

Reviewer's Recommendation

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ABSTRACT

The author discusses the reviewer's task of making the overall judgment about the suitability of the manuscript based on their evaluations using the review criteria. No one formula for developing an overall judgment exists and, in the absence of a fatal flaw, arriving at a judgment means each reviewer must weigh the study's performance

based on the wide range of review criteria. In the end, the reviewer is expected to provide a clear, consistent, and useful recommendation to the editor, and a constructive reply to the author.

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In Chapter 2, many criteria are presented that are meant to be used by reviewers as guideposts or reminders during the evaluation phase of a review. For the most part, for each of the criteria, the manuscript can be assessed either by using a dichotomous approach such as “yes/no” or “has it/does not have it,” or by using a rating scale that incorporates such terms as anchor points. Using the criteria is somewhat akin to scoring a test and marking each item “right” or “wrong” or assigning “partial credit” or “not answered.” Once the measurement phase is done, the task that remains is to use the criteria to make the overall judgment about the suitability of the scores. Reviewers almost always are asked to make recommendations for or against publication of the manuscript. Making the judgment is also similar to a testing situation, only in this task, instead of scoring each item, the reviewer is setting the standard, deciding “how much is enough.” Did the author(s) meet enough of the criteria, or the right criteria to lead to a positive recommendation? Or, stated negatively, did the work contain certain flaws or show an accumulation of shortcomings that mandate a negative decision?

At least two features of this final decision deserve mention: It is a recommendation, and it is a judgment. In “Publication Decision” in Chapter 1, processes used by the editor for making the decision are discussed. The main point is that the final decision belongs to the editor. That person almost always wants recommendations (not votes) from the reviewers—and a recommendation requires a judgment.

Reviewers are invited to review a manuscript on the basis of their expertise and prior work (see the first article in Chapter 1). They are expected to know enough to address the criteria (or to seek outside help for technical issues) and

then to meld all of their little, individual decisions together into an overall recommendation. There is no formula for coming up with the recommendation that is the same for all reviewers, or even for one reviewer from one manuscript to the next. It is not as easy as counting the favorable and unfavorable marks on the list of criteria and deciding whether the count (i.e., score) is high enough for a “publish” recommendation. Almost never do, or should, all items count equally. In some cases, problems in one area can be “fatal” (e.g., a seriously flawed study design), and no accumulation of strengths elsewhere can compensate. In other cases, however, strengths in one area can counterbalance or even outweigh weaker elements, depending on the nature of the study. In general, it is a non-compensatory system, that is, a series of strengths cannot offset a fatal flaw or a series of important shortcomings. For example, a new and highly creative way to assess medical students' clinical skills might be expected to have a very strong Methods section so that the reviewer can glean a very good understanding of what was done. Other parts of the manuscript cannot be ignored, but they might not be (either implicitly or explicitly) weighed so heavily. On the other hand, a technical article that focuses on modeling the decision-making processes of residents and novices when faced with new and familiar tasks would likely need very strong introduction and data analysis sections.

How a reviewer puts all of the pieces together and makes a final judgment is a very individual thing. Occasionally a manuscript will have a fatal flaw. When this happens the recommendation is easy. But fatal flaws do not happen often. Usually the answer is not so clear. Although the inconclusiveness can be disconcerting to a reviewer, especially a rel-

ative novice, it may help to recognize that the recommendation is just that—a recommendation. The advice given to the editor may or may not be followed. When the editor's decision is contrary to the reviewer's recommendation, it seldom means that the reviewer gave a bad assessment.

Typically the balance of the scores on the criteria should be roughly aligned with the final recommendation. For example, it is not helpful to the editor when the majority of the criteria are marked high and the recommendation is "not to publish." Many journals give reviewers the option of writing confidential comments to the editor that will not be shared with the author. This would be the place to explain the lack of congruency between criteria scores and the recommendation. The opposite scenario is probably a more common situation: A manuscript is marked down for many criteria, with well-grounded constructive criticism, and then the recommendation is to publish or ask for revisions. It appears to be very difficult for a reviewer to actually mark the "reject" category. This reluctance is understandable from the perspective of the reviewer, who is likely to have had his or her own share of negative publication decisions and is quite familiar with the angst such decision letters cause. But the primary commitment of the reviewer is to help the editor (and, by extension, the reader and the literature). Often the recommendation itself is not passed on to the author. Even if it is, if it is aligned with the individual marks on the criteria the recommendation can be taken in the right context.

