

Job Description for Decision Editors for *Annals of Emergency Medicine*

Last updated March 3, 2010

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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.*

The decision editors (DEs) should 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 expected to recruit papers in their specialty area and attend national meetings in their area of interest. DEs should also serve as a source for identifying new reviewers and new editorial board members for the journal.

Using *Annals'* Web-based peer-review system, Editorial Manager (<http://AnnEmergMed.editorialmanager.com>), DEs are expected to monitor their workloads, assign reviewers, and make decisions in a manner that facilitates expedient turnaround. DEs have 48 hours from the time they are notified they have been assigned to a new manuscript to assign reviewers to that manuscript or make a decision outright in Editorial Manager. DEs have 5 calendar days to make a decision after all reviews have been received for a manuscript. DEs are expected to monitor the performance of their reviewers to ensure timely turnaround, rate completed reviews (Tables 1 and 2), and assign more reviewers when needed.

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

1. Decide which new manuscripts merit peer review (more than just editor assessment).
2. Assign reviewers, rate the quality of their reviews using *Annals* guidelines, and educate them in *Annals'* standards and expectations.
3. Make decisions on manuscripts, soliciting the input of other editorial board members (especially senior editors) when needed.
4. Communicate decisions to authors in a positive, collegial, and educational manner, and screen 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 assure accuracy and consistency with *Annals'* standards.
7. Suggest and solicit editorials for accepted manuscripts.

8. Suggest and solicit brief commentaries (several pages on one particular point in an article, usually written by one of the original reviewers of the manuscript) for accepted manuscripts.
9. Write capsule summaries for all original research articles according to instructions provided by the editor in chief.

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

II. Initial Review

A. Decide whether a manuscript merits peer review.

This decision should be made carefully and conservatively, but it would not be unexpected for a DE to reject 10% to 30% of manuscripts without sending them to peer reviewers. (After all, we know that eventually about 70% of our manuscripts will be rejected.) Manuscripts with very weak methods or inappropriate to our audience do not warrant review, and simply create more work for editors, reviewers, and staff. If you really think the paper stands almost no chance of acceptance, reject without review. “Rejection without review” may actually be a favor to the author; if the manuscript is likely to be rejected, authors do not benefit by having their manuscript tied up in *Annals*’ review process for 2 or 3 months. 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 about the merits of the paper, either send it out for review or consult with another editor.

Possible reasons for rejection of manuscripts without review would be:

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).
2. The manuscript is superfluous in that it does not add any information in addition to what is contained in standard emergency medicine textbooks.
3. There is no clear or useful hypothesis.
4. The manuscript is of no interest or relevance to our readership (which is international, not just based on U.S. practice, and includes important small 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)

If a manuscript is rejected without being sent out for peer review, the DE is required to provide a brief summary to the author of the reasons for rejection or provide a more extensive review at his or her discretion. All such correspondence should reflect a painstaking choice of words to avoid perceptions of bias, condescension, and so on. All adjectives and adverbs that imply negative value judgement should be avoided (e.g. “careless”, “superficial”, “lazy”, etc.). You can always get even the most negative information across in emotionally neutral terms.

B. Sending a manuscript for peer review.

If the manuscript is good enough to warrant review, the DE should select at least 3 reviewers with appropriate expertise in the topic of the manuscript, or at least 2 reviewers with other alternative reviewers pre-set within Editorial Manager. A minimum of 2 completed reviews should be obtained for each paper. Reviewers with expertise in various classification areas can be located using Editorial Manager. Journal staff assigns a methodology/statistical editor to original research and brief research reports at the same time the DE assigns the other reviewers.

The importance of timeliness cannot be overemphasized. Authors care about it, and so do we. We routinely monitor timeliness of editors and compare them to the average. Do not let new manuscripts linger in Editorial Manager awaiting an assignment of reviewers by you. The same is true for revisions and final decisions. 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.

Journal staff will provide guidance at every stage of peer review, on request. They are available during regular business hours by telephone, or by e-mail as needed, to answer any questions or address any problems you encounter in your work for the journal.

III. Initial Peer Review and Decision

On receiving the reviewer comments and reading them, the DE must give each review a numerical rating in Editorial Manager. These should be whole digits from 1 to 5; the definition of the ratings appears at the end of this document. Rating each review, and using our standard definitions, is crucial to quality control of our journal.

