

COLUMN: *President's Message*

Contributing to a Professional Community

by **Elizabeth Blalock**

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When ISMTE's immediate past president, Jason Roberts, contacted me to discuss the possibility of forming a new professional society for managing editors of academic, scientific, medical, technical and professional publications, I was immediately interested. Not only did I respect Jason from his work with the publisher of *The Journal of Investigative Dermatology*, of which I am managing editor, I was excited about the possibility of helping to shape a new organization. My enthusiasm for ISMTE has only grown since those early days (way back in 2007).

I believe that a successful career is strongly influenced by the professional relationships we develop. And I believe that one of the best ways to build these relationships is by contributing to a professional community. ISMTE has become that community for me – a worldwide community, unlimited by geography.

Based in a small editorial office (two employees including me) at a distance from my employer (I'm based in North Carolina while the Society for Investigative Dermatology is in Ohio) and editor (who resides in Texas), the opportunity to build and serve an organization of individuals whose professional goals and interests are similar to mine has been essential to my professional development. It has also given me a strong sense of personal satisfaction to pursue goals of interest to me (for instance, working with designers to establish a web presence for the Society and, now, to develop ISMTE's brand, build awareness of the Society, and increase our membership).

Working with other professionals towards ISMTE's goals has increased my knowledge of the industry and helped me to forge lasting connections with members of the board and the committees who work with us. I find that the more I

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contribute to these collaborations the more I receive in return – in terms of relationships, knowledge, experience, and the pride of shared accomplishments.

I would argue that our accomplishments have been considerable: ISMTE offers tangible benefits in this newsletter, so ably edited by Kristie Overstreet; online resources such as webcasts developed by Erin Dubansky and her effective team; annual meetings on two continents, organized by conference chairs Glenn Collins (North America) and Caroline Black (Europe); a lively discussion forum, moderated by Katy Ladbroke and Flory Ferns-James; and local groups, headed by Jan McColm in North Carolina and Maggie Haworth and Scott Herman in Washington, DC. We have developed robust relationships with corporate sponsors (whose names appear in this publication and on our website), whose

contributions support these and other efforts. Behind the scenes, the board is currently reviewing ISMTE's bylaws to ensure that this document remains dynamic and reflects the organization's offerings and operations. We are also conversing with several complementary professional organizations to explore ways we can effectively meet the goals and needs of our respective members.

I invite each of you to consider how you might contribute to ISMTE. Our success depends on members' involvement, but your involvement ensures you enjoy the intangible, and perhaps most valuable, benefits of your affiliation. Contact ISMTE@gmail.com to join our efforts.



ISMTE European Conference - 19 October 2010

European Conference attendees gather for the 2009 meeting at St. Hugh's College in Oxford, England. The 2010 conference will be held at the same great venue.



Find out more at www.ismte.org/2010_Europe, and **sign up now!**

Improving Reporting Standards in Biomedical Journals Part II: Developing a Standards Policy

by Jason Roberts, PhD
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In the August issue of *EON*, I examined the problem of poor reporting standards in biomedical journals along with a potential solution to the problem: the implementation of reporting guidelines to help authors ensure they include important information in their manuscript. In this article, I explore the steps needed to launch a reporting standards policy.

What Are Reporting Guidelines?

Starting with the CONSORT Statement in 1996, several guidelines have been created, each with the intention of assisting authors with determining what critical methodological information they need to report alongside their results. (See box 1.) The purpose of these guidelines is to not only strengthen the validity of the data presented by providing a comprehensive documentation of how such data was gathered, but to also offer some degree of transparency. The guidelines are typically presented in the form of a checklist (see Appendix 1 - CONSORT example) or flowchart to facilitate their adoption. As the EQUATOR Network - the principle advocacy group for improving reporting standards in journals - notes, such guidelines have been very carefully, and relatively democratically,

validated: 'Most widely recognized guidelines are based on the available evidence and reflect consensus opinion of experts in a particular field, including research methodologists and journal editors'. [1]

A vast and extensive library of reporting guidelines can be found at www.equator-network.org. These guidelines are freely downloadable and their use without a need to seek permission is encouraged. In some cases, most obviously with CONSORT, extensions or adoptions of the original guidelines have been made to address the needs of a specific research field. For example, my journal *Headache* developed an unofficial extension of CONSORT for behavioral/non-pharmacological clinical trials.

Steps for Implementing Reporting Guidelines

Step 1 – Setting Reporting Objectives

Before implementing any reporting standards policy, an assessment should first be performed on the needs of a particular journal. Such an appraisal must determine the types of manuscripts typically submitted and what reporting problems consistently appear. To

¹ EQUATOR Network. www.equator-network.org. Accessed 9/12/10

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continued

further build a case for implementing a reporting standards policy it might also be useful to document the effects/implications of defective reporting (e.g. because the authors failed to include X, it becomes impossible to replicate this study and consequently test the hypothesis of the authors).

