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Navigating Scholarly Writing and Academic Productivity

In this World Practice Forum podcast, Dr. Robert Tasker, Editor-in-Chief of the journal Pediatric Critical Care Medicine, discusses strategies for successful scholarship in pediatric critical care with a lens towards fellows and junior faculty. In discussion with Co-hosts, Drs. Ruth Riedl and Katherine Rosengard, Dr.Tasker reviews clinical reports, effective engagement with the literature, and the role of mentorship in academia. He shares insights on pivotal themes in pediatric critical care literature, encouraging clinicians to engage actively with published research and contribute to evidence-driven practice.

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Sarah Marcley *00:04*
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Traci Wolbrink *00:18*
Hello and welcome to the OPENPediatrics World Shared Practice Forum Podcast. I'm Traci Wolbrink, a pediatric intensivist at Boston Children's Hospital and co-director of OPENPediatrics. It's my pleasure today to be joined by my colleague and friend, Dr. Robert Tasker. Robert is the editor in chief of the Journal of Pediatric Critical Care Medicine. He's also the Founding Chair of Neurocritical Care at Boston Children's Hospital and Professor of Anesthesia at Harvard Medical School. He also serves as a postgraduate tutor and fellow in medicine at Selwyn College. Thank you for being here, Robert.

Robert Tasker *00:50*
Thank you.

Traci Wolbrink *00:51*
And I'm also very excited to have some special guests with us in the studio today, our two Chief Fellows in pediatric critical care medicine, Dr. Kate Rosengard.

Katherine Rosengard *01:01*
Hi, thank you so much for having me.

Traci Wolbrink *01:03*
And Dr. Ruth Riedel.

Ruth Riedl *01:05*
Hi, excited to be here.

Traci Wolbrink *01:06*
Amazing. Well, thank you all for coming, and it's exciting to be here in the studio doing this live all together. Today my hope is for us to talk a little bit about academic scholarship, productivity and how to be good academic clinicians. We are lucky to have Robert joining us here today from the UK and talking with us a little bit about how your career has been. I remember sitting in my office a number of years ago when you came in and said that you had just hit your 100th manuscript written since you had been at Boston Children's Hospital, and that was incredibly inspiring to me. And I think now you're up to

close to, if not exceeding, 500 manuscripts. And it's impressive to see you know, the structure and sustained scholarship over your career. I wanted to start and just emphasize one of the tools that you've been putting forth in the journal that I found incredibly helpful, especially to send over to those that I'm writing with that maybe are getting started on this journey in academic writing. You're writing for PCCM series in particular, I love the 3,000 word, structured clinical research report. And I'm curious if you can tell us, you know, what were your goals of writing these papers, and what ones can we look forward to that are upcoming?

Robert Tasker *02:31*
Thank you, Traci, it's such a privilege and pleasure to be here. Those articles have come out of courses that I've done. So when I first started doing work at the British Medical Journal as an editor, we were sent on an editor's course, which essentially taught us how to read papers quickly. And of course, if you can read papers quickly, you can also write papers quickly, and the 3,000 word article was not original to me, and I sort of state in the article where it came from, but it was a way of engaging in writing effectively. So if you recall, it's the 2557 structure, or 2775 for introduction, methods, results and discussion. And you know, I just really wanted to help new writers. It wasn't telling people who were seasoned writers, this is what you've got to do, but it would work as well. But it but it was to help new writers, and the rest of the writing for PCCM series has come with that emphasis. So fairly shortly after the writing the 3,000 word there was one about writing research letters and writing correspondence, and about writing the PCCM narratives, the essays and poems, which has been very successful. What was happening with letters that I was receiving was that they were turning out to be unsolicited editorials, or some of them were just not nice, and so the correspondence gives an academic a structure. Imagine yourself at a meeting, and you're standing up at the podium, or standing up in front of a microphone, and you want to ask the previous presenter three questions that they can answer. And that's that's all it is. That's all the correspondence is about. What are the three questions you want to ask, and make sure that they're answerable by the author. So that was that. There's one on databases, there's one on single center, retrospective studies, one in November on systematic reviews, and my view on systematic reviews. There's one on writing up primary and secondary and protocol data for randomized control trials. And there's more coming. There's more coming next year. So these will come every other month.