The DE must then make a decision on whether the manuscript should be rejected at this stage, accepted, or sent back for revision. If the manuscript is accepted without any revision (a rare event), the DE should perform content editing (see below). The decision to accept (with revision or without) 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 senior 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 is 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 senior editor about it first.

Whenever reviewer comments are sent to an author, the DE must review them carefully to make sure that they are professional in tone, do not contain any derogatory comments or grossly erroneous information (such as conflicting with Annals formatting requirements), and modify them to eliminate confusing contradictions. We all know as authors how sensitive we can be to negative implications and judgemental words in reviews; these should be replaced by factual but neutral words. Contradictory statements are common in remarks from different reviewers and are particularly confusing to authors when a revision is requested. Thus, in addition to deleting them from the reviews sent to the author, a brief statement from the DE should describe the major issues he or she wants to see addressed in the revision. This can be as simple as a brief introductory comment added to the Comments to Authors in Editorial Manager, advising the authors to “focus chiefly on comments from reviewer 1 and 3, and ignore the statistical issues raised by reviewer 2.”

If a manuscript is rejected, the DE should choose the “Reject With Reviews” decision in Editorial Manager and should send the reviews to the author after editing to eliminate contradictory or potentially derogatory statements. A short initial summation of the reasons for rejection should be provided by the DE and will be sent to the author (a few sentences or a brief paragraph will suffice, there is no need for great detail). In some instances, the DE may choose to cut and paste appropriate, non-conflicting reviewer comments to create a consensus/consolidated review in the opening paragraph of the letter of rejection to the author. Do not fall into the trap of simply including all reviewers’ remarks without reading them carefully.

A. Methodology/Statistical Reviews

The review by one of our methodology/statistical editors is very important. These reviews are required **before a positive decision can be made** on original research and brief research reports. These 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 senior 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 senior 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 senior 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.

B. 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 all kinds of 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. Every decision editor at *Annals* is assigned to a particular senior editor, usually based on topic area. This means two things. First, decision editors who have any questions about anything editorial, or need to discuss a paper, should turn first to the Deputy Editor to whom they are assigned (see separate list). Routine e-mail and phone discussion between these editors is encouraged in making decisions about what to accept, what revisions to demand, how to reconcile competing reviews, etc. This discussion will not only help prevent problems, but will educate all involved parties.

If this is not sufficient to resolve an issue, the Deputy Editor for that decision editor and manuscript can take the issue to the monthly Deputy Editor conference call for further discussion, and the decision editor should participate in that call as well. Alternatively the Deputy Editor and Decision Editor can decide to take the issue directly to the Editor in Chief.

This process should improve communication and identify problems earlier in the decision-making process, hopefully making it more efficient for both editors and authors. As part of the process of “catching things early,” Deputy Editors when needed will “browse” their DE assignment lists and initiate contact with the DE in occasional cases. This will probably be necessary less than 10% of the time. It will save everyone time and energy, usually is a learning experience for all involved, and is also an important form of quality improvement for the journal.

Examples of manuscripts that may require senior 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. Topics that might warrant soliciting a special contribution.
6. Manuscripts likely to create unusual levels of controversy or having a major impact on the specialty.

C. Conflicts of Interest

Whenever an editor has even the appearance of a conflict of interest, they are expected to recuse themselves from the process and ask to have it assigned to another 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, the author should be so notified. The DE may sometimes perform **content editing**, if needed, at this point, before the manuscript is sent to

the editor in chief for the final decision on acceptance. Content editing should be a rare necessity (see more below).

The goals of content editing should be:

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 you are looking for an example of the unpretentious lucidity that is our goal, the *British Medical Journal* and *Lancet* are good examples.

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.

Journal staff are available to instruct you on how to edit a submission yourself, if you wish.

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” for more detailed information.

B. Brief Commentaries

A brief commentary accompanies selected original research contributions and is up to three pages of discussion (maximum 750 words) focusing on one or two key points about the study – strengths, weaknesses, where it fits in the context of other studies, controversies, how it should or should not change our clinical practice, or even how it illustrates some important principle of science or methodology. This will not be as long or complete as an editorial, but more of a focused comment that does not attempt to be a complete discussion of a paper.

