospectively screened for delirium twice daily throughout their hospitalization. Demographic and treatment-related data were collected from the medical record after discharge.

Results A total of 319 consecutive admissions, including 186 patients and 2731 hospital days, were included. Delirium was diagnosed in 35 patients, for an incidence of 18.8%. Risk factors independently associated with the development of delirium included age < 5 years (OR = 2.6, $P = .026$), brain tumor (OR = 4.7, $P = .026$), postoperative

KNOW YOUR DELIRIUM AUDIENCE

You are joining a conversation with other Delirium Researchers.

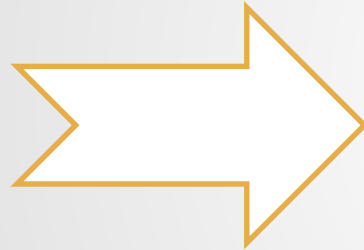
Research the journals in your field:

- Visit your university library
- Look at publisher and journal websites—iDelirium, NIDUS, HELP citation list
- Talk to your peers in NIDUS, ADS, EDA, Surgery, Pediatrics, Nursing
- Pick your type: generalist or niche, international or region specific?
- Read (and understand) the journal's Aims and Scope

KNOW YOUR AUDIENCE

Ask the right questions and know the right answers: who, or what, is the journal's:

- Editor?
- Editorial board?
- Publisher?
- Authors?
- Readership?
- Online/print?
- Impact Factor?
- Peer review?
- Submission process?
- Open Access policy ?



Build up a picture of the journal and understand the stages your paper will go through before it is published

THE STAGES TO GO THROUGH ***BEFORE*** SUBMITTING

01

Idea

02

Choose
and
read
Journal

03

Letter
or
email
query

04

Write first
draft (see
tips for large
study or
dissertation

05

Use
critical
Friend
OR
Editor

06

Refine
further
drafts

07

Revise and
revise, cut
back and
get critical
feedback
and
approval
ALL authors

08

Proof read
and submit

STEPS TO SUCCESSFULLY SUBMIT AN ARTICLE FOR PUBLICATION

- **Step 1:** Identify 2-3 target journals
- **Step 2:** Tailor to journal—frame for the readership, write to specifications, format to submission, specifications, English Check
- **Step 3a:** Submit-short cover letter, all documents
- **Step 3b:** If rejected, go to next journal, make important/easy changes, resubmit
- **Step 4:** Response to reviews—draft the response letter first to develop revision strategy, re-write as needed, highlight changes, cross-check revisions and letter, submit within deadline

Source: Dr. Mike Fetters, University of Michigan/ Dr. John Creswell

CHOOSE AT LEAST 3 JOURNALS IN THE BEGINNING

“Stretch Journal”

Top tier journal, hard to get acceptance
(probability 10-30%)

“Good Fit Journal”

Good journal, less hard to get in, feel you have
a good chance (probability 40-60%)

“Safety Journal”

Lower rank, least hard to acceptance, feel you
have very good chance (probability 70+%)

Knowing where to go next helps minimize the emotions of rejection, and gives you clear plan for next step

Source: Dr. Mike Feters, University of Michigan/ Dr. John Creswell

PLANNING CHART FOR MULTIPLE TEAM PUBLICATIONS

| Article Type/Title | Content | Lead Author & co-authors | STATUS/DEADLINE | Issues/follow-up |
|------------------------|---------|--------------------------|-----------------|------------------|
| Qualitative | | | | |
| Systematic review | | | | |
| Data-based | | | | |
| Mixed Methods | | | | |
| Personal or case study | | | | |
| Other Methodology | | | | |
| Other | | | | |
| Other | | | | |

Publishing Your Dissertation

- Put away your dissertation
- Work from an outline
- Follow the journal scientific writing not your chapters
- Watch duplicate publications and plagiarism and cite if is in a dissertation public repository

YOUR SUBMISSION CHECKLIST

- A **title page** file with the names of all authors and co-authors
- Main document file with **abstract**, **keywords**, **main text** and all **references**
- **Figure, image** or **table** files (with permission cleared)
- Any extra files, such as your **supplemental** material
- **Biographical** notes
- Your **cover letter**

EDITING IS ALSO AN ESSENTIAL SKILL!

