



## Writing for publication – raising standards at the AMJ

Jiwa M<sup>1</sup> Oberoi D<sup>2</sup> Cottrell E<sup>3</sup> Sharma A<sup>4</sup>, Clark G<sup>5</sup> Hanson G<sup>6</sup>

1. Editor 2. Student Ambassador 3. Associate Editor 4. Letters Editor 5. Copy Editor  
6. Independent English Language Expert.

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### EDITORIAL

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Please cite this paper as: Jiwa M, Oberoi D, Cottrell E, Sharma, A, Clark G, Hanson G. Writing for Publication – Raising Standards at the AMJ. AMJ 2011, 4, 4, 225-228  
<http://doi.org/10.21767/AMJ.2011.783>

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#### Corresponding Author:

Prof Moyez Jiwa  
Editor in Chief, AMJ  
[Email: Editor@amj.net.au](mailto:Editor@amj.net.au)

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The *Australasian Medical Journal* was first established in November, 2008. Since then, the number of submissions to the journal has been rising steadily. We now receive many papers from Asia, the Middle East, and Africa. This is consistent with our mission at the AMJ, which is to give a voice to those who are seldom heard in the established journals, especially new authors and students. The AMJ also aims to raise the standard of its publications.

A number of features set us apart as a journal. First, is the requirement to submit the paper using a particular template, depending on the type of paper offered. These templates ensure that there will be a minimum delay between the review and publication processes, as papers are reviewed more or less in the format in which they will ultimately be published.<sup>1-5</sup> Most authors are willing and able to respond to this requirement. We are aware that some authors still struggle with formatting, so, for a cost of AUD \$50, we now offer an independent service for those who request help when entering their paper onto our templates. We believe this is a modest fee and that the very small number of authors who cannot manage to place text in the relevant sections of the required template are willing to engage this service in order to complete the preliminary step towards publication. Authors who submit papers that do not comply with template instructions may experience a delay and are urged to try again with support.

The AMJ has also introduced a very transparent review process in which reviewers are asked to identify specific issues that we consider vital to the quality of the science we publish. Specifically, we require ethics approval when indicated; we deplore and reject plagiarism, and we expect a high standard

of English in the final manuscript.

As previously stated, a primary objective of the AMJ is to be the voice of researchers and clinicians from economically under-privileged parts of the world; therefore, we are committed to the principle of free and open access for all. There is no charge to authors for publication or for readers to access the papers. This has been made possible largely because of the generosity of an army of volunteers who share the vision of the journal and, are repaid, instead, by gaining experience by being involved in the publishing and processing of scientific material.

A defining feature of the AMJ has been the involvement of students and young professionals in its activities. When the AMJ was first established, we experimented with the formation of a Student Advisory Board (SAB). The SAB was comprised of medical students from several countries across Asia and Europe who defined ways in which the journal could be promoted. Many of those involved wrote student editorials on health issues. This effort was highly successful, and we now receive a steady stream of submissions from students across borders and have partnered several student conferences. As many of the members of the SAB graduated, some have increased their involvement with the AMJ, late last year the SAB became the Junior Advisory Board (JAB) with some members taking on key responsibilities.

The readability and style of papers impacts both the reputations of individual authors and the work published in the AMJ. Consequently, the correct use of English is imperative in the drive to raise the quality writing in the AMJ. Authors can only benefit from their submissions if their ideas are clearly articulated and unambiguous.

With this in mind, the AMJ has employed a copy editor to help ensure that our publication process also supports the rising standards of papers published in the AMJ. This includes accurate and correct citations in the reference section. The copy editor is paid by the AMJ while publication and access to papers remains free of charge. The AMJ remains fully committed to the principle of free and open access for all.

