JACEP Open

Editorial Board Call
Feb 11, 2020
Journal Report

Tracy Napper
Journal Report

• 149 submissions since 10/2/19
• 35 papers accepted
• 17 have published online at jacepopen.com
• 19.3 days: average time to editor first decision
Wiley Team Transition

Brian Coughlin
Wiley Team Transition

Brian Coughlin, Publisher

Brian has been with Wiley since 2005. He spent his first eight years working on the production and operations side of the business before moving onto the Editorial team in 2013. He has extensive experience working with society partners to establish journal-level strategic initiatives, reviewing processes and procedures to ensure stakeholders’ needs and expectations are satisfied, and managing day-to-day operations to ensure the highest levels of quality and efficiency. He also has experience working on gold open access journals having managed the Journal of the American Heart Association, CPT: Pharmacometrics and Systems Pharmacology, and Clinical and Translational Science. Brian works in Wiley’s Medford, MA office and is replacing Vickie Thaw. He reports to Maria Khan.

Maria Khan, Senior Editorial Director

Maria Khan is Senior Editorial Director for Health Sciences. Maria is responsible for the strategic development, management and financial performance of Wiley’s portfolio of society-owned and proprietary journals in Health Sciences globally with a focus on vascular, medical technologies, and veterinary titles. She has partnered extensively with organizations in medicine throughout her career. Maria is based in Oxford and has served Blackwell and Wiley in numerous editorial capacities in Health Sciences over her 25-year publishing career. She has extensive experience in journals, books, and digital publishing, including many in collaboration with international learned societies, associations and colleges. Maria is replacing Shawn Morton.

David Mayhew, Senior Marketing Manager

David is an experienced marketer, having worked in publishing and pharmaceutical marketing for more than twenty years. At Wiley he has worked with societies to promote journals in cardiology, nursing, and pharmacology. Prior to Wiley David worked with Eli Lilly and Novartis to support and promote educational peer-to-peer outreach programs in mental health and cardiology. David works out of Wiley’s Indianapolis office and is replacing Laura Byrnes.

Jane Domino, Production Manager

Jane has worked in journal production at Wiley since 2012. She is experienced with a broad range of journals as a Production Editor and Production Manager, with a focus on society titles in the health science portfolio. Jane works in Wiley’s Hoboken office and is replacing Ryan Sheehan.

Bailey Morrison, Journal Publishing Assistant

Bailey serves as an Editorial Assistant on Brian’s team and will be involved in supporting JACEP operations. She is replacing Kate Lavallee.
Editorial Manager
Breakdown

Tracy Napper
Editing Points and Pearls

Henry Wang
Thank You!

- Editor assignments
- Does not include peer review assignments
Editor’s Checklist

• Has meth/stats reviewed the paper?
• Is Abstract in JACEP Open format?
  - Original Research: Background – Methods – Results – Conclusions.
• Does Introduction have JACEP Open subsections?
  - Background – Importance – Goals of this Investigation
Editor’s Checklist

• Methods formatted correctly?
  - Study design/setting
  - [Data Source]
  - Selection of subjects
  - Interventions/exposures
  - Outcomes
  - Data Analysis

• Adequate detail?
Editor’s Checklist

• Limitations before discussion?

• Discussion reasonable in scope and length?
  - Goal: 1.5-2 double-spaced pages; 3 pages should be the absolute max.

• Tables and figures at end of paper?
Editor’s Checklist

• Does decision letter have editor’s summary statement?
  - Assigned scores for all reviews?
  - Reviewer comments edited down to 500 words per reviewer?

• “Bottom Line” summary?
Which Decision to Choose?

- **Reject (with/without review)**
  - A few works – will grow over time

- **Revise and Resubmit**
  - Most works

- **Accept with Revision**
  - Reserve for truly minor points

- **Accept - Send to EIC**
  - Paper ready to move to production
Papers Transferred from Annals of EM

- Are there reviews from Annals?
  - Look under “details”

- Good quality reviews from Annals of EM
  - JACEP peer review not required

- No reviews from Annals of EM
  - Send out for JACEP review (or reject)
New Editor Assignments - Henry E. Wan

Contents: These are submissions that have been assigned to the Editor. They require one of three actions: Reviewer invitations, or Decision. Use the up/down arrows to change the order.

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Author(s) invited to submit commentary

No Authors have been invited to this manuscript.

More Information: Transfer Letter From AMERICAN JOURNAL OF EMERGENCY MEDICINE
Ref: Predicting Outcome for Ambulance Patients with Dyspnoea: A Prospective Cohort Study
Mr Tim Alex Lindskou

I am transferring the above article to you because I believe it is well-suited to your publication.

