



## JOB DESCRIPTION FOR DECISION EDITORS

Last updated February 2018; send comments to  
Steve Green at [Green@AnnEmergMed.org](mailto:Green@AnnEmergMed.org).

This job description outlines the duties and responsibilities of decision editors for *Annals of Emergency Medicine*. It includes general principles on manuscript management and peer review decisions. Editors are also referred to their resource website at [www.acep.org/annalseditors](http://www.acep.org/annalseditors), which includes supplementary helpful documents such as the following:

- Decision Letters and Terms
- Editorial Manager Tutorial for Editors
- Reviewer Selection FAQs
- Working with Your Methodology & Statistics Reviewer
- Writing Decision Letters
- How to Write a Capsule Summary
- Topic Categories Managed by Decision Editors
- Who Is My Supervising Editor?

### JOB DESCRIPTION CONTENTS

- I. Definition of a Decision Editor
- II. Initial Review
- III. Initial Peer Review and Decision
- IV. Acceptance and Content Editing
- V. Evaluation Process for Decision Editors
- VI. Editorial Board Organization (including editor advancement)
- VII. Selection of Decision Editors

#### I. Definition of a Decision Editor

**Definition:** *A decision editor is any editor who has been authorized to make decisions about the acceptance or rejection of manuscripts.*

Decision editors (DEs) serve as ambassadors and representatives for *Annals of Emergency Medicine*, as well as for the specific subspecialty area they represent for the journal. DEs are encouraged to recruit papers in their specialty area, to suggest new areas of research that *Annals* might wish to explore, and to identify new reviewers for the journal.

Using Editorial Manager ([www.editorialmanager.com/annemergmed](http://www.editorialmanager.com/annemergmed)) DEs are expected to monitor their workloads, assign reviewers, and make expedient decisions. We request that within 48 hours of new assignments DEs either assign reviewers or make a rejection without review decision. We request that within 5 calendar days of all reviews being complete that a decision be processed. DEs are expected to monitor the performance of their reviewers to ensure timely turnaround, rate completed reviews, and assign more reviewers when needed.

The importance of timeliness cannot be overemphasized. Authors care about it, and so do we. We routinely monitor and contrast the timeliness of editors. Do not let new manuscripts linger in Editorial Manager. We know it is not easy to fit this in with all your other responsibilities, but we have made routine promptness a priority for our entire journal and have an outstanding record in this regard (which authors praise us for regularly).

DEs have the following responsibilities, some of which are described in more detail below this section:

1. Decide which new manuscripts merit external peer review (i.e. more than just the editor).
2. Assign reviewers and rate the quality of their reviews using *Annals* guidelines (detailed in Section III A below).
3. Make decisions on manuscripts, soliciting the input of other editorial board members (especially deputy editors) when needed.
4. Communicate decisions to authors in a positive, collegial, and educational manner, and, when needed, edit reviewer comments sent to authors to ensure that they also meet these criteria.
5. Ensure timeliness and fairness in all editorial decision making.
6. Perform content editing, if necessary, of accepted manuscripts to ensure accuracy and consistency with *Annals*' standards.
7. Suggest and solicit editorials for accepted manuscripts when such commentary appears desirable.
8. Write capsule summaries for original research articles.

The following are more detailed expectations of DEs regarding manuscript review and editing.

## II. Initial Review

### A. Decide whether a manuscript merits peer review.

It is typical for a DE to reject 30% to 50% of manuscripts without sending them for external peer review; the ratios can vary in different topic areas. Manuscripts with weak methods or inappropriate to our audience do not warrant review, and simply create more work for editors, reviewers, and staff. "Reject without review" may actually be a favor to the author; if the manuscript is most likely to be rejected, authors do not benefit by having their manuscript tied up in *Annals*' review process. Manuscripts containing potentially novel or important concepts or results that are otherwise flawed should receive the benefit of the doubt and be sent out for review. If you are ambivalent, discuss it with your supervising Deputy Editor.

Common reasons for rejection of manuscripts without the invitation of peer reviewers:

1. The manuscript is redundant in that the topic has been well covered within the previous few years, either in *Annals* or other emergency medicine journals (but is not an important replication study, which we encourage).

2. The manuscript does not add information beyond that contained in standard emergency medicine textbooks.
3. There is no clear or useful hypothesis.
4. The manuscript is of no interest or relevance to any segments of our readership (which is international, not just based on U.S. practice, and includes important small specialty and sub-specialty audiences).
5. The manuscript is poorly written, with multiple grammatical and spelling errors, requiring major rewriting. (Special consideration should be given to authors from non-English speaking countries, however, and alternative sources of writing help can be obtained.)

