So You Think You Can Write: Publishing in the Journal of Acute Care Physical Therapy

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Objectives

I. List the steps of the submission and peer review process for the Journal of Acute Care Physical Therapy (JACPT).

II. Describe the roles of the peer reviewers and editors in the review and publication process.

III. Suggest suitable topics and formats for manuscripts for JACPT.

So You Think You Can Write:
Publishing in the Journal of Acute Care Physical Therapy

- 10 m: Introduction, scope of JACPT. Glenn
- 15 m: Overview of JACPT submission, peer review and publication process. Beth
- 15 m: Examples of submitted manuscript: its review process and successful revision. Beth
- 20 m: Examples of unhelpful and helpful review comments. Beth
- 60 m: Q&A / Discussion. Beth and Glenn
Overview of JACPT

- **Goal of JACPT**: to provide timely information to members of the Acute Care Section in matters that relate to acute care physical therapy practice.
- Peer-reviewed journal to promote evidence-based practice
- **Audience of JACPT**: experienced and inexperienced clinicians (PT, PTA) and students.
- May assume basic knowledge

Overview of JACPT

- We accept articles that offer a professional opinion, clinical approaches and techniques, research, literature review, and continual quality improvement information. We may also consider other topics.
- Research reports
- Case reports
- Clinically relevant reviews
- Letters to the Editor

Overview of JACPT

- Published articles available for download in Members Only section of http://www.acutept.org
- Listed in EBSCO
- Indexed in Gale
- Medline pending
- ISSN 2159-0524 (online) & ISSN 2158-8686 (print)
Overview of JACPT Submission

- Articles submitted to JACPT are expected to be original work that has not been previously published and is not under consideration by another publication.

- Submit articles to the Editor-in-Chief at girion@jaguar1.usouthal.edu

- **Follow instructions for authors!!!**
  - Available on main JACPT website and printed in each copy
  - submit masked copy for peer review

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Overview of JACPT Peer Review

- Editor-in-Chief assesses fit of content for scope of JACPT.

- Editor-in-Chief sends masked copy to an Associate Editor and 2 Reviewers with appropriate expertise.

- Reviewers submit their decision and comments to Associate Editor.
  - Possible decisions: Accept, Accept with revision, Reject with suggestions for revision, Reject.
  - Reviewer comments: strengths and weaknesses, relevance to acute care PT practice, additional questions, recommendations for changes in content and/or structure, recommendations for increasing clarity and/or relevance. NOT copy-editing!
Overview of JACPT Peer Review

* Associate Editor:
* reads masked copy and forms opinion.
* now has 2 sets of Reviewer comments/decision, plus own opinion.
* resolves any discrepancies and summarizes/highlights key changes needed, creates draft of decision letter. All Reviewer comments are included in the decision letter (may be slightly edited for consistency or tone, usually not necessary). A third peer reviewer may be added at this point when a clear decision cannot be made.
* Editor-in-Chief reviews and sends decision letter with comments to corresponding author.

Overview of JACPT Peer Review

* Decision letter possibilities:
  * Accept - no further peer review
  * Accept with Revision - Further peer review is likely not to be required; editor determines whether changes are satisfactory
  * Reject with Suggestions for Revision - further peer review
  * Reject - Author may choose to revise and resubmit the manuscript, but acceptance is unlikely.

Overview of JACPT Peer Review

* Reject with Suggestions for Revision - Most common decision for initial submission.
* Make suggested changes, or describe why you feel they are unwarranted.
* Submit revised manuscript (still masked) to Editor-in-Chief.
* Include a point-by-point response to the Decision Letter describing the changes you made (or did not make). More on this later, but be specific about what was changed, how it was changed, and where! A response of “This change was made” is not adequate.
Overview of JACPT Peer Review

- Reject with Suggestions for Revision - Revision submitted.
- Revised manuscript is again reviewed by an Associate Editor and 2 Reviewers (try to make them the same, usually are).
- Same process, same possible outcomes.
- Two rounds of peer review (1 revision) is common, but so is three rounds of peer review (2 revisions).

Overview of JACPT Publication

- Once accepted for publication, JACPT copy-edits and formats the manuscript for publication.
- The author transfers copyright to JACPT.
- From first submission to acceptance is usually between 4-8 months.

Specific Example from JACPT Peer Review Process

- Time from submission to first decision: 3 months
- Decision: Reject with suggestions for revision
The stated rationale for this study was that activities of daily living such as carrying groceries can place excessive metabolic demands on individuals with cardiovascular and pulmonary disease. However, to investigate the metabolic and musculoskeletal responses to the two techniques of carrying groceries, the authors used a convenience sample of 12 young, healthy adults. The authors concluded that their findings of reduced stress with the technique of carrying groceries in plastic bags at the side may be a basis for energy conservation in individuals with cardiopulmonary disorders. The generalization of the findings from young, healthy adults to a population with cardiovascular and pulmonary disease is unfounded. For this study to be credible, it is important to use individuals with cardiovascular and pulmonary disease as subjects. The changes in the physiology of these individuals, due both to the disease process as well as the aging process, will likely impact the responses. As Reviewer #1 noted, this is especially true in individuals with pulmonary disease, because they use many of their arm muscles as accessory muscles of respiration. Therefore it is important to frame this manuscript to explain the rationale for the use of healthy individuals and to avoid generalizing to patient populations.

