Improving your paper's chances of a favourable first review

While there will be papers that will not be accepted because they are not relevant to our readership, do not add to the literature, or contain fatal methodological flaws, many papers that might be eligible for publication are either rejected, or undergo multiple revisions, due to inadequately described methods and results, failure to convey the importance of the paper to the readership, or overstating the conclusions. Please consider the following suggestions when drafting your article:

Importance

The importance of the research question should be addressed in the introduction. Where relevant consider: the magnitude of the problem, gaps in prior studies, how the research question will help provide better care to patients. Keep your introduction short and to the point!

Methods

Use a research reporting guideline. There are over 280 guidelines (see http://www.equator-network.org) so one will surely fit your study. In completing the guideline, avoid using N/A (not applicable) as in most cases the information suggested *is* applicable. Be sure to include the setting, population, time frame, inclusion and exclusion criteria. State your primary and secondary outcomes. Describe how you determined your sample size; this may be a sample size calculation based on your outcome, necessitated by time frame of the study or the size of a particular population.

If the study involves medical record review, explain who the abstractors were, whether a data extraction form was used, how the accuracy of the extraction was checked (e.g. did a second reviewer review some or all of the charts). Provide an analysis for the agreement of the reviewers and how discrepancies were handled.

Results

For most studies include a "Table 1" – a description of the study population with regard to age, gender, other demographics and relevant presenting characteristics. In some cases, a table could have multiple columns to distinguish groups receiving different treatments, or those that were and weren't included in the study/intervention. For several types of studies, a flowchart showing patient recruitment is highly advised (see http://www.equator-network.org). The primary outcome should also be represented in a table or figure. Use tables and figures to provide most of the raw summary data, and text to summarise the most important points.

When hypothesis testing, report the size of the comparative statistic (e.g. the difference between the means or the odds ratio) and a 95% confidence interval. P values should

also be reported but are supplemental to the confidence intervals. In studies of diagnostic tests, report sensitivity, specificity, NPV, PPV and LRs.

Discussion

Begin the discussion with a summary of your findings. Discuss how your findings fit into prior literature, and, if different, why you think you got the results you did. Explain the implications of your findings. Avoid going beyond the constraints of your data in drawing conclusions or making recommendations.

Include a limitations section in your discussion.