See the supplementary document “Writing Decision Letters” at [www.acep.org/AnnalsEditors](http://www.acep.org/AnnalsEditors) for tips on how to write the most helpful and courteous “Reject without review” letters.

#### **B. Sending a manuscript for peer review.**

If the manuscript is good enough to warrant review, the DE should select at least 2 content reviewers with appropriate expertise in the topic of the manuscript. A minimum of 2 completed reviews should be obtained for each paper. For tips please see the supplementary document “Reviewer Selection FAQs” at [www.acep.org/AnnalsEditors](http://www.acep.org/AnnalsEditors).

### **III. Initial Peer Review and Decision**

#### **A. Rating the reviewers.**

On receiving the reviewer comments and reading them, the DE must give each review (excluding methodology & statistics reviews) a numerical rating in Editorial Manager. These should be whole digits from 1 to 5 as follows:

- 1= Unacceptable effort and content
- 2= Unacceptable effort OR content
- 3= Acceptable
- 4= Commendable; of use the decision editor and author
- 5= Exceptional; hard to improve (expected to describe no more than 10% to 15% of reviews)

Assign your score using the following components of a quality review:

- The reviewer identified and commented upon major strengths and weaknesses of study design and methodology.
- The reviewer commented accurately and productively upon the quality of the author’s interpretation of the data, including acknowledgment of its limitations.
- The reviewer commented upon major strengths and weaknesses of the manuscript as a written communication, independent of the design, methodology, results, and interpretation of the study.
- The reviewer provided the author with useful suggestions for improvement of the manuscript:
- The reviewer’s comments to the author were constructive and professional.
- The review provided the editor the proper context and perspective to make a decision on acceptance (and/or revision) of the manuscript.

These ratings are critical for our journal quality control. Remember that 5 is warranted only by the top 10 to 15% of reviews – we do not want grade inflation.

**B. Making an initial decision.**

The DE must then make a decision on whether the manuscript should be rejected at this stage, accepted, or sent back for revision. Acceptance without any revision is a rare event. The decision to ultimately accept is a complex one, because we cover many subtopics in emergency medicine which vary widely in their maturity and research sophistication. In some areas, rigorous research is particularly difficult due to logistic issues. In new and emerging areas of interest, in particular, we may be willing to initially publish studies of lower methodologic quality simply to help launch the field and move it forward. Similarly, we also try to fill the needs of a variety of readerships. Our largest ones are practicing clinical physicians, but we have many smaller audiences such as those in education, quality improvement, etc. The fact that the potential readership is small is not grounds for rejection; an important paper that fosters subsequent important research might be aimed at quite a small audience and yet still be cited often. The single best description of the papers we want to accept are those with results that are reasonably credible (under the circumstances) and that add something to preexisting literature that move the field forward. The results may not be striking or exciting, but that does not mean they are automatically not useful. You should keep an open mind to this, and whenever in doubt discuss it with another editor or a Deputy Editor.

If you choose to request a revision, be sure that you think it plausible that the author can satisfactorily meet your requests. If the author seems to lack basic writing skills, their revision may be prolonged and require additional work by you and the reviewers, and still not meet our standards for acceptance. In such cases, it may be more efficient (and even more merciful) to simply reject the manuscript at this stage, unless you think its underlying concept is truly unique and brilliant.

Please think through, and express, your revision requests carefully. They should be feasible, that is, you should think it possible for the authors to fulfill them, preferably in a single revision. If your revision request is that they triple the number of enrolled patients and sites, or collect a new and completely different outcome measure, you are probably asking for a different study. Also remember that you are not allowed to introduce completely new major requirements further down the road in the revision process – that is not fair. It's fine if revision #1 reveals some further issues which must then be clarified, but it's not okay if you said nothing about the statistical methods in your request for revision #1, and then ask for a completely different analysis in revision #2 (or as sometimes happens, reverse your prior request and ask for something diametrically opposite in the second request). Our goal in revisions to have the majority of revisions limited to one, or at the most, two revisions. Only a very small handful of papers a year should go beyond that. If you are requesting revision #2 or greater, you should have a discussion with a Deputy Editor about it first.

See the supplementary document “Writing Decision Letters” at [www.acep.org/AnnalsEditors](http://www.acep.org/AnnalsEditors) for tips on how to write the most helpful and courteous “Revise and resubmit” and “Reject with reviews” letters.

All revision decisions are reviewed and confirmed by each DE's supervising Deputy Editor before processing. Rejection decisions are not similarly reviewed except by DE request. All acceptances must additionally be reviewed by the Editor in Chief before they become final.

