



Writing the Introduction




Philippine Council for Health Research and Development
 Philippine Association of Medical Journal Editors
 Asia Pacific Association of Medical Journal Editors
National Medical Writing and Review Workshop
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JF Lapeña Jr. M.A., M.D., F.P.C.S.
lapeñajf@upm.edu.ph



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Writing the Introduction



At the end of this session, you will learn:


- The purpose of the introduction within the perspective of the whole paper
- The components of the introduction
- The 3 paragraph rule: How to write the introduction

OBJECTIVES




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Writing the Introduction




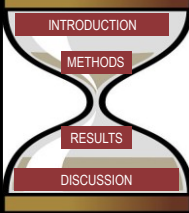
The Original Scientific Paper
 IMRAD stands for:

- Introduction (Why did we study?)
- Methods (Who, What, When, Where and How did we study?)
- Results (What did we find?)
- And
- Discussion (What do the findings mean?)



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Writing the Introduction


Introduction → Why did we start?

Methods → What did we do?

Results → What did we find?


Discussion → What does it mean?

Sia, Alex. Writing the Introduction and Discussion. (Unpublished Lecture).
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Perspective: Putting it together
INTRODUCTION: Tell them what you are going to say

- Introduction (Why did we study?)

BODY: Say it


- Methods (Who, What, When, Where and How did we study?)
- Results (What did we find?) **And**
- Discussion (What do the findings mean?) **AND**

CONCLUSION: Tell them what you said




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'This paper is REALLY important, please read on..'

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What am I going to say?

- “a bad beginning makes a bad ending”(Euripides)
- The reason (why) for the article
- Consider a ‘hook’ to gain readers attention
- Make the reader want to read on

Clearihan Lyn. Writing for Publication. Monash University, Melbourne. Available from: <http://www.phcris.org.au/conference/2005/workshops/clearihan.pdf>

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What am I going to say?

- introduce a specific topic
- provide background information about what has already been done by others, supported by a limited number of relevant references
- Inform about the purpose of the paper, what it will address, and how it relates to previous work.

Peh WCG, Ng KH. Effective medical writing (Pointers to getting your article published): Writing the Introduction. *Singapore Med J* 2008; 49(10): 756-8.

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Short, Sharp, Swift

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RESEARCH QUESTION → What is the study question?
HYPOTHESIS → What is the hypothesis?

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Importance of the problem: Reason

Review uncertainty/controversy in the literature: Gap

Your hypothesis and potential ‘solution’: Purpose

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RESEARCH QUESTION → What is the study question?
HYPOTHESIS → What is the hypothesis?
AIM → What is your aim - clear and focused?

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Aim


- Objective of your research
- Hypothesis driven (highly focused)
- Relate to 'Methods' directly
- Specific (versus long term goals)

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Components of the Introduction:


- Purpose of study**
 - Why undertake this research?
- Background information**
 - What have others done?
 - Provide evidence: supported by limited number of relevant references.
- Purpose of study**
 - How does it relate to what has already been written?
 - What is so different or special about your research?

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The 3 paragraph rule

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What is the problem?
Describe the problem to be investigated
Summarize relevant research to provide context and concepts so your reader can understand the experiment

Why is it important?
Review relevant research to provide rationale; show the gap


What solution do you propose?
Briefly describe your ideas: hypothesis(es), aim; research question(s); general experimental design or method; justification

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Writing the Introduction



1st paragraph


- State **concept**, problem or disease
- State **impact** or significance
- State **uncertainty/controversy** in literature

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2nd paragraph


- Review literature** to support uncertainty
- Did the studies **answer a key question**?
- Are there **conflicting results**?
- Limitations** of previous results?

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3rd paragraph

The **hypothesis, purpose** and **AIM** of the study

'In this current study, we examine ...'

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The NEW ENGLAND JOURNAL of MEDICINE

ESTABLISHED IN 1812 FEBRUARY 17, 2005 VOL. 352 NO. 7

The Risk of Cesarean Delivery with Neuraxial Analgesia Given Early versus Late in Labor

Cynthia A. Wong, M.D., Barbara M. Scavone, M.D., Alan M. Peaceman, M.D., Robert J. McCarthy, Pharm.D., John T. Sullivan, M.D., Nathaniel T. Diaz, M.D., Edward Yagmour, M.D., R-jay L. Marcus, M.D., Saadia S. Sherwani, M.D., Michelle T. Sprovero, M.D., Meltem Yilmaz, M.D., Roshani Patel, R.N., Carmen Robles, R.N., and Sharon Grouper, B.S.

Impact of the timing of epidural analgesia on outcome of delivery

BACKGROUND
Epidural analgesia initiated early in labor (when the cervix is less than 4.0 cm dilated) has been associated with an increased risk of cesarean delivery. It is unclear, however, whether this increase in risk is due to the analgesia or is attributable to other factors.