More challenging, still, has been our observation that the quality of English submitted in some papers is not



acceptable for publication in a serious journal. In the past, volunteers working at the AMJ made many corrections at different stages of the publication process, from the initial review through to the final acceptance and copy editing stages. This was ultimately unsustainable and, in some cases, seriously delayed the review process. Occasionally, papers have to go through several revisions at the peer review stage before final acceptance and publication. Many authors feel it necessary to seek advice in revising their papers for grammar and style. With this in mind, we offer the services of a distinguished expert working independently of the journal. This offer was advertised in the last edition and applies only to papers destined to be submitted to or published in the AMJ.

Dr. Gillian Hanson states: "The sometimes confusing and less than interesting rules of grammar can be quite daunting and often tedious, and even the best writers make errors—omit an essential word or add a word when it might not be necessary. Whether you need precise guidelines that cover the basics of grammar, mechanics, usage, and punctuation or more general advice, seeking the help of a professional proofreader and editor will help you identify grammatical and stylistic problems and revise your work for publication."

Below is an excerpt of some text that Dr. Hanson revised and about which she comments: "In the paragraphs shown below, sentence structure is the most consistent problem. Several of the sentences need to be revised for clarity and structure in terms of grammar usage, commas, articles, subject verb agreement and verb tenses." Sections in red indicated where errors were identified.

*The patients were classified for analysis purposes as those who were on ART or no ART and further those on ART with lamivudine and those without. A databank was created in SPSS ver. 15.0 for windows. A descriptive analysis of the sample was done. The continuous variables were summarized as means and standard deviations. The differences between two groups were subjected to test of hypothesis using student's T-test. Categorical variables were subjected to frequency tabulation and further Chi-squared test was carried out to find statistical significance wherever necessary. Odds ratios were calculated to find the association between various factors and death in various groups. Univariate survival analysis using the Kaplan-Meier method was applied to find the differences in survival rates between those on ART and those specifically on Lamivudine containing ART. The value of  $p < 0.05$  was defined as the limit for statistical significance.*

*Higher number of females among survivors indicates that women are relatively healthier and respond better to the antiviral drugs. In our study population it was found that generally women had less risk factors and the majority of the women got infected from their HIV-Positive husbands. Because of the same reason they tended to present to the hospital earlier (when their spouses developed full blown AIDS and hence presented with symptoms) they were detected at an earlier stage. Lower body weight of the patients who died compared to the survivors was probably due to cachexia of the disease. Lower serum albumin levels in the deceased to point*

*towards cachexia and decreased liver function. It was interesting to note that haemoglobin and CD4 counts could not predict a worse prognosis and were similar in both the survivors and the deceased. However since CD4 counts were available for a very limited number of patients owing to high cost of the investigation, no statistical tests could be done based on the same. Fever and weight loss predicted a bad prognosis both due to cachexia as well opportunistic infections. Higher occurrence of dyspnoea and dysphagia among those who died is indicative of fungal infection of the lungs and oesophagus. Headache and altered sensorium indicated a worse prognosis, if present in the patient during hospitalization, probably pointing towards meningitis which had a bad outcome. prognosis, if present in the patient during hospitalisation, probably pointing towards meningitis which had a bad outcome*

In the corrected version, the reader can see that the sense of what is being reported remains unchanged; however, the quality of the English is improved

A higher number of females among survivors indicates that women are relatively healthier and respond better to the antiviral drugs. In our study population, it was found that generally women had less risk factors than men, and the majority of women got infected from their HIV-positive husbands. For the same reason, women tended to present to the hospital earlier and were detected at an earlier stage whereas their spouses had developed full blown AIDS before seeking help, hence presented with symptoms. Lower body weight of the patients who died compared to the survivors was probably due to cachexia of the disease. Lower serum albumin levels in the deceased, too, pointed towards cachexia and decreased liver function. It was interesting to note that haemoglobin and CD4 counts could not predict a worse prognosis and were similar in both the survivors and the deceased. However, since CD4 counts were available for a very limited number of patients owing to high cost of the investigation, no statistical tests could be done based on the same. Fever and weight loss predicted a bad prognosis due to cachexia as well opportunistic infections. Higher occurrence of dyspnoea and dysphagia among those who died is indicative of fungal infection of the lungs and oesophagus. Headache and altered sensorium indicated a worse prognosis, if present in the patient during hospitalisation, probably pointing towards meningitis which had a bad outcome.