**C. Methodology/Statistical Reviews**

A methodology & statistics (or “meth/stats”) review is required before a positive decision can be made on original research and brief research reports, and is typically invited once the content reviews confirm that the manuscript is promising. Meth/stats reviews are one of our major quality control mechanisms and should never be ignored. If these reviews raise concerns, authors should respond to them. If the meth/stats reviewer has reported that the study contains a fatal flaw, you must have a discussion with that reviewer and/or a Deputy Editor if you want to proceed with any decision other than reject.

Our methodology/statistics editors are well trained and of superb quality, but that does not mean they are always right. If you believe their concerns do not warrant rejecting the manuscript, you are required to communicate this fact – and the reasons for it – to a Deputy Editor. If you fail to do this, the manuscript will be returned to you for clarification. If you disagree with any of their major points, either have a discussion with them to reach consensus, or discuss the reasons for disagreement with a Deputy Editor. One size does not fit all, so some studies that may seem methodologically weak can still be important and worth publishing for other reasons.

Methodology/statistical reviews should always be included in the letter to the author when a revision is requested. When a revision is received, in some circumstances it will be appropriate for the DE to ask that the original meth/stats reviewer re-review it to verify compliance with their requests.

#### **D. Consultation Tree for Difficult Decisions**

One of the biggest challenges for a journal covering a broad range of topics with a large number of editors making decisions about manuscripts is to somehow maintain a fairly uniform standard of editing and acceptance criteria. It’s crucial that editors know what others are doing, since more than one editor might handle a particular topic (leading to duplications and embarrassments when both editors work in isolation, such as when one editor accepts a paper and another rejects a somewhat better one on the same topic, at about the same time).

*Annals* uses a “consultation tree” concept to give us the best of both worlds – a broad range of individual editorial expertise, and yet fairly uniform standards for decision making. For questions about anything editorial turn first to your supervising Deputy Editor. If this is not sufficient to resolve an issue, your Deputy Editor can arrange a Deputy Editor conference call and/or direct discussion with the Editor in Chief.

A key safeguard to the integrity of the *Annals* editorial process is open discourse and constructive debate. If any editor—regardless of their masthead level—believes that another editor is not making an optimal manuscript decision, there should be the opportunity for them to freely outline their case. Resolution will involve senior editors, be based upon the merits of the arguments and circumstances, and include consideration of potential conflicts of interest for all parties involved. No editor should regard their decision-making as beyond question, or be offended when approached with well-intentioned, constructive input. Each of us are human, and even the best editors will at times overlook methodological issues or have his or her viewpoint clouded by special circumstances.

As part of the process of “catching things early,” your Deputy Editors will at times be watching over your assigned manuscripts and may occasionally initiate contact with you to discuss their management. This should be uncommon, will likely be a learning experience for all involved, and is also an important form of quality improvement for the journal.

Examples of manuscripts that may require Deputy Editor input:

1. Manuscripts with well-done reviews that are strongly conflicting on major points.
2. Manuscripts in which the DE disagrees strongly with the recommendation of the reviewers (reviewers may be very capable, but they often do not have the same perspective or priorities as the editors do).
3. Manuscripts eligible for fast-tracking or priority handling.
4. Manuscripts warranting an editorial.
5. Manuscripts likely to create unusual levels of controversy or having a major impact on the specialty.

### **E. Conflicts of Interest**

*Annals* is committed to the greatest possible transparency and avoidance of any potential conflict of interest. Please be familiar with *Annals*' Conflict of Interest policy:

<http://www.annemergmed.com/content/policies-coi>

Upon your appointment as a decision editor and annually thereafter you must declare your competing interests in accordance with the above policy, and they are publicly reported on the *Annals* website. It is each decision editor's responsibility to promptly update this disclosure should important changes occur.

Whenever an editor has even the appearance of a conflict of interest with an assigned manuscript, they are expected to recuse themselves from the given manuscript or discuss the situation with their supervising Deputy Editor. Manuscripts on which an editorial board member is an author require mandatory proctoring by a deputy editor, to ensure that there is not even the appearance of a conflict of interest. Editors should also be aware of potential conflicts of interest by reviewers, who are supposed to declare them but may not always do so. An editor can still choose to use the review, depending on the nature of the conflict (and sometimes specifically because of the logic that if a person with a COI cannot come up with a criticism, then probably a major one does not exist).

