

## To Our Authors

SHORTLY after articulating the mission statement for *ANESTHESIOLOGY* a couple of years ago, the Editorial Board turned to the question of who our audiences were and how we could better serve them. Readers, of course, are our chief audience, and I will write next month about our efforts to better serve our readers. But to meet our mission, which is to advance our medical specialty by promoting new discoveries, we need to recruit and serve you, our authors. Scientific and medical progress reflects insights and creativity of individuals, but also of the entire community of investigators and practitioners—authors talking among themselves. A key aspect of our mission is to recruit to and develop in our journal important threads of this scientific conversation. To do that, we must provide excellent service to our authors. In this editorial, I will review what we think we know about your needs and desires as authors and how we at *ANESTHESIOLOGY* are trying to better meet them.

What do you need and desire as an author? The answers seemed obvious and evident to the Editorial Board of *ANESTHESIOLOGY*, which is composed of experienced authors. After a somewhat circular discussion, we concluded that we honestly didn't know and decided to find out.

In 2008 and 2009, *ANESTHESIOLOGY* conducted in-depth group discussions with authors attending the annual meetings of the American Society of Anesthesiologists and the European Society of Anesthesiologists. We invited regular contributors to the Journal, productive authors who rarely published with us, and those who had stopped submitting articles to us. We asked questions about their perceptions of the Journal in general, the peer-review process, and suggestions for improvement.

The results of these author discussions (table 1) clearly added new insights to those of the Editorial Board. *ANESTHESIOLOGY* is perceived as the premiere journal in our specialty, for serious authors addressing serious problems, but is also perceived as not being read by residents and clinicians. We want residents and clinicians to read this journal, and next month we will reveal new reformulating and new content to encourage residents and clinicians to open *ANESTHESIOLOGY*.

As regards authors' perceptions of the peer-review process and suggestions for improvement, there were several positive comments, but also several concerns voiced during these discussions with authors (table 1). Peer review at *ANESTHESIOLOGY* was perceived by some authors to take too long, to use too many reviewers with spotty expertise and a national rather than an international perspective, and to frequently issue equivocal decision letters, often rejecting manuscripts after extensive

additional work and revision. We are working to improve these aspects of peer review and are quantifying our progress as much as possible. As shown in figure 1, manuscripts describing original investigations now receive a decision at an average of just over 3 weeks after submission. This has steadily declined from over 6 weeks in 2004, in part because of a transition to electronic submission and review and in part because of a reduction in the time allowed for reviewers to complete their assessment, from 3 to 2 weeks. More than 50% of manuscripts are now reviewed by only two reviewers, and approximately 10% of manuscripts are triaged by an Editor without sending out for full review, but providing a decision letter containing the key reasons for the decision (fig. 1, left panels). Time to publication has been reduced further by electronic publication ahead of print, which occurs within a week after authors have approved the final proofs of the article.

Some authors are correct that not all reviews are of excellent quality, and Editors' rating of the quality of each review (fig. 1, upper right panel) is used when determining whether to continue to use reviewers and when selecting new associate and full Editors. There is a geographic diversity of reviewers (fig. 1, lower right panel), although to more closely match the origins of our manuscript submissions and published articles, we are striving to increase reviewers from Australasia and Europe. In addition, *ANESTHESIOLOGY* has commissioned creation of new software to help Editors identify reviewers with published expertise in the methods and types of trials used in each manuscript. Finally, the authors are correct that rejection of manuscripts after requesting a revision occurs, and the proportion of manuscripts rejected after one revision has steadily increased from approximately 5% in 2004 to 15% in 2009. We strive to make it clear in the original decision what information is needed before a final decision can be made and that requesting a revision does not tacitly imply acceptance, but will continue our efforts to make this clear.

One author likened the peer-review process at *ANESTHESIOLOGY* to being "an infantryman in a battlefield full of enemy tanks." As an author, I sometimes experience similar feelings when my manuscript is rejected by a journal, including *ANESTHESIOLOGY*, and realize that authors' interpretation of phrases in rejection decisions may differ drastically from what the Editor or reviewer intended. We have a high standard, accepting only 30% of submitted manuscripts of original investigations, but intend for the process to be fair and collegial. Please e-mail me directly if you believe a review or decision letter does not reflect this intent.