To assist in this process it is vital editorial board members are enlisted. Their role would be to critique the problems they see with manuscripts. Most fields have individuals who think extensively about research methodologies both general to biomedical sciences and specific to their field. Indeed some learned societies might have a methodological special-interest committee. Again, to assist in the assessment of your journal, such individuals must be engaged to ensure your evaluation is both rigorous and relevant to your field.

Once the assessment is complete, it is recommended you work with your editor, editorial board, publication committee, and even your publisher to set the objectives of a comprehensive reporting standard policy. Write these up, providing a justification for why you feel your authors will need to work harder in the future to ensure publication. Also delineate what the implementation of such a policy might mean for reviewers and editors. For example, as part of the peer-review process will it be expected someone crosscheck adherence to a particular reporting guideline?

As more journals embrace the use of reporting guidelines, it is imperative each journal has clear and cogent reasons for doing so and is not paying 'lip-service' by simply mimicking what other titles are doing. A failure to present a reporting philosophy may encourage authors, reviewers, and editors alike to simply pay no heed to the guidelines. Without an obvious justification for the extra work involved, authors may be affronted by a

perceived extra hurdle to clear ahead of publication or confused as to what is expected of them. At *Headache*, we devised a clear reporting standards policy that

- asked authors to work harder to meet higher standards;
- was committed to helping authors by burnishing interesting papers; and
- provided resources (such as instructions, training materials, and even short courses at meetings) to assist authors.

Critical to any assessment is a consideration of potential push back from authors. Successful or popular journals can probably introduce reporting standards policies with relative ease. Smaller titles, on the other hand, may be somewhat hesitant to move ahead for fear of adding a burden to all parties, particularly if they are realistic about the quality of manuscripts they may expect to receive. Of course, as mentioned in my first article, this apparent imbalance in the extent of peer review across titles leads to *evidence upgrade* with flawed manuscripts eventually finding an outlet for publication.

Step 2 – Determining Which Guidelines to Endorse

With a *raison d'être* for implementing a reporting policy in place, the next step involves deciding which reporting guidelines to use. The easiest way to complete this step is to simply visit the Reporting Guidelines Library at the EQUATOR site (www.equator-network.org/resource-centre/library-of-health-research-reporting/). Your journal may simply wish to endorse CONSORT, the most commonly used reporting guideline in Clinical Medicine journals. Research carried out by the *Headache* editorial office in the summer of

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continued

2010, however, found that of the journals officially endorsing CONSORT, 40% requested authors, at a minimum, become familiar with other reporting guidelines for the relevant types of articles, most commonly PRISMA, STARD, and STROBE.

Step 2 also represents an opportunity for journals to consider developing either their own set of guidelines or guideline extensions.

In addition to the behavioral trials guideline referenced earlier, several members of the *Headache* editorial board at this juncture devised a checklist for case reports specific to the field, as well as the needs of the journal (see Appendix 2 - Case Report Checklist).

Step 3 – Recommendation to Consult or Mandatory Adherence

Once the appropriate reporting guidelines have been created, probably the most critical decision in the entire policy implementation process must be made. Will your journal advise authors to consult with a relevant guideline or, instead, mandate authors to submit a completed checklist with their submission?

Recommendation to consult. In a recent survey conducted by the *Headache* editorial office of all the official CONSORT endorsing journals, if one removed all the BioMedCentral titles that seemed to follow the same policy, 49% of

journals recommended authors consult a guideline.

Two common instructions for authors were:

- ‘Reporting of randomized controlled trials should follow the guidelines of the CONSORT Statement.’

- ‘It is strongly recommended, where appropriate, that you ensure your manuscript conforms to a reporting guideline that best fits your type of manuscript.’

In such cases a link is then usually provided to the CONSORT site (www.consort-statement.org).

The advantage of such an approach is a journal can quickly adopt a stronger stance on reporting standards with minimal effort. For journals concerned about adding another step to the submission process, a more relaxed policy provides some wiggle room for authors. The negative consequence of this approach is authors most likely will not extend themselves to make the necessary changes to their paper, particularly if they do not detect any serious commitment by a journal to rigorously enforce the guidelines criteria. Additionally, if few papers either contain documentation illustrating adherence to the principles of a reporting checklist or evidently show the authors are familiar with a guideline, there is a very real chance editors and reviewers will not engage in a serious commitment to pay

Box 1 The most widely-endorsed reporting guidelines.

Randomized Controlled Trials – CONSORT
 Observational Epidemiological Studies – STROBE
 Qualitative Research – COREQ
 Diagnostic Accuracy Studies – STARD
 Systematic Reviews/Meta-analyses of controlled trials – PRISMA
 Meta-analyses of observational studies - MOOSE

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continued

attention to such standards when evaluating a manuscript.

As a prelude to (probably) adopting a mandatory policy, my second title, the *Journal of Sexual Medicine* has adopted a 'strongly recommend' approach to authors familiarizing themselves with various reporting guidelines. We have even gone so far as to say authors will enhance their chances of publication by consulting these guidelines. Since adoption of this policy in June 2010 (accompanied by new Instructions for Authors and a prominent editorial), take up has been a very disappointing 10% of submissions. Whether this reflects the level of readership of the Instructions for Authors or general apathy on the part of the authors remains to be determined.

