PERSPECTIVE

Getting Published in an Academic-Community Hospital: The Success of Writing Groups

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Expressed barriers to writing for publication include lack of time, competing demands, anxiety about writing and a lack of knowledge about the submission process. These limitations can be magnified for practitioners in non-university environments in which there are fewer incentives or expectations regarding academic publication productivity. However, as members of professional disciplines, practitioners have both the responsibility and, oftentimes, the insights to make valuable contributions to the professional literature. Collaborative writing groups can be a useful intervention to overcome barriers, provide the necessary skills and encouragement as well as produce publications and conference presentations that make worthy additions to the professional body of knowledge. This article discusses the evolution and outcomes of writing groups at Lehigh Valley Health Network and describes how this strategy can be adopted by other academic community hospitals to promote professional development and publication.

KEY WORDS: writing groups; collaboration; publication.

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WHY DID WE START?

The impetus to create writing groups came from two healthcare professionals (the chair of medicine and a medical anthropologist/research scientist) who shared a desire to bring innovations (and failures) of hospital projects to the professional literature. While interested in the personal satisfaction that comes from authorship, these colleagues also strongly believed that professionals in all disciplines had the responsibility to share “what works” with fellow practitioners and make meaningful contributions to the literature. Both of these individuals had a publication track record, and enjoyed writing and working in groups.

A “writing group” offered a structure that would be familiar to hospital colleagues who were accustomed to team-based

work to accomplish specific goals. While the first group included colleagues with a shared interest (and passion) in a single topic (cross-cultural health care), subsequent “writing groups” have formed within the context of existing project teams (such as quality improvement, hospital efficiency, cultural awareness and palliative care).

WHAT DID WE DO?

Hospital colleagues were invited to join the first writing group because of their interest in and past work with projects within the organization. The initial writing group members (including the initial two healthcare professionals described above) who agreed to participate shared a passion for their work and came from different disciplines and roles (physician, management, research and staff) within the health network. Similarly, they had a mutual desire to think critically and write about their joint work, even though their positions allowed for varying amounts of publication activity. Release time from their managers averaged from 2–4 hours per month, although many times members spent additional time working on manuscripts during personal time. They also agreed to meet for 1 hour on a monthly basis. Members were given the option of joining the group as permanent members if they agreed to write multiple papers together or of joining the group as ad hoc members for one manuscript only. There were no requests for ad hoc membership to the first writing group, and those who joined attended every meeting or were available by phone.

The initial meetings allowed for the creation of the group's culture and functioning. Members spoke about both their passion for their work and their experience and interest in publication preparation. Since attention to group process is essential to the team's success in reaching its goal, it was important to not rush this important *forming* stage in which personal relationships are deepened, safety is secured and a general sense of acceptance is attained.¹ This step was essential given the diversity of the group members' backgrounds and organizational positions.

Subsequent meetings were devoted to the identification of potential manuscript topics. Members distributed previously written project reports, historical documents and other project-related materials that could serve as “jumping off points” for initial manuscript topics. These resources allowed for group members to have a shared background on potential topics and

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provided fodder for analytic discussions about project outcomes.

A literature search was undertaken for each potential manuscript topic to fully understand what is known and identify where gaps exist in the current literature. One group member would agree to compile relevant literature, and then the existing publications were divided among members for careful review in preparation for the discussion about gaps. Following this step, the writing group would reach consensus on which aspect of potential projects held the most promise for advancing knowledge in a specific area. A "manuscript queue" was developed (Table 1) to record manuscript ideas (and lead authors), potential journals for the manuscripts as well as the status of current manuscript projects (including submitted articles).

Based on this discussion, members would volunteer to take the lead on manuscript preparation and identify a timeline for task completion. First and second authorship roles would be identified, and fellow group members would volunteer on the sections they could contribute to the first draft.

