Editorial

Scientific Reporting

How to Focus the “Good Ole Boy Paper”

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One can easily imagine the origin of many retrospective orthopaedic papers: an attending and a resident are in the clinic or operating room and the resident asks some general question: “How do these patients do after meniscal repair?” The attending says, “I’ve operated on hundreds of these patients. Why don’t you look that up?” The attending offers little or no guidance about the specific questions to be answered. The literature may be vast or sparse, but the resident—the “good ole boy”—reviews little to nothing of that literature before embarking on his or her task. The resident does a great job pulling a bunch of charts and radiographs, extracting whatever data he or she thinks might be important, making measurements on the radiographs, and entering the data on a spreadsheet. The attending briefly looks at the spreadsheet and says, “This is great data. Let’s write it up.” The resident drafts a paper with the general purpose “...to report our results...” or to “...determine the outcome of...” The Introduction is unfocused, but the methods are well described. The Results section is long, containing virtually everything the resident thinks might be important, which includes almost everything on the spreadsheet. There are a lot of data in the text. The Discussion is long and rambling. The attending goes over the paper, makes a number of changes, mostly regarding the writing and the data, but enhancing neither the organization nor focus.

The paper is submitted for publication and the reviewers give it a lukewarm response. They ask, “So what? Don’t we already know this?” “What is the purpose of the paper?” “Is this new information?” The editor rejects the

paper based on the lukewarm reviewer remarks and their low ratings for this “good ole boy paper.”

Is this a “bad” paper? Not necessarily: it may contain some very valuable data, but the questions or purposes were never well formulated, the information was never well filtered to determine what needed to be added to the literature and what did not, and the important data were not synthesized with the existing body of literature. The reviewers became frustrated wading through the large amount of data, much of which they already knew. The authors had not asked themselves, “What key points do we want to make,” and “What key points do we want readers to remember?”

What is the solution? First, focus on the most novel aspects of the data and/or those aspects that contribute most to the literature. That means the literature has, at the outset, been reasonably reviewed and well-known information is not repeated. Rather, the focus should be on new information or information addressing or introducing controversies. Clearly and succinctly posed questions or purposes will focus the text. The authors should select the two to four issues or data points (study variables) they feel are the most important (novel) findings of the study, or perhaps those two to four observations they want readers to remember. Based on those key points, they can formulate the purposes or questions [1] posed within the framework of those variables. Saying “we wanted to report our results...” is so vague the reader (or reviewers) will never know what the authors believe are the most important results because they are buried within the plethora of uninteresting or unoriginal data. If the authors wish to focus on a topic such as pain, range of motion, functional scores, or survivorship, then these are the key study variables and can be formulated into purposes or questions. The best questions are, perhaps, those that can be unequivocally answered “yes” or “no” by

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the study design; for example, “We asked whether survivorship increased with...”

Second, place all data, including the less important data, into a table. Most papers contain important information which may not be related to the authors’ prime focus (key questions). This could include data such as radiolucent lines, numbers of patients with heterotopic bone, numbers of patients with metastases, etc. Such data can be placed into a table and made available to the reviewers, readers, and future researchers, but not clutter the text. We might think of this as “Table 1.” (That table can be large for online publication since there are no limits, but the page size and readable fonts will limit what authors choose to report in printed tables.) The data appearing in the text (Patients and Methods, or Results) should be limited to that required to address the specific questions. By limiting and focusing the data in the text to only the key issues, the length of a Results section can be reduced. Generally, only one paragraph needs to be devoted to addressing each question or purpose. This makes for easy reading—and easy remembering!

One does not have to look back very far in the orthopaedic literature to find many “good ole boy papers.” That was the standard of reporting. The authors left it to the readers to try to make sense of all the data and place that data within the context of the existing literature. However, standards of reporting are continuously evolving. It is incumbent on the authors to know what the literature says, to report data (and only that data) that make a meaningful contribution to the literature, then to synthesize the literature for the reader (and reviewer); synthesis is an author responsibility, not a reader responsibility. Authors can only achieve this with careful focus. By all means, report your data, but focus the text on the few points that add to the literature, you think make the greatest contribution, and you want the reader to remember.

Reference

1. Brand RA. Writing for clinical orthopaedics and related research. *Clin Orthop Relat Res*. 2008;466:239–247.