Mandatory Adherence. The alternative to the recommendation approach is the mandatory enforcement of a policy by insisting submissions include a completed checklist. In our survey of officially endorsing CONSORT titles, we found 46% of journals insisted a completed checklist must be included (the remaining 5% recommended authors consult *and* preferably include documentation illustrating compliance).

Two common instructions for authors were:

- 'For reports of randomized controlled clinical trials, please also complete the CONSORT Checklist and submit it with the manuscript.'
- 'All randomized controlled trials submitted for publication should include a completed Consolidated Standards of Reporting Trials (CONSORT) flow chart.'

Headache decided to adopt an approach that called for the mandatory inclusion of a reporting checklist. Our reasoning was we

wanted to ensure authors really did consult the reporting guidelines and pay heed to the important criteria that should be included. We also wanted to use the completed checklists to help structure the methodological assessment process. The forms, therefore, were provided to associate editors and reviewers.

Once the decision to enforce the mandatory completion of a reporting checklist has been made, attention needs to be given to the method for providing the relevant form. *Headache* decided to use seven different checklists as well as a couple of our own. We provided these to authors via the Instructions for Authors and also worked with our submission system provider to develop a customizable supply and collection process: authors selected the type of manuscript they were uploading (e.g. Randomized Controlled Trial, Diagnostic Accuracy Study) and then they were provided with a downloadable version of the relevant checklist directly from the submission system (see Figure 1). This form was a Word document and had to be uploaded under a *Checklist* file type designation (see Figure 2). Indeed submission could not be completed until a checklist was uploaded. We provided checklists in a Word format as we did not want authors faxing us a handwritten document. It should be noted, though, some reporting checklists only exist as PDFs. In a couple of cases the editorial office had to rekey the forms so they could be employed for the purpose we intended.

Despite the mandatory enforcement, some authors did figure out a way to trick the submission system following its configuration by simply uploading the manuscript file designated as a checklist. We did achieve 88% compliance, however. Interestingly, 66% of those who did not comply were rejected either immediately or following peer review. We did not reject the manuscripts because of a lack of

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continued

a completed checklist, nor did we impede peer review for those that failed to include a completed checklist (in part because we suspected many would be rejected).

Clearly the advantage of the mandatory approach is it forces authors to work harder to meet minimum standards. It also, crucially, provides documentation to ensure standards are being met as well as conveying the seriousness of intent to raise the quality of reporting.

There are, inevitably, several negative consequences – the most obvious of which is that such a step may be off-putting for authors, either because they see this step as too time consuming, likely to delay peer review, or (and this is not a bad thing for a journal), reveal flaws in their work. Reporting guidelines may also act as a disincentive to submit for experienced authors, who may believe such efforts do not apply to them. To combat these criticisms it is important your journal recruit ‘champions’ from the editorial board to demonstrate board support for the policy and offer counter-weight to such hubris: experienced authors are frequently just as guilty of omitting crucial methodological information.

Another problem is many authors do not understand that documents like CONSORT offer *guidance* to improve their papers. Furthermore, not every criterion is relevant or appropriate – it is perfectly acceptable to pass over certain criteria if they are not applicable. Other authors become concerned about addressing the reporting criteria on the checklist but then fail to make changes to their manuscript to document this information.

Additionally, for non-native English speakers there may be a lack of comprehension of the form, or of what they need to do to ensure this new step in the submission process is undertaken correctly. Consequently, journals may find they receive many erroneously completed reporting checklists.

Step 4 – Education.

Whichever route towards embracing higher reporting standards a journal intends to take, both before announcing a new policy and as post-launch support, it is recommended the editorial office undertakes an education and awareness drive. *Headache* commissioned an editorial to explain our rationale.[2] We also provided instructions for reviewers on how they could use the reporting checklists when completing peer review (we make sure reviewers get to see the checklists). These instructions are dispatched with every acceptance-of-an-invitation-to-review acknowledgement e-mail. As *Headache* adopted a mandatory policy, we had to ensure every editorial board member became familiar with our reporting standards and why they needed to be consistent in their application of the new rules.

Inevitably, there are some who do not hold articles to the same standards as others on the editorial board might have chosen, but there is now greater internal uniformity in our peer review. Finally, as a service to our authors, we have undertaken a series of lectures at annual meetings on writing better papers and improving reporting skills. These courses have generally been attended by around 10-20% of the meeting attendees, which we consider reasonable.