Aside from the manuscripts that have readily apparent fatal flaws, or even multiple nonfatal flaws, there are many reasons to make a "reject" recommendation. For example, a manuscript might be very well done but fail to add anything to the existing literature. Or it might be inappropriate (or at least not interesting) to the readership. A rejection is also called for when the reviewer has a nagging "feeling" that something is wrong with the manuscript, for example, there is a misalignment between the study objectives and the study methods, or when the results do not match the conclusion.

An "accept as is" recommendation is relatively rare but it does happen—it is a logical outcome from the criteria review. A reviewer's job is not to be unduly critical, and when an excellent manuscript is spotted, the reviewer should mark it accordingly and point out to the editor the strong features that make it so appealing. Reviewers do not have to—of

course, should not—restrict themselves to negative comments!

A middle ground of recommending revisions is certainly appropriate for many manuscripts, but reviewers must use this recommendation cautiously—it should not be used to soften or postpone what will almost certainly be a final rejection decision. A "revise" recommendation is most helpful to the editor and to the author(s) when it is accompanied by explicit comments about what needs to be addressed to improve the manuscript based on the existing methods and data. This means that it usually is not realistic to ask authors to change what has already occurred during the study phase. Manuscripts can be rewritten for clarity, different analyses can be done, more details on methods can be given, conclusions and interpretations can be amplified or reduced, and the authors can be directed to previous literature that was omitted. But in general authors—and reviewers—need to work with what is there. If a reviewer is primarily convinced that major weaknesses cannot be "fixed," (e.g., having used an uncommon, non-generalizable experimental case), then a "reject" recommendation is in order.

Reviewers need to be clear about which of their comments are passed on to the authors. As noted above, many journals give reviewers the option of writing confidential comments to the editor. It is an option, not a requirement. If the reviewer has summarized the major positive and negative issues when responding to the criteria, there may not be a need to write anything else. Occasionally, however, reviewers will have remaining comments or insights that they do not wish to share with the author. As with other communications to the editor, comments are most helpful when they are clear and explicit. Ideally they would expand on points already made to the author so that the editor is not left with a review in which the criteria assessments do not match the recommendation.

In the end, the recommendation requires a judgment with which the reviewer is comfortable. It is a judgment but it is not capricious. It requires an integration of many evaluations and reflections—intuition and gestalt are a valid part of the formula. It gets easier with experience but it is rarely straightforward. If a reviewer goes into the process with the understanding that the goal is to be helpful to the editor and fair to the authors without being unduly critical, she or he will be poised to do a good job.

APPENDIX

Task Force of Academic Medicine and the GEA–RIME Committee

APPENDIX 1: CHECKLIST OF REVIEW CRITERIA

Problem Statement, Conceptual Framework, and Research Question

- The introduction builds a logical case and context for the problem statement.
- The problem statement is clear and well articulated.
- The conceptual framework is explicit and justified.
- The research question (research hypothesis where applicable) is clear, concise, and complete.
- The variables being investigated are clearly identified and presented.

Reference to the Literature and Documentation

- The literature review is up-to-date.
- The number of references is appropriate and their selection is judicious.
- The review of the literature is well integrated.
- The references are mainly primary sources.
- Ideas are acknowledged appropriately (scholarly attribution) and accurately.
- The literature is analyzed and critically appraised.

Relevance

- The study is relevant to the mission of the journal or its audience.
- The study addresses important problems or issues; the study is worth doing.
- The study adds to the literature already available on the subject.
- The study has generalizability because of the selection of subjects, setting, and educational intervention or materials.

Research Design

- The research design is defined and clearly described, and is sufficiently detailed to permit the study to be replicated.
- The design is appropriate (optimal) for the research question.
- The design has internal validity, potential confounding variables or biases are addressed.
- The design has external validity, including subjects, settings, and conditions.
- The design allows for unexpected outcomes or events to occur.
- The design and conduct of the study are plausible.

