



Oral Surgery, Oral Medicine, Oral Pathology, Oral Radiology, and Endodontology

EDITORIAL

Getting published—improving the odds

The benefits of new discoveries or refinement of patient management strategies are limited unless the results are disseminated to those who are likely to use the new knowledge to improve the lives of others. The most common means of spreading this valuable scientific information continues to be via publication in hard copy or on the internet in a peer-reviewed journal. Our journal is fortunate to receive a constant supply of high-quality submissions which grows in number each year at an impressive pace.

Academicians are, of course, aware of another force, other than information sharing, driving the submissions to peer-reviewed journals. This is the expectation at most academic institutions that the faculty help grow the world's knowledge base and share new scientific evidence and ideas by getting their work published. This need to publish is so strong in most universities that one cannot be promoted or tenured without an adequate number of publications, and in some countries being published is specifically tied to financial compensation.

The increasing number of articles submitted for consideration by our journal is probably due to several factors. A main one is our totally electronic submission process, making it easier for investigators and clinicians to prepare a paper for consideration and move it to our office; this is particularly true from countries distant from North America or with unreliable or very costly postal services. I believe another important reason for our increase in submissions is the more rapid growth of research and more application of advanced clinical procedures in countries such as China, India, Brazil, and Turkey. The universities of these and other countries may also put more emphasis on having faculty publish than in the past. Another reason I feel that our journal sees more submissions is our improvements in overall quality, continually rising impact factor, and concerted efforts to shorten the times between submission, revision requests, acceptance, and when the article is available for viewing.

As an editor, I am obviously pleased to see the rise in the numbers of submissions, because it allows us to accomplish our primary mission of disseminating scientific and clinically important information. But equal in importance is the greater freedom it gives us to be more selective in what we accept based on the opinions of our peer reviewers. Our most recent calculation of acceptance rates over a year's period of time shows an overall rate of 29%, with acceptance rates across the sections ranging from 20% to 36%.

Although a large number of submissions are of benefit to an editor and the readership, this attitude is likely not shared by those seeking to publish their work. In this case, the odds are relatively poor of getting a submitted paper accepted and published. Hopefully this does not deter those with important data and analysis from considering our journal. But in case it does cause some hesitation, I want to give those individuals and their mentors insight into how papers are judged. With this knowledge, those seeking to be published might be able to improve their chances of success. My apologies to those not familiar with the David Letterman show broadcast on North American television, but I thought I would provide my somewhat prioritized list of things I consider when deciding to accept a paper in the form of one of his top ten lists. I'll follow that with further elaboration. So here are my top ten criteria for accepting a paper to our journal.

Number 10: The topic is of interest to our readership.

Number 9: Illustrations and diagrams are of very high quality.

Number 8: Proper American English spelling and grammar are used.

Number 7: More than a single case is being presented and discussed.

Number 6: Format in the Instructions to Authors is followed exactly.

Number 5: Ethical and humane standards were followed with respect to experimental subjects.

Number 4: The section reviewing and discussing existing knowledge (the literature) is well developed.

Number 3: A high quality but concise (not overly long or verbose) discussion section exists with appropriate conclusion stated.

Number 2: The subject matter is particularly interesting, timely, innovative, or settles an existing controversy.

And the number 1 criteria I use for accepting a paper to our journal is: Well done valid science.

It is important to note that these are not automatically used in this order, because some criteria do not apply to certain types of papers. Also, I only make final acceptance decisions for papers in the surgery section. I do make some early rejection decisions if I do not believe a paper belongs in our journal at all (more on this later). Other section editors make the final decisions for submissions in each of their domains. They do share many of my criteria but may vary on the relative importance of each. In addition, although I cannot guarantee that all journals designed for clinicians use these same criteria, it is my guess that many likely do so.

I hope these criteria are self-evident but will briefly expand on each to clarify the intent.

The number 10 criterion requires some thought of the makeup of our readership. Our largest subscriber base, by far, consists of oral-maxillofacial surgeons. But we are also commonly read by oral-maxillofacial pathologists and radiologists, dentists focusing on oral medicine, and endodontists. All dentists interested in oral diagnosis should be including our journal in their regular reading and, with our upcoming new subsection on dental implants, all dentists who need the most up-to-date knowledge related to implants should be reading *OOOOE*. The implication here is that topical areas I have not mentioned are not covered by our journal. This then makes articles related to nonsurgical orthodontics, nonimplant-related periodontology, and pediatric dentistry of limited or no interest to the vast majority of our readers. Similarly, subject matter covering restorative dentistry and nonimplant-related dental materials are similarly not appropriate for our readers. Therefore, unless I see a direct connection to one of our sections, I will usually reject submissions before sending them for peer review. Sometimes it is the peer reviewers who make this recommendation, which section editors may or may not heed.

The number 9 criterion may be self-evident, but I am sometimes surprised by the submission of articles with photographs that are out of focus, grainy, poorly lighted, have nonmatching colors, or in which the patient is not properly positioned to get the proper view (such as photographing the profile of a patient by having them turn their head rather than turn their body).