Monthly 60-minute meetings were scheduled, and group members were required to bring their assignments and provide status updates. Draft manuscripts would be sent several days before the scheduled meeting to allow for review. In the event a member could not attend, advance notification was required, and authors were expected to e-mail their assignments to group members for discussion at the meeting. The structured meetings held group members accountable for task completion, and the discussions that ensued advanced each manuscript more rapidly than any individual author might have been able to do independently.

Meetings included lively discussions about manuscript content. During this stage the writing group members expressed their viewpoints, ideas, and attitudes in an open manner. With facilitation by the group's informal leader, the members listened to each other and reconciled differences in order to strengthen the developing manuscript.

In order to adhere to the ethics of publication and avoid any misunderstandings, the group drafted and agreed to authorship guidelines (Table 2) that described the responsibilities of the first and second authors and collaborating authors. The first and second authors were responsible for the first drafts of the manuscript, which were later provided to the writing group for input and discussion. Subsequent drafts were developed by the first and second authors until they felt it was beneficial for other authors to review, edit, and comment.

Once the writing group felt a manuscript was ready, it was given to the health network's medical editor to review along with the name of the proposed journal for submission and their publication guidelines. The editor was invited to the meetings as an ad hoc member so that she could provide input and receive feedback. The medical anthropologist is also employed by the network and is one of the writing group's leaders. It took 1 year

for the first manuscript to be accepted. This year, one of our papers received the 2011 Edgar C. Hayhow Article of the Year award from the American College of Healthcare Executives.

As papers were accepted and published in peer-reviewed journals, group excitement and motivation increased. In a 2-year period, the first writing group has published four peer-reviewed papers, one non-peer reviewed paper and three book chapters; has delivered four conference presentations and abstracts; and has one paper that has been accepted for publication (Table 3). There are 12 writing group members that are published for the first time; one is a primary author. A positive outcome is that the group felt that it could keep writing, working together and continuing to produce scholarly work. In addition writing group members also became individually productive when some members began to publish with other national colleagues.

Success was measured not only by the scholarly productivity of the writing group, but also by the way the model began to spread throughout the organization as subsequent writing groups began to form. To date, four other writing groups have sprung up within the health network since the success of the first. Each group has a different focus that is driven by the interests and the work of the members. For example, one of the writing groups is focused on publishing on the work of quality improvement. The members of this group are all involved in quality improvement committees, lead areas related to quality and costs, and approach their work with publishing in mind. As a result, quality improvement projects are seen as opportunities to publish outcomes and successes. Currently, this group has submitted one manuscript and has three others in the queue. Other writing groups are also in the early stages of manuscripts and submissions.

WHAT DID WE LEARN?

Collaborative writing groups can be an effective strategy to promote critical thinking and publication preparation among non-university-based health care practitioners. These groups are helpful to overcome traditional barriers to writing for publication. These hurdles (such as lack of time/resources, competing priorities, limited incentives and skills associated with writing for publication) can be reduced in the group setting through leadership identification of the responsibilities of practitioners to contribute to the professional literature, the sharing of expertise by previously published authors, and proven group process and project management techniques that assure members' contributions are valued and tasks are completed. The acceptance of initial publications also served to

Table 1. Manuscript Queue

Active manuscripts					
Paper	Description	Potential journal	Status	Comments	Authors
Pending/submitted manuscripts					
Paper	Current status	Journal	Date submitted	First author	Authors
Published manuscripts					
Paper name	Journal	Date accepted	Final version received?		