Traci Wolbrink *05:36*
Fantastic. I think they're incredibly helpful, and they give kind of a little bit of structure to those just getting started. So that's amazing. I would love to turn over now to our chief fellows as I think they've been thinking a lot about academic scholarship throughout their fellowship, also as they're getting ready to graduate and become junior faculty. And I know that both of you have been thinking a lot, and wanted to give you an opportunity to ask Robert some of these burning questions, both on your behalf, as well as the behalf of all your your co-fellows.

Katherine Rosengard *06:12*
Thank you so much. And I love the emphasis you were just talking about on giving structure to those early in the experience. And I'd love to hear your perspectives on how you attack a project when you first think about the question, what your structure is to organize that and particularly answering this with the lens of busy fellows who are in rigorous clinical programs and maybe don't have dedicated research time. What structure would you recommend for fellows to move their research forward?

Robert Tasker *06:48*
That's a tough question. If I'd like to, I'd like to sort of split it somewhat so we'll deal with the last part first. Everyone is very busy. You're very busy learning to do what you're going to do in your professional career. And when you become an attending, someone once told me many, many years ago that you spend the first five to 10 years, being the best that you can be, and learning and it's a steep learning curve. Anyone that says it's not a steep learning curve hasn't been through it. You know, you you wait until the first day when you're an attending, looking after all your patients, everything it says is additive, you know, it just, it just builds up. And you have to take notice of of the questions that go through your head as you're doing this, you know, as you're learning to be the best that you can be and become a professional in the field. I think that you've got to be curious about what you see and remember the questions, because those questions may lead to something that is innovative, different, and it can be any type of question. We're using academic very loosely, but it could be that better education in a particular area. It could be a better management or business model for something, or it could be scientific investigation and biological sort of processes that underline what you see. But it's a point of recognizing the questions, being curious and keeping some record of that. And when you have got time to reflect, and you know, we all have to work hard at trying to find time to reflect. You will find that there are cases that keep you up all night, even when you're off and you're thinking, what about you know this and that and those, those are the moments that you really need to think and write. It's not fashionable to write now, but someone at a course here at Harvard on the writing course, once recommended to me that you write 300 well, they actually said 500 words per day, but I've sort of toned it down a bit to 300 because that's one side A4, double space, 12 font, if you can do that every day and just pull your reflections, that's important. And now I forgot the first part.

Katherine Rosengard *09:57*
It was this was already very helpful for, I think, forming the question and how to choose a good question. And then once you have that question, how do you then lay out your project from start to finish?

Robert Tasker *10:10*
Okay, so in groups is the short answer. So I meet with three people on Zoom every other week, and we have a virtual lab meeting. One of us is based in Cambridge, in the UK. One of us is based in Boston Children's Hospital. One is based junior faculty at, I shouldn't say junior, new faculty at Stanford, and one is new faculty in Vancouver. And the type of research that we do, we can do by Zoom and computers. So we spend an hour every other week just talking and churning out ideas and how we would approach them. And so you need to find a group, not necessarily to be productive, but to keep having the conversation. It's it's like the sort of old style lab meeting. If you're doing bench research, of course you are going to the lab meeting. But most of us aren't doing bench research nowadays. So we do computational and we talk about ideas and problems and we write stuff.

Katherine Rosengard *11:42*
That's very helpful, I think again, for fellows who are trying to navigate, oh, I'm about to head into two weeks of busy service time, having something regularly on the books and using other people to help keep you accountable. Sound like really helpful strategies for new researchers. And on that note, what do you look for in group members when you're trying to make sure that you have good research participants, good mentors or a good mentee?

Robert Tasker *12:10*
So all the people in our group are friends, and we like working together. I haven't looked for them. They've sought me out and stayed with me, and similarly, I've stayed with them. One of them joined when he was a resident at the Children's Hospital here, and had heard about the work we were doing, and he submitted a series of abstracts to SCCM. Another one came all the way from Hong Kong, and he's now in Canada, and we still connect. Yeah, so it's getting, if you like, a cluster. Now departments can, of course, can organize this with journal clubs or discussions about cases, so that sort of engendered in that and thinking about people that have like minded thoughts about a particular idea. So it's if you're joining faculty in your home institution, that's easier because you've got a whole community. But if you're moving somewhere else, you have to establish new connections and a new community, that will take time. But as I say that that should all be secondary to trying to be the best you can be as a clinician, because you won't be able to buy that time back.