² Loder EW, Penzien DB. Improving the quality of research reporting: *Headache* steps up to the plate. *Headache* 2009; 49:3, 335-340

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continued

Reflections on the Headache Experience

After nearly two years since launching our drive to improve reporting standards, overall we are satisfied with our experiences. In summary we have experienced:

- Widespread agreement amongst the editorial board that it was critical *Headache* implement a comprehensive policy, embracing several reporting guidelines.
- Some initial and vocal resistance from one or two highly visible opinion-leaders in the field who declared they did not need to do this. Such claims were swiftly rebutted due to fear that such resistance would spread quickly to other authors.
- Satisfaction that so many authors have embraced our objectives and understand *they* benefit from our efforts to uphold higher standards. Most authors have clearly thought about the issues raised and answered the criteria appropriately.
- The emerging data on take-up rates where the policy is not mandatory reflects positively on our decision to adopt a mandatory approach
- Some confusion exists over which checklist to use, particularly between STROBE (Observational Epidemiological Studies) and CONSORT (Randomized Controlled Trial). We will need to undertake additional educational efforts to eradicate this problem.
- Concern that if more authors start to work around the checklist-upload barrier within our submission system, or if those noncompliant papers are rejected less often, we may have to start

chasing up for completed forms as part of the manuscript check-in triage.

- In the first year of the new policy, our submissions dropped by 15%. We held firm, despite obvious fears, and in the second year, *Headache* is on track for its second highest level of submissions in its history. Most likely 2009 was just an aberration.

In our experience, launching a policy that involved utilizing several reporting guidelines and making this a mandatory requirement of submission was the correct approach *for us*. It was also a bold step for a mid-sized, sub-specialty title, but the right one if we are to achieve the ultimate goal of publishing scientifically robust articles. Each journal needs to determine what will work best within its own resource limitations, level of commitment from editors, and interest in publishing in the journal amongst the author base. Small journals with many competitors may not feel emboldened enough to take a stand – in which case the recommendation route is clearly preferable. There may also be merit in a two-phase approach where a journal eventually moves from a simple recommendation guidelines are consulted to mandatory inclusion.

One thing is for certain, the more journals take this issue seriously, the more authors will be forced to think about these issues and take account of them. The ultimate outcome, therefore, will be better standards in the scientific literature.



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continued

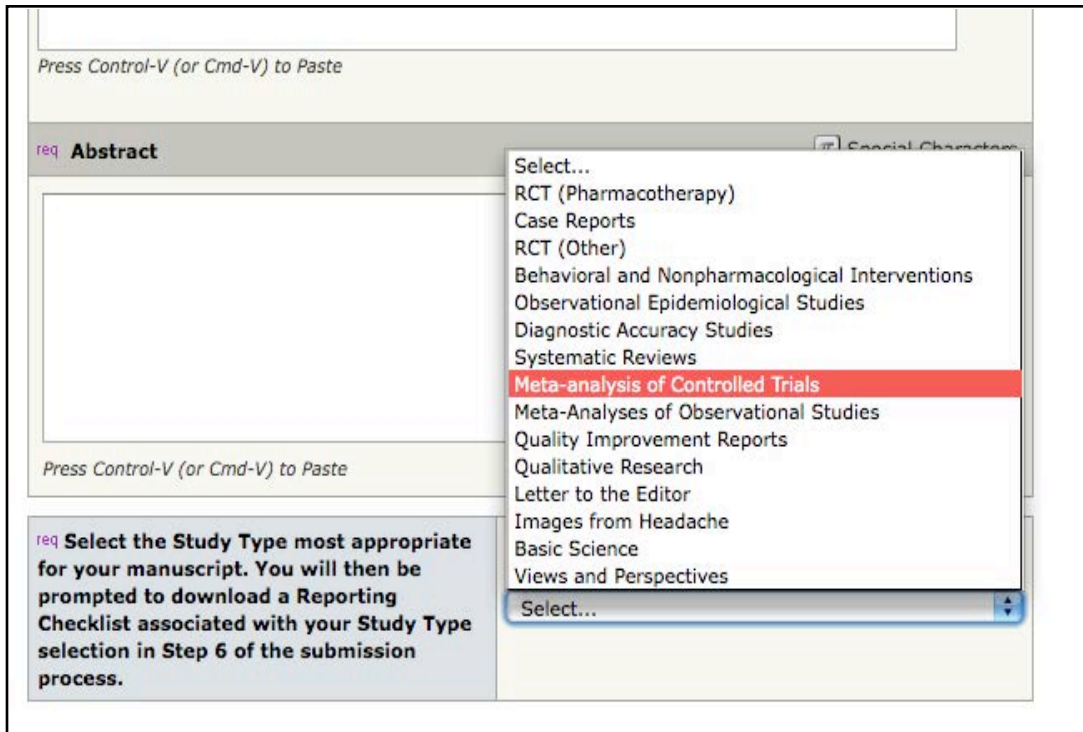
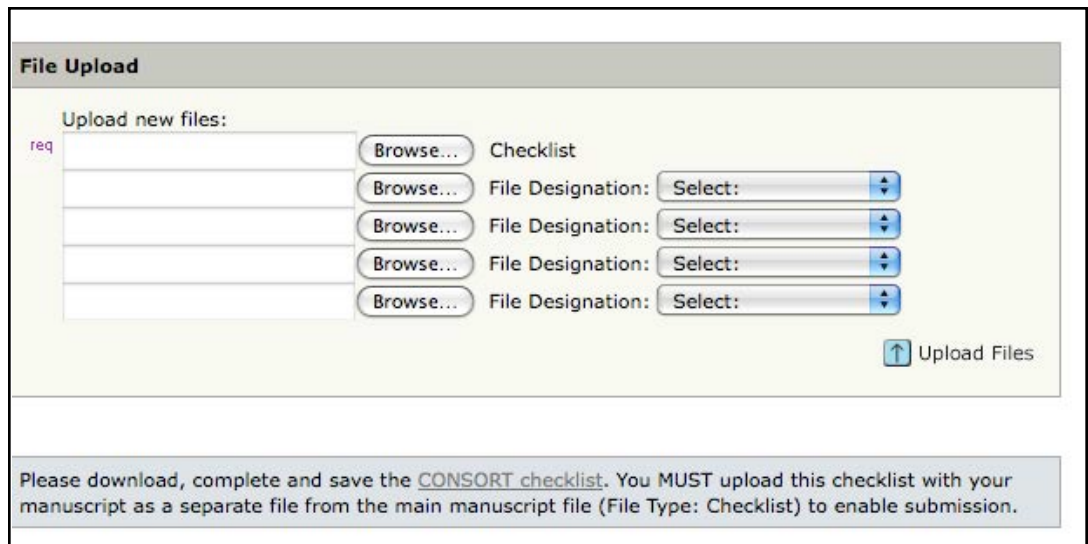


