IMPROVING THE CHANCES OF GETTING YOUR PAPER PUBLISHED: INSIGHTS BY THE EXPERTS

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12 highly experienced researchers, including:

• 5 chief editors of health care journals (several associate editors)
• Disciplines represented:
  – Social psychology
  – Medicine
  – Health services research
  – Statistics
  – Health economics
• Over 250 total years of research/publishing experience
The Question

“Please provide bullet points of issues that irritate you when you review a manuscript that may likely lead to you rejecting the paper?”
Outline of Presentation

• List general issues that may cause a paper to be rejected
• List issues by specific sections of the paper that may cause a paper to be rejected.
• Provide some guidelines for improving the likelihood of getting the paper accepted
General Issues
(getting past the editor)
• Clearly not matching with the aim of the journal.
• Not following journal instructions to authors for manuscript formatting, word limits, number of tables & figures, reference formatting, etc.
• Poor English, numerous typos.
• Having many more authors than the paper warrants.
• Reporting on a study conducted several years ago (probably shopped around at other journals before coming here).
• Poorly organized paper (sections don’t flow from prior sections).
• Unclear relevance/interest/importance to readers. This should be highlighted in the submission letter.
• Unclear what this study adds to the existing literature.
• Study with too many methodological flaws that are not, or only poorly, discussed.
• Taking forever to revise a manuscript and resubmit it may lead to the need to get new reviewers and sometimes leads to a demand for submission as a new manuscript.
Issues by Section
• Misleading, e.g.:
  – calling it a “successful intervention” when the data don’t support its success
  – calling it an RCT when the study was not really randomized, or when randomization failed
  – not mentioning that the study was conducted in a tiny, non-generalizable location

• Too long and not informative
• Too short and not informative
The Abstract

- Wrong structure, too long, or most worrisome: does not match the results and conclusions of study
- Does not “stand alone”, thus, losing its purpose
- Uses esoteric terminology
- Engages in “spin”
The Introduction

- Fails to provide a concise statement of the problem and why it was chosen (why it is worth the time and trouble?)
- Messy structure and lacks study relevance, aim and/or hypothesis
- Overstating the importance of the research
- Overly verbose on prior literature (reads like a thesis)
- Closing statement does not set up the rest of the paper.
• Insufficient details about design, population, data sources, data-analysis, IRB approval (if applicable)
• Inadequate description of the statistical methods (i.e. saying a scale is "well-validated" but not providing citation(s))
• No description of the supposed causal pathway. What was the mechanism through which the intervention is supposed to impact the outcome?
• Lacking a clear understanding of the conceptual model – i.e., what is the primary outcome variable and what will be the right-side variables.
• Lacking discussion of why a new technique was chosen (what specific limitation was it trying to address)
• Using overly-complicated models (sometimes used to mask a poor study design or no treatment effect)
• Not looking carefully for nonlinearity
• The model is inappropriate given the data
• Lacking discussion of clustering, temporal or spatial dependence
• Lacking a clear description of secondary and sensitivity analyses being performed (and their rationale)
• No description of the software (and commands) used for the analysis
Results

• Results section that simply restates all the findings in the tables
• Wrong interpretation of results
• The section is either too short, too technical, or text and tables/figures are too detailed
• Not using graphs
• Overemphasis on significance tests; which ignores magnitudes and statistical importance (i.e., use CIs)
• Lack of interpretation of clinical significance
• Vast tables of coefficients, SEs and t values that are not discussed in the text - better to use appendices
• Statements in the discussion section that don't follow from the findings (i.e. conclusions or ideas that could have been reached even without the current results) or are tangential
• Using causal language inappropriately in observational studies
• Overstating implications (and generalizability) of results
• Lack of a limitations section, or a limitations section that is not honest (i.e. the limitations are framed in a positive light or refuted as being limitations)
• Listing every conceivable limitation
• Discussion does not compare and contrast study findings with similar studies
• Bad-mouthing the earlier work. Criticize it for its real weaknesses, not for your cartoon caricature of the method.
• Closing sentence that reads 'more research is needed'
References

• Failure to cite relevant work done by the reviewer (tricky, since you don't know who the reviewer will be -- safest to over-cite in initial draft -- within reason -- and be prepared to take some out).