- “The Future Belongs To The Best Editors”
- Write, Let It Sit, Revise, Cut, Simplify
- Each Step Ask—“what’s Really Important?”
- Ask Others To Suggest Cuts

Sample QUERY email

- I am writing to you in your capacity as Associate Editor of JAMA-Internal Medicine. My colleagues and I have prepared a manuscript in which we examine single items and pairs of items as ultra-brief screening tools for delirium in hospitalized older adults. We feel the findings will be an important contribution to geriatrics and hospital care, and we wanted to gauge your interest in reviewing the manuscript at JAMA-IM.
- At this stage, we aren't expecting any promises regarding the eventual editorial decision, but just whether it would be of sufficient interest to submit for consideration at JAMA-IM.
- Title: What are the Best Screening Items for Delirium Detection at the Bedside?
Authors: Donna M Fick, PhD; Sharon K. Inouye, MD MPH, ; Jamey Guess, MS; Long H Ngo, PhD; Richard N Jones, ScD; Jane S. Saczynski, PhD, Edward R. Marcantonio MD SM.
I have also attached the abstract for your review.

We look forward to hearing your thoughts.

SAMPLE Cover Letter

- Give a brief explanation, STUDY PURPOSE and title
- Explain why you think it would be of interest to their readers—“WE BELIEVE DELIRIUM SCREENING IS A TIMELY TOPIC FOR HOSPITAL MEDICINE CLINICIANS THAT ADDRESSES A GAP IN THE CARE OF HOSPITALIZED OLDER ADULTS”
- “This work is important as very few studies have...”
- Sometimes cover letters ask for acknowledgement information, conflicts, or author contribution information—follow the AUTHOR INSTRUCTIONS

RESOURCES You Should Know

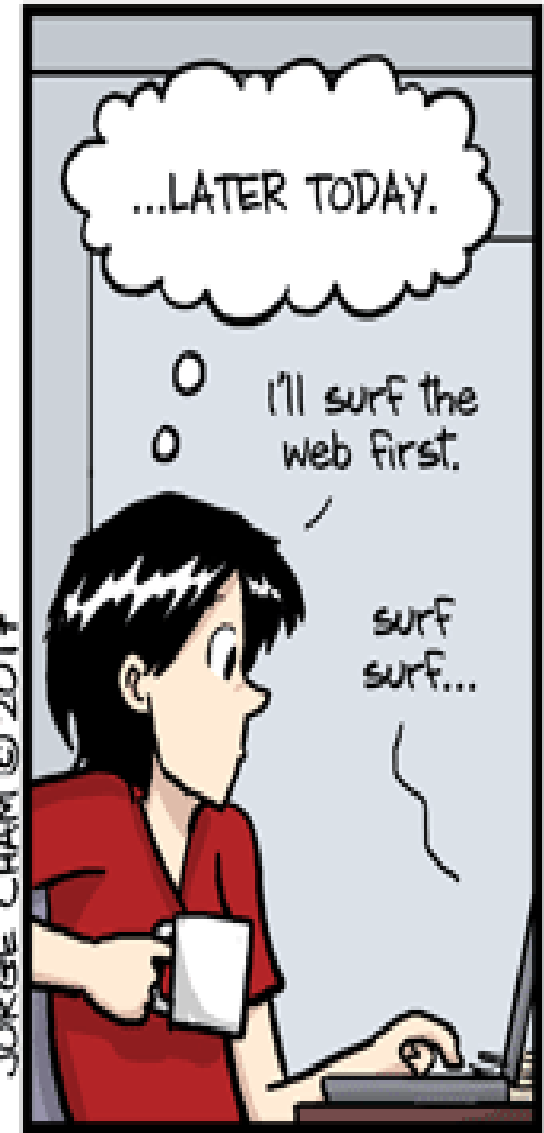
- Uniform Requirements ICMJE
- COPE (Committee on Publication Ethics) <https://publicationethics.org/>
- PRISM or other review protocol
- Protocol registries <https://nihlibrary.nih.gov/resources/subject-guides/systematic-reviews/systematic-review-protocols-and-protocol-registries> (PROSPERO, Cochrane)
- Quality Grading Scales
- Editor help-professional or ESL
- Writing and citation formats—APA and AMA most common
- Citation organizers-endnote