Please see the Decision letter included below for our editors’ and reviewers’ comments on the article.

Regards,

Phantom Editor in Chief
Phantom Editor in Chief
Annals of Emergency Medicine

Annals of Emergency Medicine Decision Letter:

To:
Subject: Decision on Your Journal Manuscript 2019-2217

Tim Lindskou,
Aalborg University
Centra for Prehospital and Emergency Research, Department of Clinical Medicine
Sdr. skovvej 15
Aalborg 9000
DENMARK

PLEASE REFER TO MANUSCRIPT NUMBER 2019-2217 IN ALL CORRESPONDENCE REGARDING THIS PAPER.

Dear Mr Lindskou:

Thank you for submitting your manuscript, "Predicting Outcome for Ambulance Patients with Dyspnoea: A Prospective Cohort Study" to Annals of Emergency Medicine. After review by the Editorial Board, we have decided that we will not be able to publish your manuscript. Reviewer comments are included here for your information, but you should be aware that these comments are not necessarily the main or only reason for our decision.

Often our inability to publish a paper is based on other considerations, such as recent publication of papers on the same topic, maintaining a balanced coverage of topics, or subject matter that is not in the major realm of interest of our readers. Thus our inability to accept your manuscript does not necessarily mean that we do not consider it to be of publishable quality.

Editor:

Thank you for your submission to Annals of Emergency Medicine. Unfortunately, we will not be able publish your work. While the manuscript poses an interesting clinical question, our reviewers identified several key issues.
Meth/Stats Reviewers

• Jagdish Khubchandani, PhD
• Justin Moore, PhD
Timing of Meth/Stats Review

• Option 1
  - When first review looks promising
  - 1 week turnaround
  - Request this early to avoid delaying paper

• Option 2
  - If paper is good, request meth/stats review right away
Timing of Meth/Stat Review Request

Assign Reviewers

Request Meth/Stats Review (Option 2)

Review #1 done

Request Meth/Stats Review (Option 1)

Review #2 done

2 week window
Under Discussion

- Template for meth/stats reviews
- Limiting M/S review to advanced/complex papers
  - Use of multivariable regression or higher
  - As requested by editor or EIC
What is Our Bar for Acceptance?

Original Research

- Reasonable question
- Clean methods
- Simple clean results
- Discussion frames results – not over-reaching

- Less important at this time…
  - Impact
  - Originality
What is Our Bar for Acceptance?

Review Papers

• Reasonable niche
• Logical presentation
• Grounded by medical evidence
• Balanced presentation
  - Minimize subjectivity
• Easy to read
• Useful information
What is Our Bar for Acceptance?
Case Reports

• New or interesting
• Solid presentation
• Discussion provides good insights
• If not novel/the first, then articulates how it adds to existing knowledge

• Does not need to be “the first” (but needs to justify itself)
Peer Reviews

• Why assign scores?
  - Helps editors to rapidly home in on responsive and high quality reviewers
  - Recognition for reviewers

• What is a good review?
  - 1 = Poor
  - 2 = Fair
  - 3 = Satisfactory
  - 4 = Very Good
  - 5 = Excellent
Current Distribution of Peer Review Scores

N=176 reviews + n=66 missing scores
Sample Scores

Score = 1
“This paper is flawed. The authors have no idea what they are talking about. It should not be accepted.”

“Great paper. It should be accepted.”

Score = 2
“The sample size is too small. The sample is probably biased. The tables should have organized vertically instead of horizontally. The format of the references is wrong. There is a misspelling on page 2.”
Sample Scores

Score = 5

This is an important study addressing peri-intubation hypoxia and avoidance peri-intubation cardiac arrest looking at prospectively collected before and after intubation data following implementation of a delayed-sequence intubation protocol which was apparently the result of a sentinel event. The authors of this study report that the delayed sequence intubation protocol reduced the incidence of several peri-intubation complications which the new protocol was designed to prevent. This result is not surprising.

There are several other concerns that I have with this manuscript which I believe essentially proves that EMS systems, and their medical oversight, need to focus on pre-intubation oxygenation and denitrogenation.

(1) The authors subjected several patients who likely would have done well with a well-performed RSI to DSI (this is discussed by the authors but nonetheless represents a concern),

(2) Multiple interventions were implemented simultaneously and thus, it is impossible to tell what was the most important intervention and

(3) There are no patient centered outcome measures such as short- or long-term complications and hospital outcome. This information would be better presented as a feasibility study.

[Review continues]
Other Topics

Henry Wang
Other Topics

• Coronavirus
• Promoting the Journal - Twitter
• Editorials
• Call for Reviewers
• Call for Meth/Stats Reviewers
• Annals of EM Meeting
Next Call?