The source of the commentary will be either the decision editor, or one of the reviewers selected for the paper. Reviewers who seem to be particularly informed or eloquent are good candidates for invitations to write brief commentaries. You will often receive high quality reviews that strike you as having the essentials of such a discussion already. If you feel this would add extra insight or value to the article, you should notify the supervising editor of your desire to do so. Outside experts may also be recruited.

The brief commentary will follow the article in question, and our goal is that at least one or two articles in each issue should have one.

When a decision editor identifies a manuscript on which a brief commentary is to be written, they should indicate this in their final accept decision in the Comments to Editor section, which is forwarded to the editor in chief for review and approval. Provide the name of the individual (or yourself) who you recommend to write the commentary. After approval from the supervising editor, the managing editor will solicit the commentary on behalf of the decision editor and provide deadlines to the author with appropriate followup.

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 senior editor (usually 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 the editor in chief, a deputy editor, or one of the associate editors. 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 on the telephone 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 (within the usual *Annals'* organizational structure).

B. Subsequent Evaluation (After Proctoring is Completed)

After the initial evaluation, senior 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. In addition, *Annals'* staff should also complete yearly evaluations on all DEs using a structured form that covers all essential job responsibilities. These evaluations should be summarized yearly or every other year for each DE.

VI. Editorial Board Organization

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

A. How editorial board positions are assigned

Editorial board positions have been filled over time depending upon specific journal needs and candidate availability. Accordingly, each editor's category on the board does not necessarily represent our assessment of their talents, experience, research productivity, etc., but instead may reflect our needs at their time of joining and/or the amount of time and energy we perceive they are currently able to provide. We know all too many individuals who, by the very virtue of their success, do not have a lot of time to invest in an uncompensated pursuit. 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 and workload. It is not a permanent categorization. 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.

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. Consulting editors

If you are new to our board and not immediately scheduled to start making decisions on manuscripts (the role we call Decision Editor or DE), these will be your only responsibilities and you will be considered a Consulting Editor.

D. Editorial board

The Editorial Board level represents the next step up on the workload for the journal. In addition to the tasks of the Consulting Editors, members of the Editorial Board also mentor new reviewers, help represent *Annals* at meetings of other organizations, write regular editorials, suggest journal content or special contributions, and may serve as Decision Editors on a small volume of manuscripts (the current threshold is about 10 a year). Being a Decision Editor means assigning reviewers, reading the reviews, making a decision about publication, and then supervising the revision if needed; in the beginning this is done under the guidance of an editor experienced with *Annals'* policies and procedures. A new editor who has already been recruited to become a Decision Editor would appear in this category this year.

E. Associate editors

The Associate Editors do all the above, plus perform a higher volume of Decision Editor manuscript supervision (often two dozen manuscripts a year or more), or, alternatively, some of them write or coordinate regular sections or departments of the journal that appear monthly.

F. 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, researching and implementing new features, supervising the manuscripts handled by the Associate Editors and Editorial Board members, 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 (such as the annual report of reviewer demographics and performance).

VII. Selection of Decision Editors

On a yearly basis, the editor in chief will solicit input from the editorial board on potential candidates for board membership, highlighting areas of the journal and the specialties in which candidates are particularly needed. All members of the *Annals'* editorial board should, if requested, submit the name of at least one individual to support for a DE position. Such nominees ideally should come from the ranks of *Annals'* top reviewers, so their reviewer performance for *Annals* is already known, but at the least should have some prior peer review experience. An e-mail or letter of recommendation from the editorial board member should highlight the particular reasons for the nomination and areas of expertise of the prospective DE. CVs of the candidates should also be submitted.

The candidates for DE will initially be reviewed by the editor in chief. The list will then be reviewed by the senior editors, along with summaries of the nominee's review performance from the *Annals'* database. Recommendation of an appropriate number of DEs will be made by the senior editor group for action by the editor in chief. Reviewers or consultants for *Annals* may also recommend individuals for DE position, but such nominations would need the support of at least one editorial board member.

A. Criteria for Decision Editor Selection

The list below roughly prioritizes the qualities needed in an editorial board member. Many valuable talents (eg, administrative) 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 published monthly (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'*).
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 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).

Table 1. Components of a Quality Review (Scoring Elements)

The following are the key elements we look for (and score on) in 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.

Table 2. Review Scoring Scale.

- 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)