Table 1.
Recommendations for journals

From NAS members Schekman et al.,
Suggestions for author transparency

[View popup](#)

| Detrimental authorship practice | Definition | Proposed solutions |
|-------------------------------------|--|--|
| Ghost authorship (7) | Authors who contributed to the work but are not listed, generally to hide a conflict of interest from editors, reviewers, and readers. | Corresponding author must confirm that all who deserve authorship are listed; conflict of interest declarations; ethics training in collaboration with universities/research institutions. |
| Guest/gift/honorific authorship (8) | Individuals given authorship credit who have not contributed in any substantive way to the research but are added to the author list by virtue of their stature in the organization. | Journals require each author have a transparent, identified, legitimate role in the research. |
| Orphan authorship | Authors who contributed materially to the work but are omitted from the author list unfairly by the drafting team. | Corresponding author must confirm that all who deserve authorship are listed; ethics training in collaboration with universities/research institutions. |
| Forged authorship | Unwitting authors who had no part in the work but whose names are appended to the paper without their knowledge to increase the likelihood of publication. | Journal contacts all authors to confirm they acknowledge their contribution to the work. |



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Barriers to writing (Oman et al., 2016)

- Lack of time
- Lack of confidence
- Fear of rejection
- Not knowing how to get started
- Not knowing how to develop a thesis into a paper

A FEW TIPS TO BECOME A BETTER WRITER

- Read—Pay Attention To Form & Content
- Write
- Read And Write
- Be A Reviewer
- Join Writing Groups Or Team Publishing



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On Writing Well

The Classic Guide to Writing Nonfiction

30TH ANNIVERSARY EDITION

William Zinsser

D. Fick
ROY PETER CLARK
AUTHOR OF WRITING TOOLS

HOW TO WRITE SHORT

WORD CRAFT FOR FAST TIMES

CHANGING WRITING BEHAVIOR

- Snack Writing/Micro Goals-30-90 minutes, section per week/day
- Make Firm Deadlines/Take Course To Prepare A Paper
- Do Necessary But Less Creative Stuff First
- Read Writing Books
- Learn To Embrace Criticism

USEFUL WRITING HABITS

(from Writing Tools: 50 Essential Strategies by Roy Peter Clark)

- Adopt a daily routine
 - Keep a log or daybook of your notes and ideas
 - Break long papers into short parts
-
- Remember that good work takes time—and not just for you—leave time for others to give strong feedback



“The deadline is the greatest invention of western civilization”

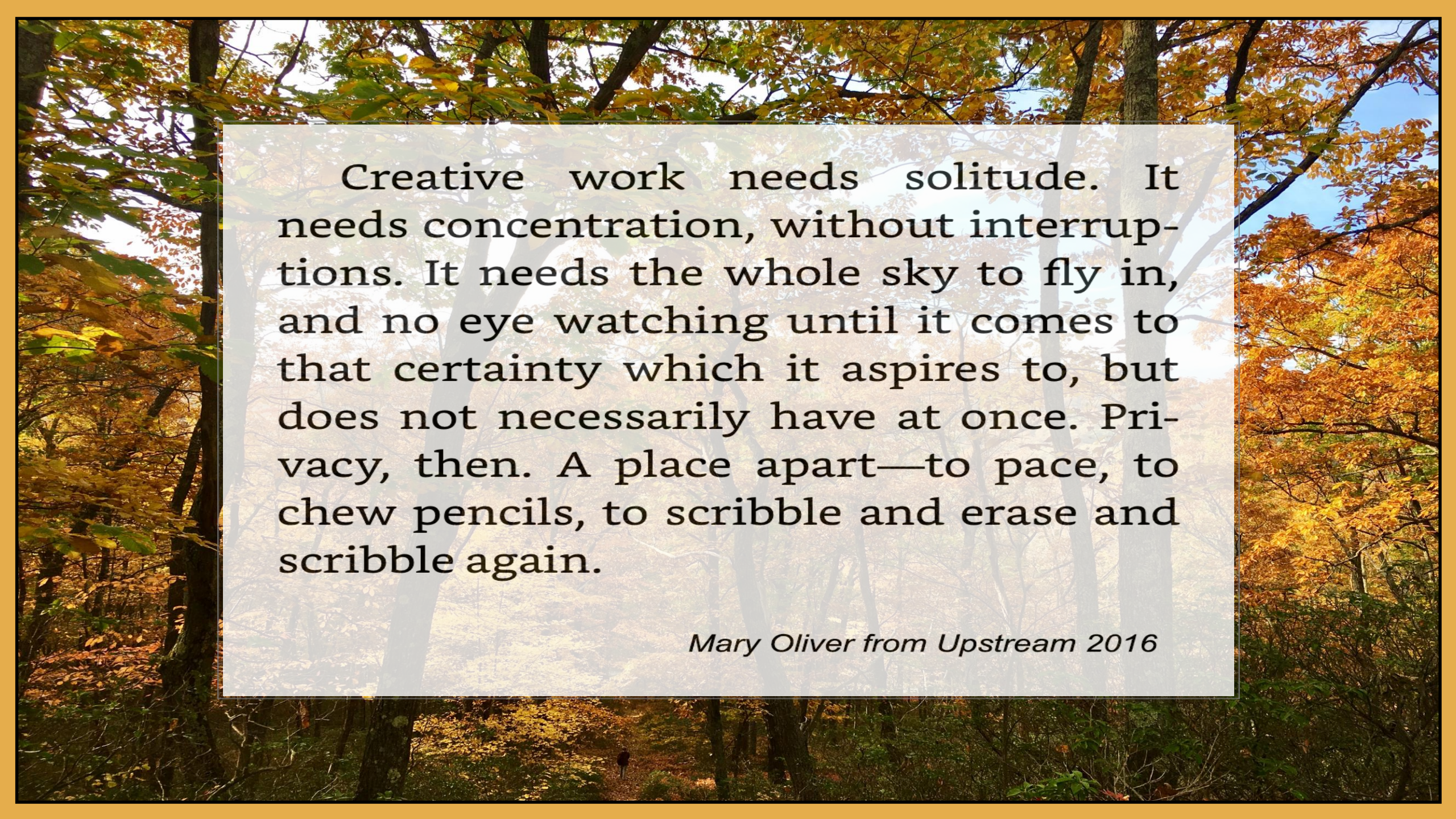
- A firm cutoff date is a surprisingly powerful motivator
- You will have a daily struggle between the things on your to do list with deadlines and the ones without
- A group or mentor can help set deadlines
- Have to give it both time and power—“the self can interrupt the self—the internal distractions.” (Mary Oliver, 2016)