• The References should be relevant to the paper. Sometimes references are cited as if they mention material they do not mention (and some reviewers catch that).

• Reference list incomplete, not updated, too many self-referring, and/or missing landmark studies
What you **should** do!
When Submitting

• Ensure this is the right journal for your paper
• Follow the journal’s instructions to authors for manuscript formatting, word limits, number of tables & figures, reference formatting, etc.
• Check for typos, proper use of the language, readability
• Do all the listed authors deserve authorship?
• In the submission letter, describe how this paper contributes to the literature, and why it is important to the journal’s readership
• Concise, but informative:
  – Note the study design if possible. This is important for indexing, meta-analyses, and immediately informs the reader as to what level of validity to assume from the findings
• Note the setting if important for generalizability
  – A small study conducted in Northern Italy is not generalizable to the rest of Italy, let alone to the USA
  – A study conducted in an academic hospital is not likely generalizable to community hospitals. What happens at Kaiser is not generalizable to other insurers.
• Avoid using terms like “a successful intervention”, etc.
The Abstract

• Make sure to follow the journal’s required structure and word count
• Ensure the abstract matches the results and conclusions of study
• Make sure the abstract is self-contained, and does not require additional information for clarity
• Abstain from using esoteric terminology. Simplify concepts!
• Be honest! Do not engage in “spin” to sell the paper
The Introduction

- Total 3-4 paragraphs:
- Paragraph 1 sets up the problem - succinctly.
- Paragraph 2-3 describes what we know, what the issues are, and what needs to be done next. No need for a literature review, but cite the seminal papers on this particular issue. Turn the problem into a solvable issue.
- Paragraph 3-4 describes how your paper solves the problem, and fills in the gaps in the current knowledge-base.
• Provide sufficient details about design, population, data sources, and data-analysis:
  – A separate subsection for each issue is ideal
  – There should be sufficient detail to allow replication (use appendix)
• Describe statistical methods used and rationale:
  – What are the specific variables (DV and IV)?
  – Is there clustering and/or autocorrelation?
  – Are the X-Y relationships linear?
  – Choose the appropriate model, given the data, and explain why!
• Describe the assumed causal pathway and how it is tested
• Describe secondary and sensitivity analyses being proposed (and their rationale)
Results

• Provide a good description of the study groups’ general characteristics, and highlight differences/imbalances
• Detail important findings and highlight anomalies
• Use graphs whenever possible, especially with complex data
• Always provide CIs as measures of magnitude, and refrain from describing only P values. (“costs were significantly less”)
• Interpret clinical significance, not just statistical significance
• Use appendices if there are many tables, and for secondary and sensitivity analyses. Keep important tables in the body of paper
Discussion

• Briefly summarize findings but do not repeat the Results!
• If data are from an observational study, refrain from making causal statements, but speculate about potential mechanisms.
• Discuss the implications of the findings to similar settings and perhaps other settings, without overreaching.
• Compare and contrast study findings with similar studies, without being overly critical of past work. Provide context for your findings.
• Have a limitations section that is honest, and concise.
• Do not end the discussion with “more research is needed”...
References

• Bibliography should include the landmark studies in the field, as well as recent contributions. Assume the reviewer knows this space as well as, if not better, than you!
• Assume that the reviewer is an expert in this area, and will look to see if his/her papers are listed. Err on the side of more relevant citations...
• The References should be relevant to the paper. Sometimes references are cited as if they mention material they do not mention (and some reviewers catch that).
• Avoid too many self-referring papers unless your prior work is the cutting edge in this area.
Thank you!
Additional reading

• Consolidated Standards of Reporting Trials (CONSORT):
  – RCTs: http://www.consort-statement.org/
  – Extensions: http://www.consort-statement.org/extensions