



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

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

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

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?

2018 member bootcamp-goals to publish, older adults in community alone in COVID, What to do when prospective data is on hold-What should we publish, Goals junior delirium research in country of and how to get out word and translate international research and challenges of international research. Marcus institute learn new ways from others, new to delirium/HIV, post-doc, theoretical papers, target journal, Asst Prof-publishing with students

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

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

Pratik P. Pandharipande, MD, MSCI; 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.

 Related article page 1047

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 other, and they also have important adverse effects.

In this issue of *JAMA*, the study by Hui et al³ provides critical evidence to help guide management of patients with hyperactive delirium in the last few days of life, a very difficult population to study. This investigation enrolled 130 patients with

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 delirium,⁵ these findings may reveal more about the desire to treat the distress experienced by caregivers and the health care team than actually being a patient-centered intervention. In the study by Hui et al, the mean RASS score among patients




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

-  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 Hopkins University School of Medicine, Baltimore, Maryland (Oh); Department of Neurology, Beth Israel Deaconess Medical Center, Harvard Medical School, Boston, Massachusetts (Fong); Aging Brain Center, Hebrew SeniorLife, Boston, Massachusetts (Fong, Inouye); Division of Aging, Department of Medicine, Brigham and Women's Hospital, Harvard Medical School, Boston, Massachusetts (Hsieh); Department of Medicine, Beth Israel Deaconess Medical Center, Harvard Medical School, Boston, Massachusetts (Inouye).

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 unrecognized, 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 Of 127 articles included, 25 were clinical trials, 42 cohort studies, 5 systematic reviews and meta-analyses, and 55 were other categories. A total of 11 616 patients were represented in the treatment studies. Advances in diagnosis have included the development of brief screening tools with high sensitivity and specificity, such as the 3-Minute Diagnostic Assessment-4 AS Test; and proxy-based measures such as the Family Confusion Assessment Method. Measures of severity, such as the Confusion Assessment Method–Severity Score, can aid in monitoring response to treatment, risk stratification, and assessing prognosis. Nonpharmacologic approaches focused on risk factors such as immobility, functional decline, visual or hearing impairment, dehydration, and sleep deprivation are effective for delirium prevention and also are recommended for delirium treatment. Current recommendations for pharmacologic treatment of delirium, based on recent reviews of the evidence, recommend reserving use of antipsychotics and other sedating medications for treatment of severe agitation that poses risk to patient or staff safety or threatens interruption of essential medical therapies.



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}

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^j Milan Center for Neuroscience (Neuro-Mi), Milan, Italy



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

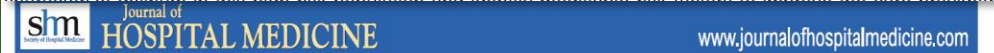
Chani Traube, MD¹, Sydney Ariagno, BA¹, Francesca Thau², Lynne Rosenberg, BA¹, Elizabeth A. Mauer, MS¹, Linda M. Gerber, PhD¹, David Pritchard, IX, PharmD³, Julia Kearney, MD³, Bruce M. Greenwald, MD¹, and Gabrielle Silver, MD¹

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 status (OR = 3.3, *P* = .014), and receipt of benzodiazepines (OR = 3.7, *P* < .001). Delirium was associated with increased hospital length of stay, with median length of stay for delirious patients of 10 days compared with 5 days for patients who were not delirious during their hospitalization (*P* < .001).

Conclusions In this cohort, delirium was a frequent complication during admissions for childhood cancer, and was associated with increased hospital length of stay. Multi-institutional prospective studies are warranted to further characterize delirium in this high-risk population and identify modifiable risk factors to improve the care provided.



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 outcomes associated with incident delirium superimposed on dementia.

DESIGN: A 24-month prospective cohort study.

cal 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 32% (44/139). Those with delirium had a 25% short-term mortality rate, increased length of stay, and poorer function at discharge. At 1 month follow-up, subjects with delirium had greater functional decline. Males were more likely to

Know Your Delirium Audience

You are joining a conversation with other Delirium Researchers

Visit your university
library

Look at publisher and
journal websites—
iDelirium, NIDUS, HELP
citation list

RESEARCH THE JOURNALS IN YOUR FIELD

Talk to your peers in
NIDUS, ADS, EDA, Surgery,
Pediatrics, Nursing

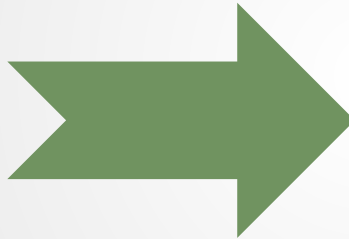
Pick your type: generalist
or niche, international or
region specific?

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

1

IDEA or
data

MAKE a
deadline
and
timeline

2

Choose
and
read
Journal

3

Letter
OR
email
query

4

Write first
draft (see
tips for large
study or
dissertation

5

Use
critical
Friend
OR
Editor

6

Refine
further
drafts

7

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

8

Proofread
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

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 Fetters, 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
- <https://deliriumnetwork.org/bibliography/> NIDUS bibliography

From NAS members Schekman et al. Suggestions for author transparency

Table 1.
Recommendations for journals

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.

OK, I NEED TO
WRITE.

C'MON, I CAN
DO THIS!

I CAN DO THIS!

I CAN DO THIS...

...LATER TODAY.

I'll surf the
web first.

surf
surf...

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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 or study 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



*Revised and Expanded
More Than One Million Copies Sold*

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
- Block off a day every week
- 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)

EXERCISE #1

FIRST do this alone then Share with your group—

- **1-2 barriers to your own writing**
- **1-3 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



The Journal of Gerontological Nursing:

Monthly Peer-reviewed journal publishing clinically relevant original articles on the practice of gerontological care in a variety of health care settings, for more than 40 years.

- Website: <http://www.Healio.com/jgn>
- Twitter: @JGNJournal
- Facebook: Slack Nursing Journals



Research in Gerontological Nursing:

Bimonthly, peer-reviewed publication offering cutting-edge, interdisciplinary gerontological nursing research to educators, academicians, clinicians, and policymakers involved with older adults in all health care settings.

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

1 What is the day
of the week?

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

2 Please Tell Me the
Months of the Year
Backwards

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
- Ethics, plagiarism issues and resources
- SQUIRE-STANDARDS FOR QUALITY IMPROVEMENT REPORTING
- LOTS OF MATERIALS ONLINE TO ACCESS AFTERWARDS
- Ethics in detail-ICMJE, COPE, and others

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)
- INANE Nursing journal list <https://nursingeditors.com/journals-directory/>
- 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 – It's About the Cow



“The only way to do great work is to love what you do.” - Steve Jobs