Your story is shaped by what you are saying 'yes' and 'no' to. Every single person on the planet knows the challenge of boundary setting. But being clear about what you will, and will not, allow into your life can help you to live a happier and simpler existence.

BREAK LONG PROJECTS INTO SHORT (BIRD BY BIRD)





Creative work needs solitude. It needs concentration, without interruptions. It needs the whole sky to fly in, and no eye watching until it comes to that certainty which it aspires to, but does not necessarily have at once. Privacy, then. A place apart—to pace, to chew pencils, to scribble and erase and scribble again.

Mary Oliver from Upstream 2016

EXERCISE #1—FIRST do this alone then Share with your group or colleague—at least 1 barriers to your own writing,

--1-2 facilitators,

--WRITE ONE MICRO-GOAL for DISSEMINATION in the next week to reach your longer term goal

REVISIONS: WHAT DOES THIS MEAN?

- Be Happy—It Means You're On The Base/In The Game!
- Don't Get Discouraged
- Make An Outline Of Comments To Address (Divide If Co-authors)
- Decide If Addressable
- Follow Polite Letter Example

EDITOR and REVIEWER RESPONSE LETTER JOURNAL OF HOSPITAL MEDICINE

May 25, 2013

Dear Drs. Auerbach & Fang:

Thank you for the review of our manuscript, "Delirium superimposed on dementia is associated with prolonged length of stay and poor outcomes in hospitalized older adults" (ID JHM-13-0056). We have revised this manuscript for resubmission based on the reviewer and Editor suggestions and have addressed their comments point by point below in the order they appeared, beginning with the Editor and followed by Reviewer 1. We have given in italics the reviewer suggestions followed by our detailed and full response.

All of the referees comments and concerns have been addressed, and we have indicated where changes have been made in the body of the manuscript. We have made extensive revisions to address the comments. When possible we have provided direct quotations of specific changes made in the body of the manuscript and have indicated where changes have been made. We appreciate the thoughtful comments of the reviewers and believe our manuscript has been strengthened considerably after incorporation of their suggestions. We feel this work is important and timely and are delighted by the potential to have this paper published by the Journal of Hospital Medicine and welcome your next review and any further suggestions.

Editors Comments:

1. Abstract: please provide a structured abstract as per JHM guidelines.

RESPONSE: We have provided a new abstract according to the JHM outline and have addressed all of the areas listed above.

2. Discussion, page 9, paragraph 3: for context, it would be helpful to provide some actual numbers from the references you cite. Related to this, can you comment on what the outcomes of delirium + dementia might compare to delirium in patients without dementia? (understanding that you do not have such a comparison group in your study, so will need to cite numbers from other references).