Table 2. Authorship Guidelines

Authorship guidelines	Membership guidelines
1 Authorship and order of authors should be discussed and finalized at the beginning of the writing groups' work on a manuscript	<i>Core group</i> is defined as a group of writers with similar interests in one area or subject matter that have identified a critical number of potential manuscripts. This membership can change depending on the subject, data available for analysis, number of potential manuscripts, or interest. <i>Ad hoc member</i> is defined as someone who is interested in getting input on a particular subject, wants to publish for the first time or needs help for a limited time only
2 Writing group authorship will be decided based on the person's work on the project manuscript	Meeting attendance is required by the core group. If unable to attend a meeting, the share point site will have the updates and next steps
3 The first author should be the person who writes the first draft and takes the lead with revisions and formatting	Each member contributes actively and will accept assignments from the group. If unable to complete an assignment, they will notify the group members in a timely manner. Active contribution is described as fulfilling the ethical guidelines set forth by the International Committee of Medical Journal Editors
4 Second authors should be prepared to offer substantive assistance to the first author in preparation and revision of the manuscript	Ad hoc members can present/discuss manuscripts that are not in the queue of the core members at a group meeting. They can invite core group members to co-author as desired
5 Third authors and below should be willing to help with literature searches, reviewing and edits as requested by the first author	'Guest authorship' is frowned on by many journals, and is not fair to those who put time and energy in to manuscript development. It will not be tolerated
6 Authorship should not be given to people who are not involved in the project or the preparation of the manuscript	Acknowledgments can be used to thank people for their assistance for those people who provided support or ideas but did not contribute to the substantive development, editing and revision of the manuscript

Table 3. Writing Group Scholarly Work

Publications: Peer reviewed	
	Sabino, J., Friel, T., Deitrick, L., Salas-Lopez, D. "Striving for Cultural Competence in an HIV Program: the transformative impact of a microsystem in a larger health network." <i>Health & Social Work</i> . 34(4): 309-313. November 2009
	Deitrick, L., Paxton, H., Rivera, A., Gertner, E., Biery, N., Letcher, A., Lahoz, L., Maldonado, E., Salas-Lopez, D. "Understanding the Role of the Promotora in a Latino Diabetes Education Program." <i>Qualitative Health Research</i> . 20(3) 386-399. February 2010
	Gertner, E., Sabino, J., Mahady, E., Deitrick, L., Patton, J., Grim, MK., Geiger, J., Salas-Lopez, D. "Developing a Culturally Competent Health Network: A Planning Framework and Guide." <i>Journal of Healthcare Management</i> . Volume 55, Number 3; pages 190-205. May/June, 2010. (2011 Edgar C. Hayhow Article of the Year Award)
	Deitrick, L., Salas-Lopez, D., Capuano, T. "Practicing Anthropology in an Academic Community Hospital: Lessons from the Field." <i>Practicing Anthropology</i> . 32 (4) 19-23. Fall 2010
	Salas-Lopez, D., Deitrick, L.M., Mahady, E.T., Gertner, E.J., Sabino, J.N. "Women Leaders: Challenges, Successes, and Other Insights From the Top. Accepted for publication, <i>Journal of Leadership Studies</i> . May 24, 2011
Publications: non-peer reviewed	Salas-Lopez, D., Woodburn, C., Sabino, J., "Seeing Each Patient as a 'Culture of One.'" <i>Medical Economics</i> . TWISI. P. 40. April 2010
Publications: book chapters	Salas-Lopez, D., Gertner, E., O'Neill, O. (2009). <i>Achieving Cultural Competency: A Case-Based Approach to Training Health Professionals</i> . Delisser, H., Hark, L. (Eds.), <i>The Case of Isabel Delgado</i> . (chapter 4) Blackwell Publishing: April 2009
	Delisser, H., Hark, L. (Eds.), Salas-Lopez, D., Deen, D., Nunez, A. (Associate Editors). <i>Achieving Cultural Competency: A Case Based Approach to Training Health Professionals</i> . Blackwell Publishing. April 2009
	Maldonado, E., Salas-Lopez, D. (2009). <i>Achieving Cultural Competency: A Case-Based Approach to Training Health Professionals</i> . Delisser, H., Hark, L. (Eds.), <i>The Case of Irma Matos</i> (chapter 21). Blackwell Publishing: April 2009
Manuscripts submitted and under review:	
Writing group 4	Deitrick, L., Rockwell, E., Gratz, N., Davidson, C., Fitzgerald, G., Naugle, M., Wolf, J., Stevens, D., Sikora, B., Lukas, L. "OACIS Nurse Practitioner: A Guide on the Journey Through Advanced Complex Illness (ACI)." Submitted to <i>Advances in Nursing Science</i> . April 2011
Writing group 2	Lawrence, S., Pistoria, M., Vose, C., Jordan, M., MacKenzie, R., Weiss, M., Deitrick, L., Salas-Lopez, D. "A New Model of Care Delivery: Cohorting Patients by Physician Groups." Submitted to the <i>Journal of Hospital Medicine</i> . November 2010
Presentations:	
	Salas-Lopez, D., Nerino, A., Gertner, E., Patton, J., Baglia, J., Deitrick, L., Grim, M., Sabino, J. "Quantitative and Qualitative Findings and Implications of an Intercultural Sensitivity Assessment Among Employees of a Large Health System." Presentation to the American Public Health Association Meeting, Philadelphia, PA. December 2009
	Deitrick, L., Baglia, J., Patton, J., Nerino, A., Sabino, J., Gertner, E., and Salas-Lopez, D. "Evaluating Baseline Employee Cultural Sensitivity at an Academic Community Hospital." Oral presentation to the American Anthropological Association Annual Meeting, Philadelphia, PA. December 2009
	Deitrick, L., Sabino, J., Patton, J., Nerino, A., Baglia, J., Gertner, E., Salas-Lopez, D. "Evaluating Baseline Employee Cultural Sensitivity at an Academic Community Hospital." Oral presentation to the Eastern Nursing Research Society. March 2010
	Gertner, E., Patton, J., Baglia, J., Sabino, J., Deitrick, L., Nerino, A., Salas-Lopez, D., "Baseline Intercultural Sensitivity Assessment Among Employees at a Large Health Network: Findings and Implications for cultural Competency Interventions." Presentation to SGIM Annual Meeting. April 2010