Authors thought peer review in *ANESTHESIOLOGY* could be improved by a statement by the Editor regarding the state of the Journal and its vision. I am uncertain that this

Accepted for publication September 11, 2009. The author is not supported by, nor maintains any financial interest in, any commercial activity that may be associated with the topic of this article.

**Table 1. Synopsis of Author Discussion Groups**

## Perceptions of ANESTHESIOLOGY

- Highly respected
- Publishes important work relevant to anesthesiologists and to researchers
- Largest circulation and highest impact factor of anesthesia journals
- Residents and clinicians don't read it

## Peer review in ANESTHESIOLOGY

- Review process takes too long, with too many reviewers and long delay to publication
- Review process is impersonal, unfriendly, and dismissive
- Reviewers' expertise is not uniformly strong
- Reviewers are not diverse and take a provincial (U.S.) perspective
- Decision letters are not clear
- Articles may be rejected after extensive revision

## To improve ANESTHESIOLOGY

- Make review process more collaborative, less combative
- Provide feedback on specified aspects (originality, significance, etc.)
- Allow authors to rate reviewers
- Tell authors who you are and what you want
  - Makeup of the Editorial Board and reviewers by region
  - Vision statement: desired topics of articles or theme journal issues
  - Provide statistics of submissions and acceptances by section
  - Overview of new features and content

warrants an annual editorial but am pleased to provide the following information about the Journal. The majority of our submissions and published articles come from outside the United States (table 2). Particularly important to us are investigations in critical care, the majority of which come from Europe. Most of this work focuses on pulmonary and renal pathophysiology as well as biomarkers for disease presence or prognosis, and we encour-

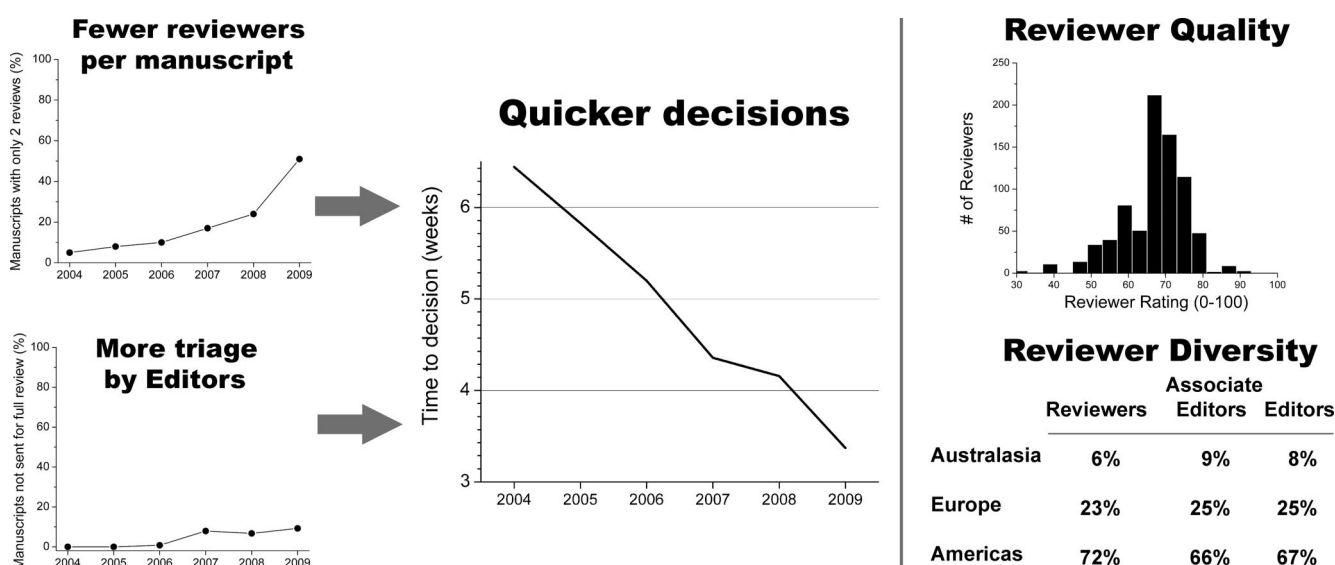
**Table 2. Source of Submitted Manuscripts and Published Articles by Region and Section**