RESPONSE: We have added a study citation with numbers by our group from a 2005 published in Jnl of Gerontology: Medical Sciences that compared these two groups and found higher costs and utilization for persons with DSD compared to dementia and delirium alone in the sentence "annual costs for DSD were \$9566 compared to \$7557 for dementia alone" on Pg., 2, lines 19-20.

3. Your data presentation is very confusing. Please address the following issues:

It is unclear what the difference(s) are between Table 1 and 2? Please provide only one table that presents unadjusted results and descriptive data for your patient cohort. This means combining and/or streamlining Tables 1-3 in your current paper. Please see example attached. Please provide bivariable comparisons for your descriptive variables, covariates, and outcomes as suggested below.

1.BE POLITE/GRATEFUL

**2. MAKE IT EASY TO FIND
CHANGES-QUOTES &
LINES OR USE A TABLE**

3. MAKE CHANGES!

**4. IF YOU CAN'T OR DO
NOT AGREE THEN GIVE
RATIONALE**

**5. DO NOT BE
DISCOURAGED WITH A
LOT OF COMMENTS-MANY
ARE OVERLAPPING**

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Website: <http://www.Healio.com/jgn>

Twitter: @JGNJournal

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over 3,100 patients with type 2 diabetes.¹

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Online ISSN: 1938-243X

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June 2017

Volume 43 · Issue 6

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Promoting Your Work

Search Engine Optimization

- Use top keywords throughout your article

Press Releases

- Write a press release and distribute it to online and print academic sources relevant to your field
-

Institutional newsletters

- Write an article on your research or announce a new publication and submit to your institution's newsletter

Presentations at conferences

- Face-to-face networking at conferences can bring awareness to your work.
- OTHER—BLOG about it and create a link to the article from your BLOG and your University page

Facebook and SOCIAL MEDIA—see work by Alex Smith

<https://www.google.com/search?q=Alex+Smith+of+GeriPal+the+power+of+social+media&ie=utf-8&oe=utf-8&client=firefox-b-1>

- Create a professional page where you can share updates and links about your work with your Facebook “friends.” Seek out groups in your field and connect with other professionals.

Twitter—POSE a question. Can delirium screening be quick and sensitive?

- Tweet about your current work, publications, and/or links to new blog posts with your followers. Follow other professionals and grow your network. Copy other tweeters when you post.

Google+

- Google+ enables varying layers of interaction with different users, for example colleagues and friends. It can be very useful for interacting with professionals around the globe.

LinkedIn

- Maintain a detailed profile, post your latest accomplishments, and link to your articles. You can also join groups that interest you.

DELIRIUM

2-ITEM QUESTION: 36 SECONDS

IT HAS 93% SENSITIVITY TO DETECT DELIRIUM
96% SENSITIVITY TO DETECT DSD

01 What is the day of
the week?

02 Please Tell Me The
Months of
the Year Backwards

Society of Hospital Medicine March 2016
Annual Meeting
Named, "Most newsworthy JHM article
published in 2015"

Fick et al., Journal of Hospital Medicine,
September, 2015

Am score 206

Picked up by 21 news outlets
Blogged by 2
Tweeted by 55
On 1 Facebook pages
16 readers on Mendeley
[See more details](#) | [Close this](#)

Delirium is greatly under-recognized among hospitalized older adults.

OTHER ? —Concerns I did not address

- OPEN ACCESS-BEALL'S CRITERIA
- BE AWARE OF PREDATORY JOURNALS—check boards, review, etc
- Ethics, plagiarism issues and resources
- SQUIRE-STANDARDS FOR QUALITY IMPROVEMENT REPORTING
- LOTS OF MATERIALS ONLINE TO ACCESS AFTERWARDS
- SOURCES available on request-Roy Peter Clark, Mary Oliver, Kathleen Oman et al., Shirley Smoyak, ICMJE...
- IF YOU WANT A COPY OF THE SLIDES EMAIL ME AT dmf21@psu.edu

References and Sources

- Great WEBSITES—INANE (has resources for student writing and DNP & PhD papers), COPE (ethics), ICMJE (ethics and publishing)
- Many of the publishers have useful websites
- Roy Peter Clark—Writing Short and Essential Strategies
- Shirley Smoyak—Writing Well (2015)
- Kathleen Oman et al., 2016-AJN, Mentoring Clinical Nurses To Write For Publication: Strategies for Success
- Writing Collaborative Publications During Your PhD by K Budgie
- Some slide content on publishing adapted from Taylor & Francis

It's not about you—its about the cow