METHODS
We conducted a randomized trial of 750 nulliparous women at term who were in spontaneous labor or had spontaneous rupture of the membranes and who had a cervical dilatation of less than 4.0 cm. Women were randomly assigned to receive intrathecal fentanyl or systemic hydromorphone at the first request for analgesia. Epidural analgesia was initiated in the intrathecal group at the second request for analgesia and in the systemic group at a cervical dilatation of 4.0 cm or greater or at the third request for analgesia. The primary outcome was the rate of cesarean delivery.

RESULTS
The rate of cesarean delivery was not significantly different between the groups (17.8 percent after intrathecal analgesia vs. 20.7 percent after systemic analgesia; 95 percent confidence interval for the difference, -9.0 to 3.0 percentage points, P=0.31). The median time from the initiation of analgesia to complete dilatation was significantly shorter after intrathecal analgesia than after systemic analgesia (295 minutes vs. 385 minutes, P<0.001), as was the time to vaginal delivery (398 minutes vs. 479 minutes, P<0.001). Pain scores after the first intervention were significantly lower after intrathecal analgesia than after systemic analgesia (2 vs. 6 on a 0-to-10 scale, P<0.001). The incidence of one-minute Appgar scores below 7 was significantly higher after systemic analgesia (24.0 percent vs. 16.7 percent, P=0.01).

CONCLUSIONS
Neuraxial analgesia in early labor did not increase the rate of cesarean delivery, and it provided better analgesia and resulted in a shorter duration of labor than systemic analgesia.

Epidural analgesia shortened the duration of labour


Writing the Introduction



1st paragraph

State **concept**, problem or disease
 State **impact** or significance
 State **uncertainty/controversy** in literature

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Concept

THE AMERICAN COLLEGE OF OBSTETRICIANS and Gynecologists recommends that “when feasible, obstetrical practitioners should delay the administration of epidural anesthesia in nulliparous women until the cervical dilatation reaches at least 4.0 to 5.0 cm and that other forms of analgesia should be used until that time.”¹


Impact

This recommendation is based on studies that found an association between the initiation of epidural analgesia early in labor and an increased rate of cesarean delivery.^{2,3} The nature of this association is uncertain. Neuraxial analgesia may directly or indirectly influence the progress of labor. Alternatively, the request for analgesia early in labor may be a marker for some other risk factor for cesarean delivery, such as dysfunctional labor.

Uncertainty

Wong et al, NEJM Feb 17, 2005


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2nd paragraph

Review literature to support uncertainty
 Did the studies **answer a key question**?
 Are there **conflicting results**?
 Limitations of previous results?

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Review	<p>On the basis of this recommendation, women who request analgesia early in labor frequently receive systemic opioid analgesia. However, the analgesia is often incomplete, and it has potential side effects for both the mother and the fetus, including maternal and neonatal respiratory depression, especially when neuraxial opioids are administered concomitantly.⁴</p>
Conflicting results, limitations	

Wong et al, NEJM Feb 17, 2005

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3rd paragraph

The **hypothesis, purpose** and **AIM** of the study

'In this current study, we examine...'

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Hypothesis	<p>We hypothesized that initiating and maintaining neuraxial analgesia early in labor with intrathecal opioid as part of a low-dose local anesthetic technique would not increase the risk of cesarean delivery when compared with systemic opioid analgesia.</p>
Purpose of current study	<p>We designed this trial to compare the rate of cesarean delivery in nulliparous women in spontaneous labor or with spontaneous rupture of the membranes who requested analgesia early in labor and were randomly assigned to receive intrathecal or systemic opioid analgesia.</p>

Wong et al, NEJM Feb 17, 2005

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Introducing a concept

Examples:

'Emerging evidence suggests that...'


'It has been hypothesized that...'

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Introducing studies

Examples:

'Data from these studies show that...'


'Recent studies indicate that...'

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Introducing limitations


'These studies, however, are limited by...'

Introducing uncertainty

'Whether X is related to Y is unclear...'


'Few studies have been conducted in (...women, older people), where the risk factors for Y is unclear...'

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Link
 Problem to your proposed solution
 Unanswered question to your proposed answer
 Prior studies and your current proposal


Be
 Selective not exhaustive
 Relevant not extravagant

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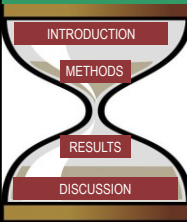
'This paper is REALLY important'
The topic is important- common, serious, preventable
The research is innovative
We are looking at a new perspective
We have adequate background knowledge
We are aware of the gaps in knowledge
Our findings will be applicable in our context
We are generating USEFUL knowledge!!

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