

The Review

A promise kept

'You don't write because you want to say something, you write because you've got something to say.'

F Scott Fitzgerald. *The Crack Up*. 1936.

I have long regarded myself as a writer afflicted with permanent writer's block. Annually, my New Year's resolution to write an academic paper for publication has been a promise broken. Yet, until now, I have failed to conquer the obstacles that have thwarted my ambitions and have thus vainly recycled my literary aspirations for another year.

There are many reasons that medical professionals write. The oft quoted mantra, 'publish or perish' rings true for career progression within academia. The inducements of hiring, tenure, and promotion have increased the pressure to write and to publish.¹ Appleton² described other reasons for writing, including improved care for others, recognition by fellow professionals, and being rewarded with a sense of personal satisfaction.

There appear to be even more reasons why medical professionals do not write. Lack of time, lack of ability, and lack of something to say have been recurring reasons cited by non-writing health professionals.³ I may be guilty of blaming all three.

As a GP my career has prospered without writing or publishing. However, two recent developments have finally inspired me to put pen to paper. I now have an academic commitment teaching undergraduate medical and nursing students in the local university. Furthermore, my studies for a diploma in medical education have gently forced me to pause and reflect upon my potential as a prospective writer.

Within this essay I shall explore what this reflection has taught me about myself as a would-be author and I will consider how to reach my goal.

While I have known for some time that I want to write I have now learned why I want to write and, crucially, why I have not done so. Most importantly, I have discovered ways of helping myself to start writing and have conceived a plan to get my papers published.

I want to write to fulfil an ambition. Rather than seeing my name in neon lights, I aspire to seeing my thoughts spring forth on paper. I anticipate a sense of

achievement and am emboldened by a new found confidence to embark on a research project. This positivity has been fuelled by new skills gained in my recent studies as well as by the collegial environment the course has fostered. This view is supported by Steinert⁴ who described the benefits of a faculty development workshop and writing groups that helped to promote scholarly writing among faculty members. To strengthen this peer support further I have recently joined a research and education network of like-minded GPs, named WestREN.⁵ This is a partnership between 80 GP practices and the discipline of general practice at The National University of Ireland, Galway. WestREN's mission is to promote research and publication in primary care.

I want to write to enhance my fledgling career in academic general practice. Braxton⁶ noted that faculty scholarly performance has been judged by publication rates. Institutions secure external funding by ensuring high faculty publication rates.⁷ So, fulfilment of my personal goals may also advance my professional career.

It is easier to enumerate excuses why I have not yet written. Foremost among these misgivings, I now recognise, is that I did not know where to begin. A certain mystique shrouded the process and dispirited me from the outset. My recent studies on research methodology and medical writing have invalidated this excuse. Simpson⁸ explored medical educators' reluctance to write, citing lack of self confidence, difficulty writing, and trouble selecting a topic. The aforementioned writer's block that suppressed my output can be overcome by practical methods, as described by Huston,⁹ such as scheduling breaks, conducting a task-analysis, and brainstorming.

Another excuse I have offered has been my lack of time. This myth has been debunked through observation that I have managed to devote lengthy hours to my

coursework; and so, when these studies are complete I should have the knowledge, skill, and time to start writing.

Having reflected upon my motivations for writing and the barriers I need to overcome, I have learned too of the need to understand the rules of the publishing 'game'. White¹⁰ presented useful strategies for successfully getting published in biomedical journals in which she focused on selecting the message of the manuscript, selecting an appropriate journal, knowing your market, and being careful about adopting a conventional style. Pugsley¹¹ advocated understanding one's own reasons for not publishing and advised developing other practical strategies, such as having a catchy title, following instructions to the author, including a letter to the editor, and being prepared for the 'endgame' of likely rejection and article revision.

To ensure my literary reflections result in publication I need to develop a personal action plan. This plan should incorporate all details of the writing process, from conception of an idea to delivery of an article for submission. A time-line for the research itself should be included within this too. It should contain my current position and my planned destination point. This plan will act as a guiding map for my maiden voyage into previously uncharted territory.