Figure 1. Selecting a particular study definition determines the reporting checklist provided.

Figure 2. The checklist upload process for *Headache*.



EON is seeking *column editors* for the *Tips & Tricks* and *Publication Partners* columns. The column editor is responsible for recruiting the column's articles. Interested? Contact the Editor, Kristen Overstreet, at kristen.overstreet@mac.com. We look forward to working with you!

Appendix 1 – The CONSORT STATEMENT

CONSORT Statement 2001 - Checklist 
Items to include when reporting a randomized trial

PAPER SECTION And topic	Item	Descriptor	Reported on Page #
TITLE & ABSTRACT	1	How participants were allocated to interventions (e.g., "random allocation", "randomized", or "randomly assigned").	
INTRODUCTION Background	2	Scientific background and explanation of rationale.	
METHODS Participants	3	Eligibility criteria for participants and the settings and locations where the data were collected.	
Interventions	4	Precise details of the interventions intended for each group and how and when they were actually administered.	
Objectives	5	Specific objectives and hypotheses.	
Outcomes	6	Clearly defined primary and secondary outcome measures and, when applicable, any methods used to enhance the quality of measurements (e.g., multiple observations, training of assessors).	
Sample size	7	How sample size was determined and, when applicable, explanation of any interim analyses and stopping rules.	
Randomization -- Sequence generation	8	Method used to generate the random allocation sequence, including details of any restrictions (e.g., blocking, stratification)	
Randomization -- Allocation concealment	9	Method used to implement the random allocation sequence (e.g., numbered containers or central telephone), clarifying whether the sequence was concealed until interventions were assigned.	
Randomization -- Implementation	10	Who generated the allocation sequence, who enrolled participants, and who assigned participants to their groups.	
Blinding (masking)	11	Whether or not participants, those administering the interventions, and those assessing the outcomes were blinded to group assignment. If done, how the success of blinding was evaluated.	

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Statistical methods	12	Statistical methods used to compare groups for primary outcome(s); Methods for additional analyses, such as subgroup analyses and adjusted analyses.	
<i>RESULTS</i> Participant flow	13	Flow of participants through each stage (a diagram is strongly recommended). Specifically, for each group report the numbers of participants randomly assigned, receiving intended treatment, completing the study protocol, and analyzed for the primary outcome. Describe protocol deviations from study as planned, together with reasons.	
Recruitment	14	Dates defining the periods of recruitment and follow-up.	
Baseline data	15	Baseline demographic and clinical characteristics of each group.	
Numbers analyzed	16	Number of participants (denominator) in each group included in each analysis and whether the analysis was by "intention-to-treat". State the results in absolute numbers when feasible (e.g., 10/20, not 50%).	
Outcomes and estimation	17	For each primary and secondary outcome, a summary of results for each group, and the estimated effect size and its precision (e.g., 95% confidence interval).	
Ancillary analyses	18	Address multiplicity by reporting any other analyses performed, including subgroup analyses and adjusted analyses, indicating those pre-specified and those exploratory.	
Adverse events	19	All important adverse events or side effects in each intervention group.	
<i>DISCUSSION</i> Interpretation	20	Interpretation of the results, taking into account study hypotheses, sources of potential bias or imprecision and the dangers associated with multiplicity of analyses and outcomes.	
Generalizability	21	Generalizability (external validity) of the trial findings.	
Overall evidence	22	General interpretation of the results in the context of current evidence.	

www.consort-statement.org

Appendix 2 – The Headache Case Report Checklist**Case Reports Checklist for *Headache***

You must report the page number in your manuscript where you consider each of the items listed in this checklist. If you have not included this information either revise your manuscript accordingly before submitting or note N/A inside the brackets [].