Instrumentation, Data Collection, and Quality Control

- The development and content of the instrument are sufficiently described or referenced, and are sufficiently detailed to permit the study to be replicated.

- The measurement instrument is appropriate given the study's variables; the scoring method is clearly defined.
- The psychometric properties and procedures are clearly presented and appropriate.
- The data set is sufficiently described or referenced.
- Observers or raters were sufficiently trained.
- Data quality control is described and adequate.

Population and Sample

- The population is defined clearly, both for subjects (participants) and stimulus (intervention), and is sufficiently detailed to permit the study to be replicated.
- The sampling procedures are sufficiently described.
- Subject samples are appropriate to the research question.
- Stimulus samples are appropriate to the research question.
- Selection bias is addressed.

Data Analysis and Statistics

- Data analysis procedures are sufficiently described, and are sufficiently detailed to permit the study to be replicated.
- Data analysis procedures conform to the research design; hypotheses, models, or theory drives the data analyses.
- The assumptions underlying the use of statistics are fulfilled by the data, such as measurement properties of the data and normality of distributions.
- Statistical tests are appropriate (optimal).
- If statistical analysis involves multiple tests or comparisons, proper adjustment of significance level for chance outcomes was applied.
- Power issues are considered in statistical studies with small sample sizes.
- In qualitative research that relies on words instead of numbers, basic requirements of data reliability, validity, trustworthiness, and absence of bias were fulfilled.

Reporting of Statistical Analyses

- The assumptions underlying the use of statistics are considered, given the data collected.
- The statistics are reported correctly and appropriately.
- The number of analyses is appropriate.
- Measures of functional significance, such as effect size or proportion of variance accounted for, accompany hypothesis-testing analyses.

Presentation of Results

- Results are organized in a way that is easy to understand.
- Results are presented effectively; the results are contextualized.

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- The results are complete.
 - The amount of data presented is sufficient and appropriate.
 - Tables, graphs, or figures are used judiciously and agree with the text.

Discussion and Conclusion: Interpretation

- The conclusions are clearly stated; key points stand out.
- The conclusions follow from the design, methods, and results; justification of conclusions is well articulated.
- Interpretations of the results are appropriate; the conclusions are accurate (not misleading).
- The study limitations are discussed.
- Alternative interpretations for the findings are considered.
- Statistical differences are distinguished from meaningful differences.
- Personal perspectives or values related to interpretations are discussed.
- Practical significance or theoretical implications are discussed; guidance for future studies is offered.

Title, Authors, and Abstract

- The title is clear and informative.
- The title is representative of the content and breadth of the study (not misleading).
- The title captures the importance of the study and the attention of the reader.
- The number of authors appears to be appropriate given the study.
- The abstract is complete (thorough); essential details are presented.

- The results in the abstract are presented in sufficient and specific detail.
- The conclusions in the abstract are justified by the information in the abstract and the text.
- There are no inconsistencies in detail between the abstract and the text.
- All of the information in the abstract is present in the text.
- The abstract overall is congruent with the text; the abstract gives the same impression as the text.

Presentation and Documentation

- The text is well written and easy to follow.
- The vocabulary is appropriate.
- The content is complete and fully congruent.
- The manuscript is well organized.
- The data reported are accurate (e.g., numbers add up) and appropriate; tables and figures are used effectively and agree with the text.
- Reference citations are complete and accurate.

Scientific Conduct

- There are no instances of plagiarism.
- Ideas and materials of others are correctly attributed.
- Prior publication by the author(s) of substantial portions of the data or study is appropriately acknowledged.
- There is no apparent conflict of interest.
- There is an explicit statement of approval by an institutional review board (IRB) for studies directly involving human subjects or data about them.

A P P E N D I X

APPENDIX 3: SAMPLE REVIEW FORMS

ACADEMIC MEDICINE
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MANUSCRIPT REVIEW FORM

Your name: _____ Manuscript ID: _____

Date sent: _____ Date due: _____

Manuscript title: _____

We thank you for agreeing to review this manuscript for *Academic Medicine*. We are committed to publishing the highest-quality manuscripts in our journal, and we appreciate your willingness to help us achieve that goal.