The patients were classified for analysis purposes as those who were on ART and those who were not, and further classified as those who were ART with lamivudine and those who were not. A databank was created in an SPSS ver. 15.0 for Windows, and a descriptive analysis of the sample was done. The continuous variables were summarised as means and standard deviations. The differences between two groups were subjected to test of hypothesis using



students' T-tests. Categorical variables were subjected to frequency tabulation, and a Chi-squared test was carried out to find statistical significance wherever necessary. Odds ratios were calculated to find the association between various factors and death in various groups. Univariate survival analysis, using the Kaplan-Meier method, was applied to find the differences in survival rates between those on ART and those specifically on Lamivudine containing ART. The value of  $p < 0.05$  was defined as the limit for statistical significance.

In conclusion, the stringent review process combined with the new services offered to authors submitting work to the AMJ result in the publication process being educational for both the readers and the authors. Future authors are encouraged to view the feedback from the publication process in a positive light to help them to improve their current and future work. In addition to the review of scientific and clinical quality of the work, feedback can include notes on the use of English and the structure of the papers submitted. Regarding this latter aspect, look out for further support planned through the AMJ on writing specific types of papers.

The AMJ team is looking forward to many years of publication based on the foundations we have outlined above. In addition to providing a free and easily accessible means for the publication of excellent papers, we hope to enhance the educational quality of our work for you as readers, through the improved standard of publications. Authors will benefit from structured feedback and the generous support of our reviewers and editorial team who, in turn, will enjoy the privilege of critiquing the work submitted.

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## ACKNOWLEDGEMENTS

We acknowledge the contribution of an army of dedicated reviewers in building on the success of the journal.

## PEER REVIEW

Not externally peer reviewed.

## CONFLICTS OF INTEREST

All the authors work at the AMJ. Dr. Gillian Hanson offers a private editing service as per the attached advertisement.



“Dr. Hanson was incredibly thorough in her editing work, and I am extremely happy with the results. When I saw that she has published a book on English grammar and that she has over 20 years of experience as an English Professor, I knew she would be the perfect fit for this project. Dr. Hanson more than exceeded my expectations as she over-delivered on all accounts: she provided the final revisions ahead of schedule with detailed feedback on style and clear corrections on grammatical errors, and she was available to review the work and review her comments as needed. Dr. Hanson was a delight to work with, and I will be using her services in the future.”

On behalf of our authors the AMJ is pleased to announce successful negotiations with this highly experienced author of *The Grammar Detective*, Continuum Publishers, 2008. Dr. Gillian Hanson offers to review and advise on the quality of the English for any submission to the AMJ at the exclusive price of \$100 US per paper.

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The following terms and conditions apply:

1. Authors may contact Dr. Hanson by emailing [writer@amj.net.au](mailto:writer@amj.net.au) to discuss individual requirements. Acceptance of an assignment will be entirely at the discretion of Dr. Hanson.
2. Please note that the rate of \$100 per paper will only apply to papers to be submitted to the AMJ and entered on to an AMJ template. If authors wish to engage Dr. Hanson in writing for some other journal or for an academic thesis she reserves the right to quote a much higher fee.
3. Payment is required in advance and is non-refundable.
4. Authors may engage the service anytime from pre-submission to after review. Please note however that publication is not guaranteed unless the paper has already been accepted for publication in writing.
5. Dr. Hanson is working independently of the AMJ. The AMJ does not accept any responsibility or liability for this service. Authors must clarify the delivery date for completed work as well as any other requirements at the time of booking the service with the provider.