

Rejected

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Few researchers have not had the disappointment of a paper being rejected after submission to a medical journal. After spending often more than a year to perform a study and write the findings, it is a stressful and difficult experience to have one's scientific paper rejected.

Prehospital and Disaster Medicine (PDM) has for the past quarter century strived to publish as many papers as possible. Dr. Marvin Birnbaum, Editor of *PDM* for 25 years, took pride in helping authors refine their research and rewrite papers so that they could publish their work. A priority for *PDM* has been to serve as a platform for all researchers to discuss and present their findings. Rarely does a submitted paper lack some information or principle that will add to the medical knowledge base. With these concepts in mind, the Editorial Board and Reviewers for *PDM* have made an effort to publish as many submissions as possible, and particularly to help those early in their careers, or with limited English language skills, publish their work. For *PDM*, a rejected manuscript is a disappointment.

That said, manuscripts submitted to *PDM* are now being rejected more often. In 2011, the publication acceptance rate for the Journal was 47% of manuscripts submitted. It is expected that the acceptance rate will drop to well below 40% this year (2012). This decreasing acceptance rate is due to a number of factors, one of which is the limited number of pages available for publishing. *PDM* currently publishes six issues a year, with 114 editorial pages available per issue. This limitation requires that care be taken to choose those papers that allow for the most impact per page. Limited publishing space requires balance in choosing papers so that all areas of focus for the Journal are covered in a non-biased and representative manner. This need to editorially balance the papers published in *PDM* often results in an inability to accept a very publishable paper, either because other papers covering the same topic have been published recently, or because the journal must use print space to publish papers that cover a timelier topic.

In addition to limited pages for publication, *PDM* has experienced a steady increase in the number of manuscripts submitted. In 2011, submissions increased 23%, and a similar rate of increase over the past year is occurring in 2012. Not only is the rate of submission to *PDM* increasing, but the quality of papers is progressively higher. While the increased submission rate and higher quality papers are demonstrations of the scientific development of prehospital and disaster medical sciences, these factors also make choosing papers for publication difficult.

At present, *PDM* has over 140 accepted or submitted papers in various stages of review and editorial production. To manage the flow of papers, and to address issues uncovered during the editing process, *PDM* staff occasionally returns a paper to an author with suggestions for revision and resubmission. While laborious for both editorial staff and authors, this is a key step required for *PDM* to maintain high scientific standards and present quality papers.

Whether a paper is a first draft or a revised manuscript, the following ten key elements are minimum requirements for original research to be considered for publication in *PDM*:

1. A topic that is appropriate and timely for publication in *PDM*. Topics generally considered appropriate include prehospital and emergency medical care, disaster medical management and practice, prehospital and disaster nursing, paramedicine, multi-casualty incidents, mass-gathering medicine, and humanitarian medicine.
2. A submission that adheres to the format described in the *PDM Instructions for Authors*.
3. An Abstract that summarizes the important elements of the manuscript.
4. An Introduction Section that concisely reviews what is known of the study topic, and establishes the relevance of the study with a concluding statement of the study hypothesis or study problem being addressed. The study objective or hypothesis must be stated in a focused and concise manner such that it can be tested by quantitative, qualitative, or mixed quantitative-qualitative methods.
5. A Methods Section that states the study methodology, study population, inclusion and exclusion criteria. This section must include a description of how the study was conducted, such that another researcher could reproduce the study. In studies conducted using medical record reviews, there must be a detailed description of how

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- the records review was conducted and extracted data validated. In all cases where human subjects were included in the study, there must be a statement of review and approval of the study by an appropriate study ethics or human subjects committee.
6. The Results Section must present and explain all data included in the study. Tables and figures are appropriate for presenting aggregate data, and must adhere to standards required for publication as described in the *PDM Instructions for Authors*. No interpretation or discussion of the results should appear in this section.
 7. A Discussion Section should be included that provides the authors' interpretation of the results in relation to the study hypothesis or objective. Discussion and extrapolation of the study data is appropriate, but interpretation and discussion of data should be done objectively and without bias.
 8. A discussion of study limitations should be included in the end of the Discussion Section or as a separate Limitations Section following the discussion. Limitations should be identified and suggestions made for further refinement of the study and further study of the topic.

9. The Conclusion must be a concise statement of the findings relative to the study hypothesis or objective. Over-interpretation of study results, embellishment of findings, and self-congratulation are not acceptable conclusion statements.
10. References must be in proper format and correct. References that cannot be confirmed by the Editorial Office will not be accepted.

Finally, as a scientific journal, *PDM* requires that all authors objectively approach and study a research topic. Bias in research design or in data interpretation, along with hints of bias in author discussions and conclusions, are the most common overall cause for rejection of manuscripts.

These guidelines are not meant to discourage authors from submitting manuscripts to *PDM*. In keeping with the tradition of the Journal, each manuscript conforming to the guidelines will receive careful review and attention, and the Editorial Board and Reviewers will continue to publish as many papers as possible. With authors' help, *PDM* is increasing the quality of the papers published while continuing to provide an international forum for the publication of prehospital and disaster research.