On the next page you will find a brief form you should use for critiquing the manuscript. Please answer all of the questions on the form, making your answers as substantive as possible. Don't forget to sign the form (your review will remain anonymous unless you specify otherwise). You may return your review to us by mail or fax (202) 828-4798.

Please review the "cautions" below before your begin. And, again, thank you for contributing your time and expertise to *Academic Medicine*.

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1. *Conflict of interest.* If you feel any conflict of interest in reviewing this manuscript, please return it immediately. We try to avoid obvious conflicts, but we cannot know the professional environment in which this paper was written, and so we count on you to withdraw from reviewing any manuscript that you could not review fairly and impartially.
2. *Confidentiality.* The review system is based on confidentiality. We keep your name confidential from the author, and we expect you to keep the paper and its contents confidential, both while you are doing the review and afterwards. If you wish to share the reviewing work with a specially qualified colleague (or perhaps want to guide a junior colleague in learning how to review), you must ask the editor for permission ahead of time. This can be done by a phone call or fax, if you wish, and the editor as a matter of policy will almost always approve this arrangement.
3. *Identification.* We have not put your name on any form that will go to the author, and we urge you to be careful not to sign the critique prepared for the author.
4. *Manuscript.* Be sure to return the manuscript when you send the review.

If you have any questions about this manuscript,
please telephone the *Academic Medicine* office at (202) 828-0590.

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MANUSCRIPT REVIEW

Manuscript number:

Authors:

Reviewer's name:

For each question, please use the following scale to answer: "To what extent does the article meet this criterion?"

- 0 Fails by a large amount
- 1 Fails by a moderate amount
- 2 Fails by a small amount
- 3 Succeeds by a small amount
- 4 Succeeds by a moderate amount
- 5 Succeeds by a large amount
- N Not applicable
- D Don't know

The subject addressed in this article is worthy of investigation.	0 1 2 3 4 5 N D
The hypothesis is clearly stated	0 1 2 3 4 5 N D
The most important previous studies have been cited as far as I know.	0 1 2 3 4 5 N D
The information presented was new (or a replication that deserved to be done).	0 1 2 3 4 5 N D
The research design was suitable.	0 1 2 3 4 5 N D
The methods were described specifically enough to be evaluated.	0 1 2 3 4 5 N D
The discussion addresses sources of systematic and random error	0 1 2 3 4 5 N D
The conclusions were supported by the data.	0 1 2 3 4 5 N D
The summary accurately reflects the content of the paper	0 1 2 3 4 5 N D

Summary Score **0 1 2 3 4 5**

Overall decision (please circle):

REJECT MAJOR REVISION MINOR REVISION ACCEPT

Is there a financial or other conflict of interest between your work and that of the authors?

YES NO

Signature

Date

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Instructions for Manuscript Reviewers

There are three parts to our manuscript review process:

1. A **summary analysis** of the paper with recommendations about acceptance, revision, or rejection. A financial conflict of interest disclosure is also included. *This part is confidential.*

Please critically review this manuscript as _____.

We ask that you complete three items:

1. *Summary grades* (below), which we use as a rough guide to your opinions and which are confidential.
2. *Comments for the Editors*, which are confidential and are an opportunity for you to tell us candidly: a) what is the principal point of the paper; b) what you think are the major strengths; c) what you think are the major weaknesses; and d) your thoughts on its suitability for publication. You may want to structure your review based on these categories.
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Thank you for your help.

Summary Grades (Circle one response for each question)

Clinical Relevance:	1 Limited	2	3	4	5 Great
Importance of the Question:	1 Minor	2	3	4	5 Major
Originality:	1 Confirmatory	2	3	4	5 New
Scientific Validity:	1 Low	2	3	4	5 High
Written Presentation:	1 Unclear	2	3	4	5 Lucid
Appropriateness for <i>Annals</i>:	1 Inappropriate	2	3	4	5 Highly appropriate
Overall Judgment (circle one):	Reject	Reconsider after major revision	Accept after satisfactory revision	Accept	

CONFIDENTIAL COMMENTS FOR THE EDITORS:

Manuscript#:

Reviewer

Indicate briefly your opinion of the most important strengths and weaknesses of the manuscript and which of these were most important to you in making your recommendation.