Ruth Riedl *13:57*
Yeah, I was curious if you could talk a little bit about how you view other types of projects and scholarly work in in academic medicine. I know a lot of us as fellows are often solicited to participate in writing, case studies and other things like textbook chapters and poster presentations. And I was curious if you could talk a little bit about how you view that as building an academic foundation, or whether you typically try to steer people towards kind of more more substantial research projects when they're early in fellowship.

Robert Tasker *14:33*
That's a really difficult question. You know, there is a view that is, don't do book chapters, steer clear of case reports and smaller projects, really, sort of think about it. I come back to the point I was making about seeing cases and questions that run through your mind. If you're curious about what you've seen, then that will lead to a project, and then that of itself may lead to other projects, and you never know where those are going to end. You know, of course, if you're in a laboratory with doing bench research, that all comes in the weekly lab meeting, but you're going to be sort of doing it yourself and driving yourself. And case reports are only useful if they have arisen out of a question that came up in your mind as you manage this. We do have a section in Pediatric Critical Care Medicine that not many people have taken up, which is a bit like the New England Journal of Medicine Case Conference. And so we're looking at places like Boston Children's and other large centers that have groups of experts in different fields to educate the rest of us about a difficult case. So they're not case reports, they're more educational material. So some people have been involved with that poster presentations, again, if it arises from a question that you've thought about, may lead to the next thing and hypothesis generation for a formal study. Book chapters, it really depends where you're going with this. My first book chapter I wrote a long, long time ago. I think it was probably like 1983 and it got me into the habit of writing. So if you need to get into the habit of writing, that might be something to do. Where that has ended up is that I'm now one of the editors on Nelson's Textbook of Pediatrics, and I have my own little handbook of pediatrics, and you know, we're writing new editions for that. Can I just interject something else. So I think it comes with a question about, what can you say no to? So if you're in an academic field, you have to work out what you can say no to and what you have to say yes to. And once you've said yes to things, you can then also say no to some other things. So a number of years ago, myself and a friend, we were charged with being responsible for medical education for medical students. We ran this course for 100 students every year, and we turned it into a book, a handbook, and that has now gone through to the third edition, and we're planning a fourth edition now. So by saying yes to that running the

course, it led to the book. Saying yes to writing a book chapter if you're going to, if you imagine yourself writing a book, textbook or trying to get into writing, it may be worth saying yes. But if, if you just don't want to do any writing, then why do it?

Katherine Rosengard *18:59*
Can you give an example of how you decide when to say no, and maybe how you would model that for a young fellow or an early stage career person who doesn't necessarily want to close options off and so wants to be respectful about it.

Robert Tasker *19:14*
Yeah, I've never been good at that. They'd be dishonest to say that I've been good at that. You know, there's only certain number of hours in the day, and if it's something that's within your field, invariably, you're going to end up saying yes to stuff, but yeah, I know you're looking at the wrong person.

Traci Wolbrink *19:45*
I'm also not in the camp to be able to describe how to say no.

Robert Tasker *19:50*
But also, your mentors should be looking after you. Wherever you start out, people should be looking after you in terms of now you're here for the first five years or 10 years to become the best clinician that you can be. Spending all your time doing other stuff is going to detract from that, unless it's some way engaged or involved in that. If the project is directly related to a particular field within pediatric critical care that you're wanting to sort of your interest is in, you know whether, whether it's hematological aspects, coagulation, and you've been asked to write a chapter on coagulation and critical care. To me, it seems like a perfect match and fit. But if you're being asked to write a chapter on mechanical ventilation, and your interest is in coagulation, not that you shouldn't do it, but it needs to be matched somehow.

Traci Wolbrink *20:56*
And I think you know, in addition to what Robert is saying about finding you know, a topic that fits also being clear about what your time commitments can be, so that you set yourself up for a success. So if you're being asked to do something that is really big or too big for what your clinical schedule will allow you to do in the timeframe that's being asked of you, it's important to say no, because not delivering when you've said yes, is worse than saying you can't, but you would love to keep those opportunities open in the future. So I think, you know, it's important to just recognize your limitations and be explicit about those. And I think most people very much appreciate the I can't do that at this time.