<u>Section</u>	<u>Item No.</u>	<u>Descriptor</u>	<u>Page #</u>
Abstract			
	1	Rationale why case is important, main outcome or clinical lesson	[]
Introduction			
	2	Clinical or scientific relevance of the case (e.g., rare disorder; new disorder; novel symptom presentation, diagnostic procedure, treatment; unexpected outcome; adverse effect; myth exploded; new association or implications for pathogenesis)	[]
Case			
	3	a. Demographic, medical and psychiatric history	[]
		b. ICHD-II diagnosis	[]
		c. Headache frequency, chronicity (if relevant)	[]
		d. Objective findings (if relevant)	[]
		e. Treatment regimen, titration, duration of treatment, benefits, adverse effects, etc. (if relevant)	[]
Discussion			
	4	Learning points or clinical lesson	[]
References			
	5	Relevant research cited	[]

Figure captions

6 If relevant

Other

7 a. Patient informed consent

b. Conflicts of interest

c. Acknowledgements

Patient Confidentiality

It is a condition of submission of a case report (Brief Communication/Clinical Note) to *Headache* that you have first obtained the patient's, or patient's guardian's, explicit consent. This consent *must* be signed, not verbal. In the event of a complaint you will be asked to produce documentary evidence of this consent. You *do not* need to include the patient consent signature with your submission.

If a patient cannot be traced, you must consult the *Headache* editorial office before continuing with submission. Publication of such a case report may require complete anonymization, including the removal of the authors' names and their institutions.

If the patient has died, then consent for publication must be sought from the next of kin of the patient.

STOP: if you have not obtained signed consent you must discontinue manuscript submission. Submission of a case report to *Headache* implies you have understood this prerequisite and have obtained signed consent from the patient(s), patient's guardian or next of kin. Failure to comply with policy as stated in the American Headache Society Journal Policy Guidelines will be considered serious misconduct.

Once you have completed this checklist, please save a copy and upload it as part of your submission. When requested to do so as part of the upload process, please select the file type: *Checklist*. You will NOT be able to proceed with submission unless the checklist has been uploaded. Please DO NOT include this checklist as part of the main manuscript document. It must be uploaded as a separate file.

Neurology: Managing a Flagship Specialty Journal in a Changing World

by Patricia K. (Patty) Baskin, MS

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I came into journal management by the back door; after I received my master's degree in genetics at the University of California, Berkeley, I worked in genetics research and participated in writing papers for publication. When I took some time off to stay at home with small children, I was called upon by my former colleagues and other contacts in the genetics and neuroscience areas to help write, edit, and submit papers for consideration at various journals.

When the time came to rejoin the work force, I decided to enroll in a technical writing and editing program at the University of Washington and completed the program at the same time a new genetics journal arrived in town, where I was hired as the associate managing editor. Since the mid-nineties, I've worked for three journals, taking on more responsibility in each position. When the journal *Neurology*® changed editorship at the beginning of 2007, I accepted the position of managing editor after a conversation with the new editor-in-chief (EIC) that outlined his ambitious goals to make the content more cutting-edge, embrace technological changes in publishing, and move to more frequent publication. I have since been promoted to the position of executive editor and have found this position to be challenging, exciting, and satisfying.

Neurology, established in 1951 and the most highly cited clinical journal, is the weekly publication of the American Academy of Neurology (AAN), about 23,000 members strong, and strives to serve the needs of both academic and practicing neurology professionals. AAN's headquarters is located in St. Paul, Minnesota, which also houses the main editorial office. AAN has a contract with the publisher Lippincott Williams & Wilkins for production (including copyediting) and distribution of the journal, and the online journal (the version of record) is hosted by HighWire Press at Stanford University. We receive about 4,000 submissions per year, 66% of which are not from the United States, and accept about 16%. Our content includes editorials, original research articles, clinical/scientific notes, neurology images, video images, a resident and fellow online-only section, correspondence, a humanities section, newsletters containing US and international news, book reviews, a monthly basic neuroscience article, and online-only articles written for patients. In addition, we regularly publish the clinical guidelines produced by Academy committees. We also have four international editions of the journal, each published 2-4 times per year. We use the Bench>Press tracking system available from HighWire Press to facilitate the manuscript

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continued

review process.

Many changes have occurred since I began managing publications. In the nineties, I often saw myself as a ‘glorified secretary,’ receiving daily deliveries of stacks of paper manuscripts and dealing with typewriters and FedEx labels for deliveries to reviewers. I always had a sharp pencil to edit and copyedit items going across my desk, and a wall of file cabinets held manuscripts in various stages of review. All staff members were located in the central office and everyone kept 8am-5pm hours to accommodate the mail schedule and the calls from publisher and authors. Our jobs have subsequently evolved as major changes have been caused by technology. In the current *Neurology* office, all work is done on computers, the managing editor and staff are expected to have more and varied skills, and we have increasingly sophisticated office and tracking software. The journal, like most, is published online and staff and editors possess Web, database, and social networking skills. We use several mark-up languages and our editors, reviewers, and staff members communicate using e-mail, Web meetings, and video- and teleconferencing. Managing people in this changing workplace has become more complex; we work with people of different cultures and of all generations, with different expectations and work styles. Outsourcing, freelancing, remote offices, flex schedules, lack of dress codes, and telecommuting are now commonplace. As executive editor, I am challenged to fit my management style to each

I see myself as the person who is the hub of the specific publishing community that produces the journal, and as such, am instrumental in setting the tone for all communications within that community.

staff member I manage, yet bring the team together to focus on the product and its goals. I see myself as the person who is the hub of the specific publishing community that produces the journal, and as such, am instrumental in setting the tone for all communications within that community – the editors and editorial board, the Society or institution, the targeted audience, the authors and reviewers, funding sources, the publishers and Web publishers, and the journal staff.