motivate group members for subsequent collaborative work.

A literature review was performed by looking at structure, process, and outcomes for writing groups. Unlike other writing groups described in the literature²⁻⁸ in which the group members provided peer support for fellow authors working on individual papers, the groups described here work collaboratively on jointly authored manuscripts. This group approach is beneficial to non-academic practitioners who have limited time and publication experience. It also enabled the formation of an effective group process that could generate multiple manuscripts.

Getting started can often be a tremendous hurdle to cross. This part of the process can be extremely difficult, even when addressed through one-on-one mentoring. We found that by suggesting manuscript preparation within functioning project teams and using existing documents as "jumping off points" for potential manuscripts, we could overcome some of the obstacles of getting started.

The success of this strategy requires commitment on the part of organizational leaders to encourage and support initiatives that bring new knowledge to the professional literature. Leaders and managers can offer time and minimal resources that allow practitioners and staff to participate in the group process and complete assigned tasks. These kinds of incentives as well as the sharing of publications with other senior leaders and board members will motivate authorship.

Attention to group process and project management is essential. Formal or informal group leaders must be aware of the stages of group development and offer support and guidance during critical forming and norming stages.¹ A priori development of authorship guidelines can serve to prevent misunderstandings or disappointments at critical times of the manuscript process. Authorship guidelines helped to remind us of the ethical nature of writing for publications and assured that the writing group met the highest standards. Likewise, manuscript queues and "to do" lists can aid in the completion of tasks and member accountability.

WHAT DOES THIS MEAN FOR OTHERS?

It is understood that not all academic-community hospitals have medical editors and medical anthropologists, and some even lack experienced writers. In this case, practitioners can reach out to local colleges or universities that may have these resources, finding out who in the organization has publication experience and may be interested in leading a group, and identifying opportunities for publications in all scholarly work that is done within the organization.

We believe that some of the factors that led to the success of the writing group model include champions who agreed to lead the group, practitioners with motivation to write and group members who see the value in using existing project work as the springboard for getting published and contributing to the literature. When these attributes are channeled by experienced authors who lead, guide and mentor the writing group members, success is inevitable. Part of the 'secret to the sauce' is that the group model creates synergy and a team spirit that helps to motivate the members to want to succeed. Members learn to rely on each other, are not overwhelmed with writing and develop relationships with colleagues that have mutual interests.

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