BJPsych
Advances

How to write for *BJPsych Advances*

Nick Brown

If you are a first-time author it is very important that you read these preliminary guidelines on how to write for us before starting on your manuscript.

Writing for *BJPsych Advances* is not like writing for most other journals. The formal Instructions for authors (pp. 3–7) focus on word counts, structure and house style. The guidelines below are intended to help you in the writing of your article and to warn you of what to expect thereafter!

What is *BJPsych Advances*?

- *BJPsych Advances* aims to provide clinical knowledge, distilled in a handy compendium. Each article offers an overview of a particular psychiatric subject, written by expert clinicians.
- The journal is aimed primarily at consultants (who are not necessarily specialists in the specific field of a given article), but its readership includes any practising mental health professional who needs to be kept informed of current ideas, techniques and developments in psychiatry.
- *BJPsych Advances* is largely (but not exclusively) clinical in orientation, its articles are not scientific reviews as such, and are at all times practical – covering all areas of Good Medical Practice and Good Psychiatric Practice.
- The literature is reviewed to be broad, reflecting different viewpoints, contemporary and supportive to the theme, but it does not need to be exhaustive: this is not the place for large systematic reviews.

How to write

- Be clear about why you are writing; be clear about what you are writing.
- Have the article's learning objectives in mind from the start.
- Look at and consider the Instructions for authors
- Primarily you are writing because you wish to communicate, to share your ideas and contribute to furthering knowledge. In the case of *BJPsych Advances* you are looking to contribute very directly to the learning plans of others.
- You may also view writing as a way of advancing yourself and your career (although you are unlikely to be making your personal fortune from commissions for *BJPsych Advances*).
- You may be starting from a position of enjoying the act of writing itself. If not, you will need to be disciplined and set out in project form a timetable for preparation, writing the first draft, revising and submitting the article. If you are writing with others, such a plan is invaluable and must be accompanied by clear records of who is doing what and when!
- So be clear that you have something to say, know what that is and bear in mind who you are saying it to throughout the writing process.
- Start with a basic search of the literature and prepare an outline. It seems obvious but this an essential: you are most unlikely to achieve your aim without a plan.
- Check the plan. Does it convey what it is you intend to say in the article? Next, check with a couple of members of your prospective audience (peers who read *BJPsych Advances*) – does it say the same thing to them? If so, you are ready to proceed; if not, go back to the beginning.
- Complete your search of the literature and write a first draft. References are best incorporated as you write: leaving them to the end often results in loss and inaccuracy.

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- Leave the article for a brief period of time.
- Return and read the article afresh, bearing in mind your start points of what you are trying to say and to whom.
- You may wish to edit at this stage. Manage your document carefully. When saving the article make sure to title accurately in a way that clearly distinguishes versions and makes the document easy to find. Save it in more than one place!
- Ask trusted others to read and criticise.
- Continue to revise and edit until you reach your final version.
- Then read it through, checking spelling, grammar and formatting before submitting.

The submission procedure

- It can appear daunting! However, the online instructions are clear and sequential. Once you have logged in at http://submit-apt.rcpsych, follow each screen, check and move on.
- Allow enough time. With the check required after conversion, this is likely to take around an hour at least. Although the instructions are clear, the mixture of anxiety and deadlines can make even the simplest order seem like a conundrum.
- Before submitting, do make a final check of your article: obviously look out for spelling mistakes and poor grammar, but also check font sizes or bold, underlined and italicised parts to ensure accuracy. These features, if wrong, can be very off-putting to reviewers. Make sure it is the final document agreed, where necessary, with any co-authors and make the file 'read only'.
- Remember that the system will automatically convert to PDF for you so if you are not familiar with making this conversion yourself it is best to leave it to be done for you.
- Check the converted manuscript very carefully. Tables, diagrams and illustrations may be subject to change, including positional change. When submitting from advanced Word programmes be aware that the conversion process may alter your referencing.
- Your article will be returned with comments and suggestions from reviewers. These need to be responded to in a timely fashion.
- Prepare a response for the reviewer, using a fresh Word document highlighting the changes you have made. Make changes to your document and re-submit.
- When responding to reviewer comments, it is best to write offline in a Word document and then either upload or copy and paste. Writing directly online increases the possibility of leaving uncorrected spelling, grammar and formatting.
- Articles often go through several revisions ('submissions') before final acceptance.