At the outset of my position with *Neurology*, I worked with the EIC to develop a strategic plan for the journal that served our mission (*Neurology* will be the premier peer-reviewed journal for clinical neurologists) and vision (*Neurology* will provide clinical neurologists with outstanding peer-reviewed articles, editorials, and reviews to enhance patient care, education, clinical research, and professionalism). We keep this strategic plan forefront as we recruit editorial board members, develop new features to best serve neurologists and satisfy our readers and authors, and achieve mission-advancing financial performance. In my position, I always consider the questions ‘How can I make the workflow for the peer-review process work more smoothly?’ ‘How can I help the EIC organize his work to meet our goals?’ and ‘How can I help the staff use time effectively to help us reach our goals?’

Many of the answers to these questions include embracing change – in systems, in approaches, even in attitudes. One of the major changes we have made in the past year

and a half was another change in editorship and the move from a remote office to the AAN headquarters. The previous change had already split the staff into two editorial offices, one in New York and one in Rochester, Minnesota. The latest move allowed us to create a permanent editorial office that could support editors at any location in the world, save money on office expenses and editorial office moves, and have the opportunity to create cross-functional relationships with others with whom we work at the Academy – the Guidelines staff; the legal, survey, media, and IT groups; and the managing editors of other AAN publications. However, it also meant a personal move of about 100 miles for several staff members. Thankfully, the Academy supports flexibility in work location, and several of us work outside the office regularly. (In fact, I live in Seattle, but commute to St. Paul most weeks.) Other changes we are currently embracing include our online migration to the new HighWire H2O platform that will give us more flexibility to introduce features helpful to our readers, development of new mobile apps, and creation of a prototype for a potential new spin-off journal.

As executive editor of the journal and the administrative partner of the EIC, my role is to help determine policies (conflict of interest [COI], copyright, authorship, ethical and editorial policies, embargo, CME, permissions, depositing of content into repositories), monitor the performance of the seven associate editors and their expertise teams formed from our 57-member editorial board, plan meetings (editorial board, international editor, other publisher and staff

meetings at the annual conference), plan communications (such as drafting reports to the AAN Board of Directors, editorials, responses to ethics issues, and agendas and booklets for Editorial Board and International Editor meetings), communicate with authors (regularly updating the Information for Authors, developing and ensuring completion of COI, authorship, and copyright forms), plan and monitor the journal office budgets and travel, and review HighWire and Lippincott reports. I direct (with the capable help of the managing editor) the manuscript work flow and set development goals with the staff at both the Minnesota and New York offices, coordinate with the publisher on production and style issues, supplements, and international editions, and coordinate with HighWire on issues of Web design, tracking system enhancements, and online posting. An important part of my job is to keep abreast of publishing trends and the Academy supports my attendance at meetings and involvement in the publications arena: In addition to speaking frequently at meetings, I serve as the short course director (organizing and teaching the annual course on publication management) and have served on and chaired the program committee for the Council of Science Editors. I also co-chair the Education Committee for the Society for Scholarly Publishing. I attend the HighWire publisher meetings usually held each spring and fall and the Lippincott publisher meetings held annually.

As the executive editor of *Neurology*, I am also the liaison for the EIC Committee at the Academy and coordinator of the Managing Editors Group for the Academy publications. The EIC Committee determines overall

Managing a Flagship Specialty Journal

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policies for Academy publications (*Neurology*, a patient magazine, a tabloid newspaper for neurologists, an Academy newsletter, and a CME publication) and I coordinate their meetings and create agendas. I chair the Managing Editors Group, which meets monthly with the goals of carrying out the goals of the EIC Committee, synergizing the publications and cross-promoting them.

So what is my daily schedule when I'm in the office? Many days are filled with meetings, including face-to-face meetings with our survey, marketing, legal, and other groups at AAN. We have frequent phone meetings with the staff, the publisher, the online publisher, and the associate editors. I receive 100-200 e-mails per day, most of which can be answered fairly quickly, but many of which require in-depth research (such as investigating an accusation of duplicate publication) and involve more time. Several times each week, minor but time-sensitive crises having to do with production or editorial policy occur that require immediate attention and time to resolve. I review all the author proofs and check the final weekly proofs before publication. There is never enough time in the day and I usually work into the evening to prepare reports or plan meetings.