Katherine Rosengard *21:37*
That makes a lot of sense, and it's also probably helpful for listeners to hear that all of us struggle with saying no and see value in maybe pushing ourselves into an opportunity that we didn't expect.

Traci Wolbrink *21:50*
You never knew what's going to come out of an opportunity.

Ruth Riedl *21:54*
I was wondering if you could talk a little bit about the transition as someone in academic medicine going from fellowship to their first attending role, and how you typically advise junior faculty about how to be academically productive, especially as they're moving to new institutions, potentially doing some of their own research with again, still with mentors, but how you typically advise people about being academically productive as they make that transition.

Robert Tasker *22:26*
So I think it's about building the connections, and if you can do that before you move and finding out what your projected plan is for the next five years. Got to have a five year plan, and you know what it is that you want to achieve, besides your clinical development and learning, what it is you want to achieve on on a trajectory of your interests, or the sort of things that you want to get involved with. And you know nowadays, careers in pediatric critical care can range from, you know, outside critical care, being an experimentalist, being an epidemiologist, statistician, public health, doing business, education, there are just so many things that have opened up. I think there's a gap for writing and incorporating AI and how that is, is going to blend into the specialty information, data science. There are just so many things. It's a matter of you finding out what you're curious, what your trajectory should be, and having a plan. And it's not to say that you have to follow the plan. If you've got a plan and something disrupts that plan, that may be worthwhile. That's really helpful. And finding a mentor, that's that's the thing.

Ruth Riedl *24:15*
Yeah, thank you.

Katherine Rosengard *24:16*
Since you brought up AI, what are your thoughts about AI and writing?

Robert Tasker *24:21*
That's sadly for those who are listening to this podcast, you're going to miss my lecture on Thursday. I'm beginning to incorporate my thoughts on AI in in the Journal, so in systematic reviews, one of the last paragraphs in the article is about the direction that systematic reviews will go with AI. That's a big area of debate. There's a series of articles now in Nature looking at AI and its use in scientific writing. You can go onto YouTube and learn how to write a systematic review within an hour using AI. You can write and evaluate scientific papers using AI. So how do we incorporate this in an ethical and appropriate way in our journal and in our practice? So it's all going to change. It's all going to change. And they say that 80% of people coming in, I teach university students, 80% of people coming into university now are AI literate for writing.

Katherine Rosengard *25:57*
Wow, that's a very

Robert Tasker *25:58*
So, I might have to modify the 300 to 500 words.

Traci Wolbrink *26:04*
Sounds like we have another topic for another podcast to speak about Robert.

Katherine Rosengard *26:10*
Maybe we could pivot to how you view your role as an editor, and specifically, what are the key elements that make one of the many, many papers you're clearly reading a day, stand out to you.

Robert Tasker *26:25*
So I've been appointed by the Society for Critical Care Medicine and WFPICCS to be the editor in chief. So I represent readers in making sure that they're provided with the best content that I can deliver to them of the field. And so for me, it's all about trust, openness and transparency. Those are the three key words that go through my mind when I evaluate and do my work. So I'm always thinking about readers and whether they trust the content. So it's not me necessarily, but I want them to trust the content, so I have to produce content that they can trust. That means that I have to get out of an article that comes to me something that's open and transparent. And it's funny that writers have various ways of obscuring the facts. Like, when was this study actually done? Authors may put labels to studies like, this is prospective, this is observational. I want to know, when was this actually done? Tell me, because it's sometimes it's sometimes not obvious in the abstract. So I'm scurrying away through the paper that's been submitted to find out when was it done. Then I look at what is the date of the ethics approval, does it match with when the study was done, and the type of study. Then how many patients? Sometimes that's obscured. You just get percentages in the abstract, but you want to know how many patients are we talking about, and then what are the outcomes? And then I look at the tables and the data and work out whether this is something that our readers should be given. It then goes out for review, comes back, goes back to the authors, and then we start this iterative process. Many times I filter out. People have just got the wrong journal. It's the wrong journal. It's about something that we just don't do. It's nothing to do with our field. And I think that's a shame. I think people have misunderstood what the journal is about. So those, those are the big things. If it's a redo of something that we've just read about, I can't see that that earns the space, because we've only got a limited number of pages. So it at the end of the day, it's a competition.

