

## 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.
- 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 investigator review some or all of the charts). Provide an analysis for the agreement of the reviewers and how discrepancies were handled.
- 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. The importance of this is explained in <https://emj.bmj.com/content/35/12/755>
- Describe how you handled missing data.
- When describing your statistical analysis plan, be specific about which tests were used for which outcomes.

### 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 (if the subjects are patients or volunteers). If you are looking at hospital performance characteristics, Table 1 might be a

- comparison of the hospitals involved. 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, particularly randomised trials and observational studies, a flowchart showing patient recruitment is highly advised. (see <http://www.equator-network.org>).
  - The primary outcome should be represented in a table or figure. Use tables and figures to provide most of the raw summary data, and text to summarize 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 may also be reported but are supplemental to the confidence intervals. In studies of diagnostic tests, report sensitivity, specificity, NPV, PPV and LRs with confidence intervals

## 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.
- Include a limitations section in your discussion.
- Explain the implications of your findings. Avoid going beyond the constraints of your data in drawing conclusions or making recommendations.
- Do not attempt to make statistically negative results positive with statements such as "trend toward" or "almost significant". Set up your research question so that a positive or negative result is important and explain the value of your result in the discussion.

Additionally, we have specific guidance on:

Before and after studies:

<http://emj.bmj.com/content/early/2015/03/27/ememed-2015-204761>

Quality Improvement studies: <https://emj.bmj.com/content/36/5/258>