Receiving page proofs

- In due course, you (as corresponding author) will receive an automatic email from the Manuscript processing system advising you that proofs are ready for you to download.
- Even though the article has been accepted by referees, it is not unusual for proofs to be littered with further queries and suggestions regarding content and presentation raised by the copy editor.
- You will not be charged for any changes arising from these queries!

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Submission types

Manuscripts must fit one of six categories:

- Article
- Commentary
- Editorial
- Clinical Reflection
- Refreshment

BJPsych Advances does not publish original research papers, although you may refer to research studies/findings if the main focus of your article is on existing knowledge and practice.

Articles

Usually 8–10 pages in the printed journal, which equates to around 4000–5000 words, not counting references, tables, etc. You may be asked to cut down overlength articles on submission or at proof stage. Articles should be educational pieces, not research or systematic review papers. They should be factual, lucid and informative, with clear explanation of any points of technique. Academic quality is clearly crucial. Ideally, an article should both be a digest of many opinions on a subject and also give a clear lead as to what, in your opinion, would be good practice.

Structure your article carefully, with an introduction and a conclusion. Use plenty of clear headings. Avoid long sections of uninterrupted prose – they can be unhelpful and off-putting for readers engaged in a learning exercise. Make full use of displayed lists, case vignettes/studies, tables, figures, etc. to illustrate points. You must include boxes, e.g. for key learning points, good-practice points and lists of controversial issues.

The format is intended to be user friendly, and readers should be able to extract information and techniques that they can use in everyday practice.

Manuscripts will **not** be sent for review if they do not meet these requirements for readability and educational style.

The following items **must** be present in the manuscript's file for all submitted articles (learning aids may be included in the manuscript file or uploaded as supplemental files):

- Abstract
- Biography
- Declaration of interest
- Learning aids such as: boxes, tables, visual images, case vignettes, bullet points, headings, subheadings
- Learning objectives
- MCQs and their answers
- References

Further details regarding these requirements appear in the Manuscript section below.

Commentaries

Commentaries (750–1000 words, not counting references) comment on the content of a specific article. They are usually commissioned by the Editor and published in the same issue as the full article. The aim of a commentary is to concentrate on what is missing from the original article, what the Commentator thinks should be emphasised and what the Commentator disagrees with.

The following items **must** be present in the manuscript file:

- Abstract
- Biography
- Declaration of interest
- References

Further details regarding these requirements appear in the Manuscript section below.

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Editorials

Editorials (750–1000 words, not counting references) are opinion-led pieces focusing on contemporary topics in psychiatry.

The following items **must** be present in the manuscript file:

- Abstract
- Biography
- Declaration of interest
- References

Further details regarding these requirements appear in the Manuscript section below.

Clinical reflections

Reflective practice is now part of CPD. The purpose of Clinical Reflections is to explore and mull over clinical, ethical or research dilemmas or uncertainties that present in day-to-day practice. They are the equivalent of thinking aloud and deliberating on the matter in hand. For example:

- What do you do when the next of kin of a very ill patient wants to post photos of her on social media to demonstrate the poor treatment that he thinks she is receiving?
- How can you reconcile different models of mental illness held by you and your patient?
- What are the ethical problems raised by the compulsory reporting of a patient suspected of sexually abusing a child?

Clinical Reflections should be 1000–1500 words long, plus a summary (50–75 words) and up to 6 references. They may also contain a box, figure or table. When typeset, they will not exceed three journal pages.

If you discuss matters relating to a specific patient who could be identified from your Reflection, patient consent must be sought.

The following items **must** be present in the manuscript file:

- Abstract
- Biography
- Declaration of interest
- Signed patient consent form, if required

Further details regarding these requirements appear in the Manuscript section below.

Refreshments

Refreshments must not exceed two pages of in the printed journal (500–800 words). Pieces at the lower end of the word limit could also contain a single box, figure/illustration or table. Refreshments provide a short, succinct summary of a single topic to be read as a quick update by practising psychiatrists. The aim is to help readers improve their knowledge and practice in areas outside their field of expertise.

The following items **must** be present in the manuscript file:

- Abstract
- Biography
- Declaration of interest
- References or further reading (maximum of six)

Further details regarding these requirements appear in the Manuscript section below.

The manuscript: an alphabetical overview

Abstracts/summaries

Articles, commentaries and editorials should include a brief unstructured abstract. This must not be repeated in the text. Abstracts are used for review purposes and they also form the basis of the 'Summary' published at the start of the paper in the journal.

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Biographies

The names, qualifications, job descriptions and full addresses of all authors should be given at the beginning of the manuscript. A short biographical summary, of about 50 words, on the author or authors is also required. This should contain full names, job titles, brief details of any other posts held and research interests.