### **IV. Acceptance and Content Editing**

Once a manuscript is deemed worthy of acceptance, it may benefit from content editing. The goals of content editing are to:

1. Eliminate redundancy and improve readability
2. Remove unsupported claims
3. Ensure a fair and thorough description of limitations
4. Ensure the abstract reflects the manuscript accurately (especially as regards conclusions)
5. Ensure the major concerns of methodology/statistical editors are discussed

The purpose of content editing is to ensure that *Annals*' articles are well written, clear, accurate, and consistent with *Annals*' style. Well-written means direct verbs, fairly simple sentence structure, clear organization, and an unpretentious vocabulary. A manuscript that does not meet these criteria should not be accepted and sent on to the Editor in Chief. You do not need to personally copyedit the manuscript (the publisher has copy editors for that purpose), but you should feel free to strike out redundant or repetitive words, phrases, and sentences, and rewrite

material for clarity. We may want to publish a manuscript for its scientific content but not before it has been made lucid and readable.

If extensive content editing is necessary, the authors should be informed and they should be required to revise the manuscript and resubmit it via Editorial Manager (unless you are particularly eager to do all the work yourself). In a minority of instances, it may be helpful to communicate directly with the author (eg, by telephone or e-mail, copying journal staff) at this point to discuss content editing. Decision editors are responsible for the final manuscript being in a readable and accurate style before it goes to the Editor in Chief for final approval, but they are not responsible for doing the author's work for them. Authors whose grasp of English is not adequate may need help from professional writers, who can be arranged via their university, by private consultants, or through the publisher, so this problem alone need not doom a manuscript.

#### **A. Capsule Summaries**

For all reports of original research, a Capsule Summary is required.

The purpose of the capsule summary is to put original research in context for readers in about 100 words. The text will appear in a box or other high-visibility format adjacent to the article.

Make the language simple, clear, and explicit – in other words, more like an intelligent lay conversation than the usual “scientific” format. A few numbers and exact results are desirable; many are not. No abbreviations should be used. Look at a variety of samples in the journal to get the desired tone.

The summary has four sections, each consisting of only a sentence or two: *What is already known on this topic*, *What question this study addressed*, *What this study adds to our knowledge*, and *How this might change clinical practice*. See the separate *Annals'* editor document entitled “How to Write a Capsule Summary” available at [www.acep.org/annalseditors](http://www.acep.org/annalseditors) for more detailed information.

#### **V. Evaluation Process for Decision Editors**

All DEs who have not previously made decisions on manuscripts for *Annals*, regardless of previous experience, are proctored by a deputy editor on their first 12 manuscript assignments. This occurs even if you have had substantial experience in manuscript management at another journal. The purpose of this is to ensure a consistent *Annals* approach and consistent standards in a large and heterogeneous editorial board. As these instructions imply, our journal covers a broad medical specialty with many subspecialty areas of varying size, maturity, and research sophistication. Keeping our decisions consistent is a logistical challenge and requires constant attention.

#### **A. Proctoring Policy for New Editors**

1. All DEs who make decisions on manuscripts will be proctored on initial appointment by a deputy editor. DEs who have previously made decisions about other types of manuscripts, but who have not made decisions on original research or brief research reports will also be proctored.
2. Each DE will be proctored for a minimum of the first 12 manuscripts on which they make a decision.

3. These manuscripts will be assigned and reviewed in the usual manner. However, at each step of the process, the proctoring editor will receive the initial manuscript, the reviewer assignments, the actual reviews, the revised manuscript (if any), and copies of all relevant correspondence automatically through Editorial Manager. This will allow not only the proctoring editor's intervention at any stage at which there appears to be a problem, but also will minimize any delays due to the proctoring process.
4. Proctored DEs are encouraged to contact the proctoring editor liberally at any step of the review process to resolve questions or problems. The proctoring editor may intervene at any step of the process to correct any potential problems.
5. The DE who is proctored will make a recommendation (decision) about the paper using *Annals'* guidelines, but that recommendation will first go to the proctoring editor for review. No decision (including rejection) will be made or communicated to an author without the review by the proctoring editor. The DE who is proctored can review editorials, but, again, the recommendation will go to the proctoring editor for final decision. DEs who are proctored should not solicit editorials without discussing this in advance with the proctoring editor. The proctoring editor should discuss each decision with the proctored DE, pointing out areas of strengths and weakness, while highlighting *Annals'* policy.
6. The final decision will be made or confirmed by the proctoring editor and communicated to the author in a letter signed by both DEs.
7. After the initial 12 manuscripts are reviewed, the proctoring editor will make a recommendation to the editor in chief whether further proctoring is needed or whether the new DE should assume independent function.