Traci Wolbrink *29:40*
Robert speaking about, you know, being engaged in the journal. I'm curious, you know, one, one component of being an academic clinician is, you know, you're writing and you're producing of scholarly work, but also the peer review is important, and being part of that community that helps to critically evaluate that. And I'm curious if you have any thoughts for how to get started being a good peer reviewer. What can mentors do to kind of help facilitate that and and how do you look for and find your peer reviewers for the journal?

Robert Tasker *30:12*
So peer reviewers come by word of mouth. What we like is for and it's all to do with networks. So yes, I'm the editor in chief, but I have five senior associate editors, so they also handle papers, and they come from different networks. So the networks would cover anesthesia, pain, sedation, respiratory, sepsis. We've got a new senior associate who's covering sort of cardiac to join our already cardiac and then we've got ECMO, and they all coalesced. Now the areas that aren't covered would come my way. And so we're we've got these large networks of people we know. What we hope is that someone who agrees to review will take on a fellow and mentor them in reviewing and helping them to engage with reviewing and learning the tools for reviewing.

Traci Wolbrink *31:41*
And do you recommend that the mentors in some way indicate that the fellow has helped them?

Robert Tasker *31:46*
Oh, yes, definitely, definitely. And when, when the review is sent back to me, write their name in the comments for editors, and it will then appear in the February issue of people who have been engaged in reviewing.

Katherine Rosengard *32:02*
That's a really nice opportunity for fellows that I imagine many don't know is out there. And so people should start asking at their local institutions who are reviewers, if they're interested in that experience.

Robert Tasker *32:14*
Yes, I can give you a list.

Katherine Rosengard *32:02*
Oh, even better.

Robert Tasker *32:19*
Well, you could look in the February issue, because all the names are there. Perfect, thank you. And just just seek out someone who you think is likely to be a reviewer, and say, can you teach me how to review?

Katherine Rosengard *32:33*
And I think reviewing is a probably 201, version of this, but we've talked a lot about producing academic work, and I really resonate with your earlier comments that you have to focus on being a good clinician first, and you have to be a evidence bit driven clinician. So how do you consume, you obviously consume a lot of literature, but for those who aren't editors, what are your recommendations for consuming research that's published?

Robert Tasker *33:06*
There are lots of aids now to help you, 80% of the pediatric critical care literature is published in PCCM. So why wouldn't you be I'm going to giving an advertisement here. Why wouldn't you be a subscriber and member of PCCM? It's it's an efficient way of doing it, and we've changed the content to also provide readers with a summary of themes within the field. So in the December issue, there's the theme of research to do with this entity called chronic critical illness, or complex critical illness. And there was a systematic review written in 2023. So I've just put together literature that we've published on that theme, and questions that are still outstanding. So if, if you don't have questions for research topics, the questions are there. So we've done that for complex critical illness, delirium, sepsis since Phoenix, done it for PARDS since PALICC-2, done bronchiolitis. So there are themes that are there. So it's a way of connecting across issues and around the field.

Katherine Rosengard *34:40*
That sounds like an incredibly useful tool. You said the December issue is where people should look.

Robert Tasker *34:46*
So look at every issue. I think you should look at every issue, is my view. But, you know, I'm biased of course. Absolutely.

Traci Wolbrink *34:54*
Can I ask you, you know, building on something you said earlier, which is, you know, individuals submitting their manuscripts to PCCM which, it may not be the right journal. And I think that that's often a really tricky part of sort of thinking about, you know, this research project that you've done, and where you submit that. And I'm curious, do you think about the journal that you're going to submit for as you get started with your project. Do you think about that in the manuscript writing phase? What happens if the journal that you really thought was going to be the place that you hoped would be the journal you would ultimately publish in, and you find yourself with a rejection? How do you go about thinking about where to publish and how to get started on that pathway.