Boxes

Boxes are important learning aids. For example, they might summarise key points or clarify topics touched on in the text. Please place them at the end of the manuscript or save them as separate files. All boxes must be cited in the text.

Case vignettes/studies

Fictional case vignettes (indicated as such) are perhaps preferable to case studies of real patients. If a real individual is described, their consent must be obtained and submitted with the manuscript. Our consent form can be downloaded here. Even if consent is obtained, please anonymise the account as much as possible. The patient should read the report before submission. If informed consent cannot be obtained, the report can be published only if all details that would enable any potential reader (including the patient or anyone else) to identify the patient are omitted. Merely altering details such as age and location may not be sufficient to ensure that a person's confidentiality is maintained. You should be aware of the risk of complaint by individuals in respect of defamation and breach of confidentiality; if concerned, you should seek advice.

Copy-editing and proofs

Accepted manuscripts are copy-edited to improve readability and to make editorial changes required for conformity with house style. Proofs will be sent to the person identified on the manuscript as the corresponding author.

Copyright

You are responsible for obtaining copyright permission and paying any fees for material originally published elsewhere.

Declaration of interest

This should list fees and grants from, employment by, consultancy for, shared ownership in, or any close relationship with, at any time over the preceding 36 months, an organisation whose interests may be affected by the publication of the article. It should also list any non-financial associations or interests (personal, professional, political, institutional, religious, or other) that a reasonable reader would want to know about in relation to the article. This pertains to all the authors of the manuscript, their spouses or partners and their children (aged under 18). We recommend use of the disclosure form developed by the International Committee of Medical Journal Editors. Details that the Editor thinks are of relevance to readers will appear in the published article. If there are no interests to declare, please state None.

House style

More detailed guidance on presentation is given in the Royal College of Psychiatrists' House style guide.

Learning objectives

All full articles must include three learning objectives.

MCQs and EMIs

All full articles must include five multiple choice questions (MCQs). Each question should comprise a stem and five options: the reader selects the single best option for each question stem.

The MCQs should be straightforward, derived from the article and test only whether it has been read and understood. If you prefer, you may set three extended matching

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items (EMIs) instead of MCQs. The EMI format is designed for testing how knowledge can be applied in a clinical situation. See also alignment of learning objectives.

Plagiarism

Care must be taken to avoid inadvertent plagiarism resulting from the cutting and pasting of words from other sources, particularly journal abstracts. Ideally, paraphrase. Alternatively, enclose direct quotes in quotation marks. Always give the source.

References

All reported data and results should be referenced, but a balance should be struck between referencing every statement and making extensive claims without backing them up. We suggest no more than 40 references in a standard article. To keep the reference list short, it is better to cite a few comprehensive review articles rather than listing numerous original sources. All diagnostic systems should be referenced. References may also indicate further reading and give evidence for key points. Authors might like to draw particular attention to a small number of references that they consider a reader could usefully follow up, and this can be done by the use of an asterisk.

Please use the reduced Harvard system of referencing. The first-named author and the date are cited in parentheses in the text. For example:

... as shown in previous studies (Brown 2005a,b; Silverstone 2007). Newer models proposed by Adams & Williams (Adams 2012: p. 98) and Smith *et al* (Smith 2013) are ...

Entries in the reference list (double-spaced in the typescript) should follow the examples below. Note the use of minimum punctuation.

Journal article

Aldenkamp AP, Baker G, Williams G, et al (2001) A systematic review of the effects of lamotrigine on cognitive function and quality of life. *Epilepsy & Behavior,* **2**: 85–91.

Aldenkamp AP (2005) Behaviour, cognition and epilepsy. *Acta Neurologica Scandinavica,* **112** (suppl 182): 12–9.

Book

Lezak M, Howieson D, Loring D (2004) *Neuropsychological Assessment*. Oxford University Press.

Book chapter

Clay SW, Conatser RR (2003) Maintenance of competence and/or recertification. In *The Certification and Recertification of Doctors: Issues in the Assessment of Clinical Competence* (eds D Newble, B Jolly, R Wakeford): 57–68. Cambridge University Press.

Online only

Pharmaceutical Research and Manufacturers of America (2005) *PhRMA Guiding Principles: Direct to Consumer Advertisements About Prescription Medications*. PhRMA (http://www.phrma.org/publications/policy//2005-08-02.1194.pdf).

Law reports

Squier v General Medical Council [2016] EWHC 2739 (Admin).