#### **B. Subsequent Evaluation (After Proctoring is Completed)**

After the initial evaluation, deputy editors will perform random audits of DE decisions, and may perform focused more detailed evaluations if appropriate for certain types of papers or certain DEs.

### **VI. Editorial Board Organization**

This section reviews the various editorial board titles as listed on our journal masthead.

#### **A. How editorial board positions are assigned**

As a means of public thanks for their important contributions, Decision Editors are given an editorial title on the journal masthead. Since there is variability in editor workload, these titles are ranked, eg, Assistant Editor, Editorial Board, Associate Editor, Senior Associate Editor, Deputy Editor. Masthead titles are set by the Editor in Chief and eligibility is updated yearly using a formula that weighs multiple performance factors – including manuscript volume, timeliness of decisions, and previous years of journal service. This is similar to a corresponding formula used to determine each year's top reviewers. Our goal is to recognize the relative contributions of editors and reward those whose contribution is above the average.

Editorial board positions are filled over time depending upon specific journal needs, volume and topic areas of submitted manuscripts, candidate scientific and research expertise, and candidate availability, all of which can and do change in a complex fashion. Accordingly, each editor's category on the board does not necessarily represent our assessment of their talents, experience, research productivity, longevity with the journal, etc, but instead reflects a combination of our needs at their time of joining as well as the amount of time and energy they are currently able to

provide. Many individuals, by the very virtue of their success, do not have a lot of time to invest in an uncompensated pursuit. Similarly, there are some topic areas with such a low volume of submissions as not to warrant/support a separate decision editor.

In appointing new editors to the board, their initial category is only a best guess on our part of the role they wish to play and how it fits into our existing organization, workload, and submissions mix. It is never a permanent categorization; manuscript volumes change, topics of interest evolve, and editors' competing obligations change as well. Anyone who has special interests or areas of expertise and wants to suggest these ideas (or a different role for themselves) is welcome to do so. On the other hand, if over time an editor's workload exceeds his or her available time to contribute, a scaled down role can often be arranged. Editors who wish to increase their volume of manuscripts should address this request to journal staff and/or their Deputy Editor; often a lower-volume specialty niche can be supplemented with general medicine or general trauma manuscripts. In 2017 *Annals* managed 2,249 total manuscripts divided into 86 different topic categories.

### **B. Duties of all editors**

All editors, in every category, are expected to represent the journal, look for quality commentary and science to publish, recommend reviewers, perform reviews in areas of their expertise (up to 6 a year), and are welcome to write occasional editorials.

### **C. Editor in Chief and Deputy Editors**

The Editor in Chief and Deputy Editors provide the executive leadership; they are responsible for the goals, directions, and policies of the journal, proctoring of new editors, performing special administrative projects, providing supervision and consultation for all decision editors, particularly on difficult manuscripts, researching and implementing new features, and assuring avoidance of conflicts of interest in peer review. Deputy Editors also undertake special organizational projects necessary for the maintenance of quality and the improvement of the journal.

## **VII. Selection of Decision Editors**

New decision editors typically come from the ranks of *Annals*' senior or top reviewers, matched also with journal needs due to changes in manuscript topics and/or volume, as well as the reviewer's areas of scientific expertise and research.

### **A. Criteria for Decision Editor Selection**

The list below roughly prioritizes the qualities needed in an editorial board member. Many valuable talents (eg, administrative, procedural skill, etc) are not relevant or useful to this particular function. Editorial board members should bear these qualities in mind when suggesting a candidate.

1. Past performance as an *Annals*' reviewer (ie, quality, timeliness, reliability). The Senior Reviewer list (as well as the annual top 50 list) is a good source of proven reviewers.
2. Authorship of original scientific articles as either first or senior author (required in the vast majority of candidates). Generally most editors require an academic background to make the judgements involved in manuscript selection.
3. Experience on other editorial boards.

4. Personality (ability to work well and constructively with others and convey a positive and unassuming image for *Annals*, including providing supportive relationships with authors, reviewers and others).
5. Crossover to other specialties (in research, funding, publications, leadership), that is, someone with dual training or noteworthy activity in emergency medicine and another specialty, and who would bring us something extra and perhaps some outside publications.
6. Leadership activities in emergency medicine (and especially academic and research emergency medicine).
7. Research experience (funding, crossover to other specialties, prestige, national level experience with organizations, such as National Institutes of Health, National Highway Traffic Safety Administration).
8. ABEM or pediatric emergency medicine subspecialty certification if an emergency physician.
9. Not of great importance to editorial functions: state and local committees and leadership, lectures given, most abstracts, administrative activities.
10. Limited value and relevance: publication of review articles, chapters, textbooks (other than proving they know how to write).