Poor photographs are a reason articles are rejected before peer review. In addition, in some submissions the authors submit many more photographs than are necessary to allow the reader to understand the conclusions of the article. It is better that the author carefully decide which photos are of real value, rather than cluttering up a submission with unneeded photographs. Similarly, diagrams should be easy to understand, use patterns to indicate different groups, and be well labeled.

The number 8 criterion relates to using proper American English spelling and grammar. For better or worse, our journal is published in the English language using the American spelling of words, including generic drug names. Sections give varying degrees of flexibility on this point during the peer-review process. But if a paper is submitted with numerous spelling errors it clearly signals that the authors did not work hard to perfect their paper before submission. This is particularly hard to explain in this age of computer spell-checking software and electronic dictionaries. Grammar is harder to check, but in some cases the grammar is so crude that it either makes the article unreadable by the reviewer, creates misunderstandings, or makes it such a chore to read that a reviewer becomes biased against the paper. In my case, when I get a revision back with grammatic errors I may correct a few, but if there are many I will either reject the paper or send it back for re-revision. Thus, it is important that authors without native English speaking coauthors find someone completely fluent in English to correct the article's grammar, preferably before initial submission and definitely before resubmission.

The number 7 criterion is perhaps the most common reason used for rejection in the surgery or pathology sections. Reporting of a single case is rarely of enough scientific or clinical value to warrant publication. And if the case is compelling enough to accept, I almost always accept it only for online publication, so it is searchable by those few who may need to learn something from a previously managed case. So unless someone considering submission has an extremely rare case or unusual presentation of a problem, I suggest he or she consider submission to a regional or local journal. And if an author does feel the case has something very special to offer readers, the that argument should be clearly stated in the article; I suggest that it appear in the abstract as well.

The number 6 criterion seems to be a no-brainer. Therefore, it is surprising how many papers are submitted that do not follow the Instructions to Authors related to references, referencing references, required sections of a paper, including a conclusion, and other clear specifications. Although our copy editor will

make some changes, I have become less and less tolerant of format errors, because it is a sign that an author has not worked hard to make the paper the best it can be.

The number 5 criterion exists because our journal expects that any experiments conducted on humans have been reviewed and approved by the proper authorities at an author's institution, and that patients have been fully advised about the reasons for the research and risks involved. In the same vein, we expect animal experiments to be reviewed by institutional animal welfare boards and to have received appropriate approvals. These approvals must be mentioned in any paper considered for publication in our journal, and this is true for most other widely circulated journals.

The number 4 criterion, review of the literature, is critical for readers because it helps set the stage for the rest of the article. It must provide enough information so the reader understands the scientific and/or clinical community's current level of understanding prior to the experiments or studies discussed in the current paper. Otherwise no context has been set, and a reader may not appreciate why the project or cases discussed in the paper are relevant and important for the reader to know. Many authors just rattle off a few earlier reports without clearly developing the story leading up to the present status of the topic at hand. Because reviewers are usually experts in the topic of the article, a poorly developed literature review is likely to leave them questioning the value of the author's work.

The number 3 criterion, and in many cases the real meat of any good article, is the discussion section. A good review of the literature sets the stage that can then be the platform upon which the discussion is built. It is in this section that the authors are able to explain how their findings or observations now advance or change our understanding of the topic being discussed. Editors and reviewers value conciseness in a discussion. If the literature review was well done, the discussion can focus on the relevance of their findings, weaknesses in their conclusions, and suggestions of future avenues for further advancing our understanding of the subject matter. Overly long or verbose discussions greatly harm a paper's chances for acceptance. Plus, even if accepted, an overly long discussion makes it less likely the paper will be fully read and appreciated by readers.

The number 2 criterion can be a kicker that trumps some of the other criteria. Ground-breaking discoveries

are highly prized by journals, because they are highly valued by readers. However, the contrary is also true. An article on a topic regularly or recently covered in the journal or of a mundane nature is far less likely to get accepted. Here is where it is useful for an author to be familiar enough with the journal to know what topics will catch the interest of the editors. Sometimes authors will e-mail me asking if such and such a topic will be accepted by our journal. My usual answer is to just submit it and see. But in cases where I see something particularly exciting, I will strongly encourage submission.

And finally, my number 1 reason to accept a paper is well done valid science. Our journal highly values publishing the results of quality research. This requires a well designed project conducted in a manner that follows sound scientific principles. I am amazed at how much research funding is wasted by investigators who do not set up proper controls or fail to follow other basic principles of experimental design. Another problem is having unfounded conclusions based on flawed science or inappropriate statistical analysis. The importance our journal places on excellent scientific articles is shown by the papers who receive the annual best paper awards. These are almost always those involving outstanding experiments conducted in an appropriate manner. These do not necessarily need to be experiments done in the laboratory or on animals. The principles well addressed in the recent paper in this journal by Dodson¹ can also lead to a landmark article.

I sincerely hope that authors will continue to consider submitting articles for consideration by our journal in ever-growing numbers. But authors should consider the criteria expressed in this editorial when determining if we are the right journal for their paper and in what form your paper should be submitted. You can help improve your odds for acceptance by following the guidance I have tried to provide.

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REFERENCE

1. Dodson, TB. A guide for preparing a patient-oriented research manuscript. *Oral Surg Oral Med Oral Pathol Oral Radiol Endod* 2007;104:307-15.