Samuel Johnson said that 'what is written without effort is in general read without pleasure'.¹² This irrefutable opinion endures today in the field of medical writing. I feel this effort will reward not only the reader but the writer too. I have learned that writers are not born they are made. I am buoyed by this belief and by the recognition that I am now armed with the requisite skills to become an author. I have learned that I do have something to say and I finally know how to say it. Getting a kindly editor to appreciate it is the next step. However, I am not naïve and firmly believe the wisdom of the unknown author who said that 'the first million words were the worst'.

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Book review

ADDRESS FOR CORRESPONDENCE

Tony Foley

The Medical Centre, Cramer's Street, Kinsale,
County Cork, Ireland.

E-mail: tonydfoley@gmail.com

Still, hopefully I'll have a brand new resolution next New Year's Eve.

Tony Foley,

The Medical Centre, Kinsale, Ireland.

DOI: 10.3399/bjgp12X652445

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THE CHALLENGE OF CHANGE: PUTTING PATIENTS BEFORE PROVIDERS BRENDAN DRUMM

Orpen Press, 2011

PB, 280pp, £15.00, 9781871305265

The Challenge of Change provides interesting reading. As Chief Executive Officer of Ireland's Health Services Executive, Professor Brendan Drumm had 5 years to attempt much needed reform. The stage set is Ireland but the script is worldwide. He provides a rare insight into the machinations of health services delivery often threading a fine balancing act between political masters, the aspirations of a general public with parochial interests, and an unyielding bureaucracy long accustomed to doing things its own way.

Drumm sought to merge 'hospital and community services into one operational structure with a single management system.' He saw the exclusion of clinicians from central managerial roles as a major error and cites Einstein's dictum that 'we cannot solve our problems by using the same thinking that we used when we created them.' His approach involved clinicians taking responsibility for the costs and pace of services provided. Peer-pressure from colleagues improved performance and facilitated linkage between clinical leadership and performance measurement.

A particular highlight of the book compared health system management with business models. Healthcare frontline workers (doctors, nurses) rank among the most highly qualified in the organisation. Business has more hierarchical structures with a workforce significantly less qualified than management. Drumm saw the need for health management to cede significant executive power to clinicians as essential to achieving reform.

One solution used clinical leadership to help standardise care pathways with emergency department bottlenecks a key area. Older patients are often admitted to hospital due to the absence of a planned approach for their care. He wanted the focus to be on the entire patient journey rather than specialists looking after individual domains. Services in silos are easy to quantify but lack quality for patient experience. His remedy was to establish an integrated health service with the primary

focus on the patient rather than simply counting patient encounters.

Drumm sought to increase the development of primary care centres with less investment in hospital beds. He preferred the whole population approach starting with local healthcare provision. His future involved building community-based services and fundamentally changing the way hospitals provide services. He foresaw the balance of power shifting from hospital to community-based services with specialists reaching out to meet community needs.

Such reforms involve cultural and structural changes that won't come easy especially with parochial and individual self-interests involved. Schopenhauer's dictum: 'All change passes through three stages. First it is ridiculed. Second, it is violently opposed. Third, it is accepted as being self-evident' is apt. Let's hope we are moving to stage three.

Some brickbats include the lack of a flow chart comparing existing services with future plans and the tendency for the writing to be heavy at times. Despite this, the author writes with passion for what he sought to achieve and manages to keep a level headed perspective on future developments. Similar problems are encountered worldwide and many of the sentiments discussed will resonate loudly with many readers. The progressive ageing of our population together with ever-advancing technologies will influence how and where we provide health services. The overwhelming message from this book is that community services need developing while hospital services need refining.

Tom Brett,

Director of General Practice and Primary Health Care Research, School of Medicine, The University of Notre Dame, Australia.

DOI: 10.3399/bjgp12X652454

ADDRESS FOR CORRESPONDENCE

Tom Brett

General Practice and Primary Health Care Research, School of Medicine, The University of Notre Dame Australia, 19 Mouat St (PO Box 1225), Fremantle, Western Australia 6959.

Email: tbrett@nd.edu.au