Robert Tasker *35:42*
So the project is the project. You're not designing the project for Pediatric Critical Care Medicine. The project has come out of of your idea or your curiosity about a particular clinical problem or something that you've dealt with. So then the next step, once you've completed the project, is the audience that you want to read this material. And that could vary anywhere from New England journal, JAMA, JAMA Pediatrics. Lancet, Lancet Child & Adolescent Health. There are lots and lots of journals, but you've got to find what is, what is the audience for your work. And Pediatric Critical Care Medicine is nine of 162 pediatrics journals. So depends what community it is. The community of pediatric intensivists is small, and it may be that you you have a broader message, or that your project has involved the overlap between the community emergency department and PICU. And it may be that it's a more general pediatric topic that you've dealt with. So perhaps it's Pediatrics or Lancet Child & Adolescent Health. So they're thinking about the journal, the journal matches with the audience. And so as the editor, I'm often looking at a project, and it may sometimes it's it's written where this is of little relevance to the audience. And so I it goes low down on the priority. And no, a rejection is a rejection. We all have them. I've had loads, and often it is that we've misjudged the priority of the journal. And a good way of finding out the priority of the journal is to look at the journal's mission statement as to what they're trying to do. So back in whenever it was 2021 I gave the five hours to do with the mission statement of what it was that we were trying to do at PCCM.

Katherine Rosengard *38:22*
That's really helpful.

Ruth Riedl *38:23*
One thing that I also found really helpful was listening to the OP podcast that you and Traci did previously, in which you talked a lot about how to really get a better understanding of whether or not your your project is going to be a good one for submission is you do actually have to read the journal, and you just really stress the importance of reading. And so I think that that was something that also very much resonated with with me quite a bit, as, you know, as I look for for homes, for some of my future projects. So I thought that was, again, it seems very obvious, but I think it's worth reiterating again.

Robert Tasker *39:00*
Yeah, I think that's good idea Ruth that you know, if you're not reading the journal, and you know, there are various journals you can read, but I think within pediatric critical care, if you're not reading pediatric critical care, it makes it really difficult to know what the narrative is that is running through the journal at the moment. And you know that narrative isn't being driven by me, it's being driven by the authors who have their work accepted. So in my forward to the December issue there's the various narrative themes that have come through the journal that have have just happened over the last year. So yes, you may find that there are like minded people for your work, or it may be in a different journal.

Traci Wolbrink *40:05*
Well, as we get close to closing this episode, you know, we've talked a lot about strategies. We've talked a little bit about some pitfalls. I'm curious, Robert, if you have any other you know, really common pitfalls that you see people falling into that might prevent them from being either academically productive or from, you know, producing scholarly work that's going to get accepted in a journal.

Robert Tasker *40:29*
Huge, huge question. All right, we can step we can do so I can do it. The simple answer, do you like writing? If you don't like writing and like doing other things, then perhaps being a collaborator might be the thing. Like getting your center involved in randomized control trials, being the local investigator. That doesn't mean you have to write, but you're interested in, in what's going on and being engaged in research, in in general. I you know priorities and and how you sort that out. I think having a plan, a five year plan. I have a five to 10 year plan at the moment, I'm not going to tell you, but you know that's, that's you got to have a plan and a course of direction as to what it is you may find that you get real career openers that come along.

Traci Wolbrink *41:45*
Well, I think this concludes our podcast for today. I just want to say thank you to our our guests today. This was a really thoughtful discussion and a really interesting one as we think about you know what it means to be an academically productive clinician working in an academic center where we balance clinical needs, administrative needs, scholarly needs, and how do we really get ourselves organized and focused to be as successful as we can be as we think about this pathway? So I appreciate the thoughts from you, Robert and your many years of advice that you are willing to share. And also, Kate and Ruth, thank you for bringing such thoughtful questions that I think are probably ones that resonate with so many fellows, faculty just getting started, and, quite frankly, mentors as they think about you know, what are the kinds of questions that I should be addressing with by my trainees and my other colleagues. So much appreciated, and thank you all for listening.

Robert Tasker *42:50*
Thank you.

Katherine Rosengard *42:51*
Thank you for having us.

Ruth Riedl *42:54*
Thank you so much.

Sarah Marcley *42:54*

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