Response to Associate Editor Summary

* Author’s response: “The introduction and discussion are reworded to indicate that this serves only as a study of the kinesiology involved and further research with the appropriate clinical population is now warranted.”

* This is an appropriate response as the changes were numerous and made throughout the paper. Changes are highlighted in bold text in the revised manuscript. A list of page and line numbers where changes were made at the end of the response above would allow the Reviewers to turn directly to the changes.

From Reviewer

“The authors present baseline, max values and change in value as group means and standard deviations, but used paired t tests for analysis, comparing each individuals change in value from baseline to each condition (within subjects design). I agree that the statistical approach of looking at each person’s change from baseline is an appropriate technique as absolute EMG amplitudes or heart rate values can’t be compared between subjects, only within. My concern, however, is that something like percent change from baseline for all variables should have been used for analysis (as opposed to absolute change from baseline) to accommodate for different baseline values between subjects. For example, and increase in heart rate from 60 to 70 is not necessarily the same as an increase from 90 to 100. A max heart rate of 82 for one person is not the same level of effort for another person as they may have different stroke volumes at the same heart rate. Although the values were likely similar in this healthy young population, for rigor of results and ability to compare results to future results in a sample of persons with cardiovascular and/or pulmonary disease, some type of normalized value would ideally be used for analysis. Perhaps expressing exercise heart rates as a percentage of the difference between rest and maximum (Karvonen heart rate reserve)? And percent change from baseline for amplitudes of EMG?”
Response to Reviewer

* Author’s response: “New calculations of the percent changes from resting were performed and statistical analysis as a paired t test for HR and signed ranks tests for GSR and EMG results were performed on percentage changes.”

* Appropriate response, requested changes are made are described.

From Reviewer

Minor suggestion:

“I suggest the authors consider removing references to plastic vs. paper bags and refer instead to bags with handles carried at sides vs. bags without handles carried at chest. The material of the bags is irrelevant, only the characteristics of handles and where the bags are carried are important in this study. In the discussion the authors write “Carrying may be accomplished by one of two primary techniques—holding a load close to the body across the chest, or holding the load close to the sides of the body”. It seems this is the main message, and I found the paper and plastic piece distracting.”

Response to Reviewer

* Author’s response:

The title was changed to “Cardiovascular Responses to Carrying Groceries in Bags With and Without Handles”.

* Appropriate response, requested changes are made are described.
Specific Example from JACPT Peer Review Process: The End!

* Revised manuscript underwent peer review: 1 month to final decision
* Decision: Accept for publication
* Copy-edited and formatted by JAPCT staff.
* Manuscript published in JACPT!!

General Examples

* Now, on to some real examples from other manuscripts, from the Deputy Editor’s personal experience.

Examples of non-helpful comments

“p. 4 – I suspect the authors did not read the original Walter et al. publication on the CNV. Any pair of events with a temporal contingency can elicit the CNV. S2 does not need to be a Go-signal.”

- This is a minor wording change, the snarkiness of implying I did not read something I cited is not necessary!
Examples of non-helpful comments

“The title could be more synthetic.”

- It “could be” a lot of things! Synthetic?
  An example of a better title would be helpful.

Examples of non-helpful comments

“15. p. 3 – “...brain areas beyond the basal ganglia, such as the cortex...” Better “brain structures beyond.....”

- These types of editorial and style comments should only be included if they are extremely important (for example, because the material is incorrect or misleading). It is not the job of the peer reviewer to edit a paper for language and style. This will be done in the copy-edit process.

- As a Reviewer you can point out areas that are unclear and give suggestions on how to improve clarity. But you should be commenting on substance and not merely editing.

Examples of helpful comments

“Reorganize the methods section. I suggest that you use the use of several subheadings to make the methods easier to follow. I suggest sub-headings related to: (a) discharge planning process, (b) data collection process, (c) variables, (d) data analysis.”

- This is helpful review comment because it clearly states what to do and why, and offers a suggestion of how to do it.
Examples of helpful comments

“INTRODUCTION: Define and explicitly describe the Discharge Planning Process and intended outcome. This introductory paragraph should set the stage for discussing the fact that there are many professionals, (health care providers and others such as social workers and administrators), that participate in making DC recommendations and decisions. Additionally, there are many factors that need be considered during decision-making. Broadly describe and introduce these concepts first.....”

- This is helpful review comment because it clearly states what to do and why. As a writer I can see that I have not made this point adequately and it is clear to me how to fix it now.

Summary

- Remember: Rejection is the norm in academic publishing!! “Revise and resubmit” is a promising outcome.
- Writing is a skill, it requires knowledge and practice.
- Research is a skill, it also requires specialized knowledge.
  - One solution: Experienced collaborators and/or mentors.

JACPT Q&A with Glenn and Beth

- Research reports
- Case reports
- Clinically relevant reviews
- Letters to the Editor