Having a busy (and remote) editor presents a challenge, but I've found the most efficient way of working with him is to keep a folder of all the questions I have to ask him so that I can be prepared for an efficient phone or face-to-face meeting when I can get one. I consider it my job as his key staff person to help him make decisions easily by researching the issues around a topic, then presenting him with the possible options and a recommendation (I've found most editors are not experts in

publication and are looking for your recommendation). I take careful notes, so I can communicate the information with the intended tone and execute any actions necessary related to his decisions.

I could not do my job without the excellent people on my staff. We have eight editorial staff members. The other seven include the managing editor, the senior production editor, the senior manuscript editor, the senior manuscript specialist, the graphics editor, an editorial associate, and an administrative assistant. Their loyalty and commitment to the journal are exemplary and my goals are to help them become ever more professional in the duties they carry out. Each is able to take responsibility for their assignments and is able to work independently. They work as a great team, each with their own talents, skills, and preferences, with great respect for other members. They are all good thinkers, and the editors and I value their input when making decisions; they, in turn, enjoy being involved in helping to initiate new features, promote the journal, and take part in meetings of the editors and editorial board. In periods of change, they are eager to strategize together about new procedures.

The duties of the other editorial staff:

Managing Editor: She assists me and the EIC, collects the data on editorial board behavior annually for rotating board members, works with the Resident & Fellow section editor to create an annual booklet and coordinate communications and new features, updates website features regularly, generally reviews the work of the New York staff, collates descriptions of staff duties in an online editorial handbook, sorts new manuscripts for distribution to the editor and

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continued

associate editors, assigns reviewers for two of the associate editors, reviews and edits the Correspondence section, and coordinates and edits articles for the Newsletter, Resident & Fellow, and Patient Page sections of the journal. She is also available at my request to research data for presentation at Board meetings and for phone meetings.

Senior Production Editor: She assists two associate editors in assigning reviewers for manuscripts, collects all accepted manuscripts and creates line-ups for weekly issues, and monitors our page usage. She coordinates the commentary page at the beginning of the journal for the editor and submits the final ready manuscripts to the publisher. Much of her time is spent working with the podcast editor to coordinate and record the weekly *Neurology* podcasts, which include interviews with an author of an article appearing in the journal the same week.

Senior Manuscript Editor: She assists three of the associate editors in assigning reviewers for manuscripts and coordinates writing of editorials as designated by the EIC. She monitors the editorials for balance in the expertise areas and generally edits all accepted articles for completeness and adherence to style before they go to press, also coordinating the review and editing of figures with the graphics editor. In addition, she works with HighWire to oversee the maintenance of and enhancements to the tracking system.

Senior Manuscript Specialist: Along with training associate editors as needed, she assists the EIC, two associate editors, and the humanities editor in assigning reviewers for manuscripts and forwards all peer reviews to the associate editors when they are received. She coordinates the selection of papers to be

invited for revision with the EIC and reviews those manuscripts for missing information before sending the letters inviting revision. She is the person who tracks the late reviewers and the incoming Correspondence and has recently taken on the task of maintaining our Facebook and Twitter™ pages.

Graphics Editor: She reviews all figures, tables, and supplementary materials at the provisional acceptance stage and edits lettering or redraws figures to conform to journal style and format, following up with correspondence to authors for approval of changes. She also coordinates the activities of the CME editors and inputs the exams to be posted on the Web site.

Editorial Associate: He processes the new manuscripts in the tracking system, checking submissions for compliance to guidelines, corresponding with the authors of incomplete submissions. He sends the rejection letters to authors whose manuscripts are rejected without peer review and again after peer review when they have not passed muster.

Administrative Assistant: She coordinates meetings of the EIC, associate editors, and staff, preparing agendas and minutes. She handles the Journal e-mail inbox and provides customer service by e-mail and phone to authors and reviewers, oversees book review and invited paper solicitations, and handles requests for publication corrections. She also assists me in formatting reports and agendas for the various meetings held at the Academy annual meeting and coordinates the entries for the annual Editorial Board photo directory and proofreads the iterations produced by the AAN design team.



Calendar of Events

**ISMTE European
Conference**
19 October 2010
Oxford, UK
www.ismte.org

Project Management for Publishing
3 November 2010
London, UK
www.alpsp.org

**Editing Medical Journals - Short
Course**
10-12 November 2010
Oxford, UK
www.pspconsulting.org/

Effective Journal Editorial Management
21 October 2010
London, UK
www.alpsp.org

Fundamentals of eProduction
24 November 2010
London, UK
www.alpsp.org

**Maximizing Revenue Streams and
Developing New Revenue Streams**
21 October 2010
Washington, DC
www.alpsp.org

Journal Development
29 November 2010
Oxford, UK
www.alpsp.org

The Art of Contract Negotiation
28 October 2010
Washington, DC
www.alpsp.org

COPE US Seminar and US Forum
29-30 November 2010
Washington, DC
<http://publicationethics.org/seminar/us2010>

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ISMTE *EON*

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A note on English: ISMTE aims to be a truly international society. English will represent our lingua franca, but we would like to stress that in materials published in EON or online that variations in idiomatic usage and spelling should reflect the origins of the author. No one version of English is preferred over the other.

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