	Region		
	Australasia	Europe	Americas
Perioperative medicine	31/187	60/270	87/250
Critical care medicine	6/36	22/89	11/37
Pain medicine	9/53	20/77	32/67

Values are numbers of published articles and manuscripts submitted from July 1, 2008, until August 31, 2009.

age authors working in these areas to consider ANESTHESIOLOGY for submission of their work. As for pain medicine, we particularly encourage submission of original investigations on the pathophysiology and treatment of postoperative and obstetric pain, application of techniques unique to anesthesiologists in treating acute and chronic pain, chronic pain after surgery, and better treatments of chronic pain.

Perioperative medicine, the topic of most of our submissions and published articles and the area where anesthesiologists spend most of their time, is far-ranging, both in time before and after surgery and in topics. Some topics, such as mechanisms of general anesthesia and anesthetic preconditioning, are unique to our specialty, and we publish many of the most important articles in these areas. Although we do not plan theme issues in perioperative medicine, authors are encouraged to submit manuscripts by September of each year on the topics of the Journal-sponsored sessions at the annual meeting of the American Society of Anesthesiologists. The April issue of the following year focuses on the subjects of these sessions. Topics for 2010 Journal-sponsored ses-



**Fig. 1. State and evolution of some aspects of peer review at ANESTHESIOLOGY.** An increase in the proportion of manuscripts with two reviewers and in those with a decision by the Editor without outside reviewers (*left panels*) has been associated with a decrease in the time from manuscript submission to decision (*middle panel*). All reviews are rated for quality on a 0–100 scale, with the distribution of reviews obtained from July 1, 2008, through August 31, 2009, shown in the *upper right panel*. The geographic locations of the reviewers, Associate Editors, and Editors for this same time period are shown in the *lower right panel*.

sions are “Long-term Outcomes beyond the Operating Room” (which will also be the topic of the Journal-sponsored symposium at the 2010 annual meeting of the Japanese Society of Anesthesiologists) and “Debunking Myths in Transfusion.” We advertise these sessions each year on the Journal’s Web site and in the December, January, February, and March issues of *ANESTHESIOLOGY*. I encourage authors to watch for these advertisements and send us work on these topics by September of the year in which the sessions occur.

In summary, as noted by a previous Editor 50 yr ago,<sup>1</sup> *ANESTHESIOLOGY* can only publish what is submitted to us by authors. Our scientific stature, as measured by the most recent impact factor above 5.1, is at an all time high, reflecting authors’ trust to submit some of their best work to us. I and the Editorial Board are striving to further improve the speed, clarity, fairness, and collegiality of peer review at *ANESTHESIOLOGY* and encourage

submission of clinically relevant laboratory and clinical work. Each year we sponsor scientific sessions on two themes and encourage submission on these topics to be published in our April issue. We will heavily promote, through cover art, press releases, webinars, and editorials, your work, and want this journal to shine as the campfire around which authors and readers engage in the scientific conversation that ultimately improves the care of our patients.

**James C. Eisenach, M.D.**, Editor-in-Chief, *ANESTHESIOLOGY*, F. M. James, III Professor of Anesthesiology and of Physiology and Pharmacology, Wake Forest University School of Medicine, Medical Center Boulevard, Winston-Salem, North Carolina. [editor-in-chief@anesthesiology.org](mailto:editor-in-chief@anesthesiology.org)

## Reference

1. Eckenhoﬀ JE: What you read. *ANESTHESIOLOGY* 1959; 20:698–9