

Becoming a Better Reviewer (and Writer and Researcher, too)

Characteristics of Excellent Reviews

Excellent reviews

Discloses any potential conflicts of interest.

Explains the reviewer's view of his or her intended role or expertise, e.g. topic expert, methodologist, practitioner.

Is respectful.

Offers specific constructive comments.

Is appropriate in length.

Helps editors with the decision on acceptance.

Comments on how the report fits in the state of current knowledge on the topic.

Comments on the importance, impact or action related to the study.

Comments on the appropriateness of the paper for this journal.

Offers rationales for reviewer recommendations.

Supports comments with references, when possible.

Makes helpful suggestions on the general organization, format and display of data.

Points out areas that are unclear in text, tables or figures.

Includes three sections of comments:

1. Comments to the author, organized in two parts:

A. General overview of the paper and what it contributes to current knowledge

B. Specific comments and recommendations (by section, page and paragraph)

2. Confidential comments to the editor, including recommendation about acceptance and revision.

Disappointing Reviews

Makes disrespectful comments.

Makes criticisms without offering constructive suggestions.

Makes recommendations without offering any rationale.

Is way too short or way too long

Dives into copy editing detail.

Demonstrates bias or a specific agenda.

Does not offer any opinion on acceptance or revision.

EXEMPLAR REVIEW

I appreciate the opportunity to review this interesting report on the relationship between brief patient-reported measures and the presence of specific diagnoses. I enjoyed reading the manuscript. I commend the authors for a number of strengths of their work, including:

1. The use of such brief patient-reported measures could be used clinically in busy primary care practices.
2. The large sample drawn from a large number of primary care clinics, strengthening the diversity of the sample.
3. The examination of the relationship patient reported well-being to health outcomes among a population in which they have not previously been extensively studied.
4. The use of appropriately sophisticated sampling and data analysis approaches.

These are all important strengths of the study.

Considering these strengths, though, as I read the manuscript I found some areas in which I would have appreciated greater clarity. I believe the paper could be further strengthened by added information about:

1. The methods used. After reading the methods section, I found myself wondering about some of the details of the methods used. By locating and reading the earlier publication on this work referenced in the manuscript, some of the questions I had were answered. However, I think it is unlikely that most readers would take the time to search out the companion publication. Without doing so, the validity of the approach taken may be questioned. I suggest expanding the description of the methods in this paper (e.g., exclusion criteria, how mental/physical morbidity were operationalized in the second set of regression models, etc.). In addition, I had some concerns about the level of significance chosen. Because this was exploratory research, a wide variety of associations were tested. As a result, a correction for multiple comparisons should be made, lowering the significance level criterion, and eliminating some of the associations reported as significant.
2. The conceptual model. As exploratory research, I recognize the intent was to search for any associations that could be identified. However, in the absence of an overall conceptual model that could provide an overview of anticipated relationships, the associations that do appear do not seem to have a coherence that presents face validity. For example, what is the biological or psychological rationale why moderate levels of well-being would be associated with specific chronic conditions while a low levels of well-being are not? While it appears this particular example would be addressed by correcting for multiple comparisons, the need for an overall conceptual model that explains the pattern of associations and non-associations remains. The current approach of explaining each identified association through individual mechanisms did not convince me of the external validity of the findings.

A conceptual model may also be able to address a question of confounding in the results. For instance, chronic pain and mood are known clinically to have a strong association. Could the reported associations be confounded by the association between these two outcomes?

3. The external validity of the sample. It would be helpful for the authors to elaborate on the diagnostic categorizations of the sample. Some of the prevalence rates appear markedly different than what would be expected in primary care in the U.S. Some discussion of the external validity of the sample is important, because these categories are the main outcomes. Misclassification bias from self-reporting is a major threat to the findings.

4. The study design and operationalization of concepts. The use of simple, brief patient-reported measures is an advantage, as noted previously. However, it also risks oversimplification of complex concepts. There is a rich scientific literature about each of these concepts, their definition, their operationalization, and their association with various health outcomes. The authors touch upon this in their discussion, but further discussion and justification for their choice of measures would be helpful.

5. How can this information enhance delivery of primary care beyond what is currently available; how should the clinician use this information. I appreciate the authors' comments on the practical use of their results, and further elaboration would be helpful. For example, how would routine assessment of patient-reported symptoms improve current processes for symptom assessment?

Confidential comments to the editor:

If the authors are able to clarify the few methods limitations, add a helpful conceptual model, and revise the discussion to clarify the interpretation and application of their results for the Annals audience, this should make a nice addition to the literature.

DISAPPOINTING REVIEWS

Negative Review

This paper is an excellent example of academic work with minimal practical value. It did not, and by the author's admission, could not measure any change in outcome. While the study identified a number of contributing limitations, none appeared to significantly negate the authors' essential conclusions and recommendations. Comments by section are as follows:

ABSTRACT--too much space is spent on descriptive data and not enough space on the main results of the study.

INTRO-- good literature review, but can't tell why they did the study.

METHODS-- Good description of analysis plan, but their selection of outcome is not meaningful to practicing clinicians.

RESULTS-- The tables could be simplified--because the "no" answers are always the mirror of the "yes," you could probably just put the "yes" results in the Tables. You have

many more participants in the larger cohort--why not compare a larger number of patients who are NOT taking medicine to those who ARE taking medicine? As it is, you are looking for the effect of taking medicine in a sample of whom most are taking medicine--how about compare 500 people on meds and 500 not on meds?--you probably have the people to do it.

DISCUSSION-- Should emphasize that the results are from only one center.

Review lacking detail

Very interesting and very useful findings for the everyday practice. A prospective case-control study would be better than a retrospective for conclusions but sometimes not cost-effective. I truly recommend studies like this that question clinical guidance recommendations that are not based on primary research.

Review that copy edits instead of evaluating content

This is a well done study that sheds light on the gap between the subjectivity of practice and the objectivity of evidence based medicine that is becoming the standard of care.

I think this is the main point of the paper and should be more emphasized. It speaks to a need for on-going education in risk assessment using an objective and evidence based approach. Also the authors should consider using a formal testing of agreement such as Kappa or other test of agreement or correlation.

2nd sentence: I suggest “economics” instead of “economic issues” – less redundant.

1st sentence: Do you mean “translating” vs “incorporating”?

4th sentence: “Human” should be “human”

2nd sentence: I suggest taking out “discussing” (eg, “updated guidelines, barriers and facilitators...”

Last sentence – “four” is mis-spelled

1st paragraph - It would look cleaner to spell out “%” each time.

3rd sentence – should “increase in age gap” be “increase in predicted age gap”?

Last sentence – too long

Isn’t “thus” traditionally followed by a comma?