Dingley v Chief Constable, Strathclyde Police (1998) SC 548.

Unpublished sources

We do not allow references for unpublished material such as conference proceedings or poster presentations. Unpublished material can be cited in the text as personal correspondence, e.g. as "(P. Smith, Personal communication, 2012)" provided that you obtain written permission from the person quoted.

Order of entries

Order entries in reference list alphabetically by name of first author, then by year:

Brown P, Williams A (2007)...
Brown P, Jones B, Ellery D, et al (2010)...
Brown P, Smith T (2012a)...
Brown P (2012b)...

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Tables and figures

You are encouraged to use figures, both illustrations and black and white photographs, and tables. Editable electronic copy or the best possible hard of each figure should be supplied. You are responsible for obtaining copyright permission and paying related fees for material originally published elsewhere.

Online submission

Manuscripts must be created in Word or rtf and submitted online at http://submit-apt.rcpsych.org. When your paper is commissioned, a unique account will be created using your email address as identification: please ensure you use the same email address when you submit your manuscript and whenever you log on to the submission website. You can track the progress of your submission via this website. For help with online submission: email apt@rcpsych.ac.uk; tel. +44 (0)20 3701 2725.

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How to write learning objectives

SMART objectives

Guy Brookes, 2013

Learning objectives describe what the reader will be able to do or do differently after reading and reflecting on your article. You should consider how the person's practice would be expected to change as a result of the time invested in reading the article and reflecting on it in relation to their current practice. It might be helpful to consider whether the objectives you set are SMART:

- **S**pecific – what will be the noticeable difference for the reader after reading the article? What change are you aiming for? Are you aiming to improve knowledge, develop skills or change attitudes?
- **M**easurable – how will someone know or be able to demonstrate that they have met the objectives?
- **A**chievable – understand what your audience's starting level will be and, given the length of the article, be realistic. You might need to identify your priorities – someone might be able to identify indications for CBT after reading your article but not become a credible therapist!
- **R**elevant – keep in mind your intended audience and what they will want from the article. There needs to be a reason for someone to pick up your article in the first place.
- **T**ime-bound – be aware of the limited length of your article and the time that your readers will spend on it. Articles for *BJPsych Advances* should be easily accessible.

Having read your article, the reader should be able to explain to their peer group how it has improved/reinforced their practice or changed their attitudes.

The alignment of learning objectives with assessments

David Castle, 2013

The notion of 'constructive alignment' is, in essence, to ensure that learning objectives are aligned with the content of your article and with the MCQ questions. As an example, I have written learning objectives for an article published in *BJPsych Advances* on adult ADHD and bipolar disorder (open access: Gleason & Castle (2012) **18**: 198–204). Each of the learning objectives below maps to each of the MCQs. Note that you should create only **three** learning objectives for your article.

Learning objectives

1 Weigh up the veracity of different sources of information, in making the distinction between ADHD and bipolar disorder in adults.
2 Consider a clinical response to a patient with bipolar disorder who complains of 'trouble concentrating'.
3 Delineate the differential diagnosis grandiosity in someone with ADHD.
4 Appreciate the differential diagnosis of ADHD.
5 Understand the extent of comorbidity between bipolar disorder and ADHD.

MCQs

Select the single best option for each question stem

1 Which of the following have well-demonstrated sensitivity and specificity sufficient to make a diagnosis of ADHD in adults who have bipolar disorder?
a patient self-report of poor attention at primary school
b Conners' Adult ADHD Rating Scales
c Wender Utah Rating Scale
d Current Symptom Scale
e none of the above. (T)

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2 A university student with well-established bipolar disorder treated with lithium complains of 'trouble concentrating' that is affecting his ability to function academically. What is the least reasonable next step:

a assess him for signs and symptoms of mania/hypomania
b check his serum lithium level
c commence a stimulant (T)
d screen for drug and alcohol misuse
e ask him to bring teachers' reports from primary school to the next appointment.

3 Grandiosity in a person with bipolar disorder and ADHD is least likely to be associated with:

a a psychological defence mechanism
b alcohol withdrawal (T)
c hypomania/mania
d a personality disorder
e non-adherence to mood stabilisers.

4 Differential diagnosis for ADHD includes:

a past head injury
b epilepsy
c substance misuse/dependence
d major depression
e all of the above. (T)

5 Based on current research, what proportion of adults with bipolar disorder is thought to also have ADHD:

a 0.1–1%
b 2–4%
c 5–8%
d 9–35% (T)
e 36–50%.

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