Publishing: A Fellow’s Perspective

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Publishing as a Fellow

Why?

How?
Why Publish

Acquire important skills
- Research and review
- Critical appraisal
- Organization
- Writing and communication
- Eliciting and incorporating feedback
Why Publish

What makes you unique?
Develop an expertise
Marketability
Why Publish
Why Publish

Expand our universe

Never be better equipped for success than in training

A critical part of the educational mission
How to publish

Set expectations
How to publish

Find a mentor and cultivate a relationship

Who has similar clinical interests?
Who is a good role model?
Who is available?
Who is interested in education?
Who is productive?
How to publish

Set expectations

- Case Report
- Review
- Retrospective Study
- Prospective Study

Time

Impact
How to publish

Set expectations

Leadership role
Rapid turnaround
Satisfaction

Case Report  Review  Retrospective Study  Prospective Study

Impact

Time
How to publish

Stay engaged

Communicate clearly and often

Seek out help early and often

Showing effort and learning the process is equally important to the result
ACG Case Reports Journal

Pillars of ACG Mission:

Scientific investigation
Prevention
Treatment
Education
ACG Case Reports Journal

Founded 2013

Peer-reviewed, open access

 Entirely edited by fellows-in-training

Specifically and consciously addresses ACG’s commitment to fellow’s education and innovation
ACG Case Reports Journal

Peer-reviewed, open access

Entirely edited by fellows-in-training
  Editor in chief (1)
  Associate editors (8)
  ACG editorial staff (2)

>500 manuscripts submitted 2016

Avg turnaround to final decision 37 days

Accept rate ~14%
What makes a good submission:

Is it interesting?
Is it educational?
It is novel?
Has there been a similar report recently?
Is it well written?
Are the images compelling?
Is it appropriate for a GI audience?
Ulcerative colitis in colonic interposition for esophageal atresia

A patient with Gardner’s syndrome presenting with extra-abdominal desmoid tumors

Two cases of intraluminal “windsock” diverticula resulting in partial duodenal obstruction

Successful treatment of a persistent esophageal lichen planus stricture with a fully covered metal stent

Laparoscopic appearance of peritoneal tuberculosis
Get Involved

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Diagram:
- Manuscript
- Editor
  - Reject
  - Review
  - Peer Review
  - Editor
    - Revise
    - Accept
    - Publish
    - Reject
    - Manuscript

Get Involved

ACG Case Reports Journal

Manuscript -> Editor
Editor -> Review
Review -> Peer Review
Peer Review -> Editor
Editor -> Revise
Revise -> Manuscript
Manuscript -> Publish

Reject
Reject
Accept
Publish

Trainees
Get Involved

Engaged

Intellectually stimulated

Real-world, hands-on learning

Equipped for future success