

Où publier?

La Réponse aux lecteurs

Les Buts de la Publication

✓ Utile pour avancer dans la carrière

Ceux qui ne publient pas ne font pas de carrière universitaire

Le succès de la publication est le seul indicateur du succès académique

Enseignement et soins sont moins valorisés que les publications

Invitations à participer aux comités et boards nationaux et internationaux

Invitations à des congrès nationaux et internationaux

Publication permet de rester dans le coup

Se faire plaisir

Les Buts de la Publication

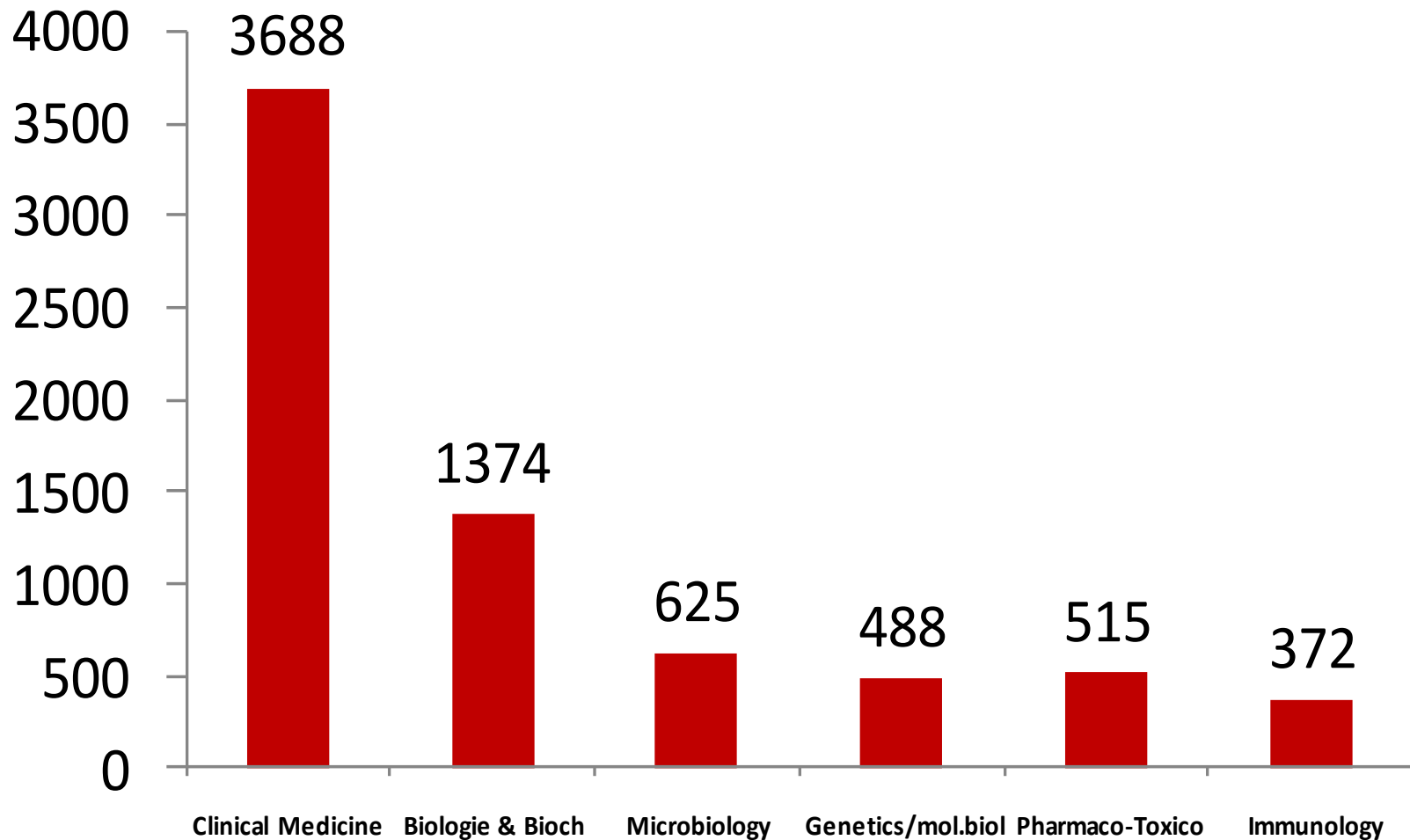
Valoriser sa propre recherche

Valoriser l'équipe

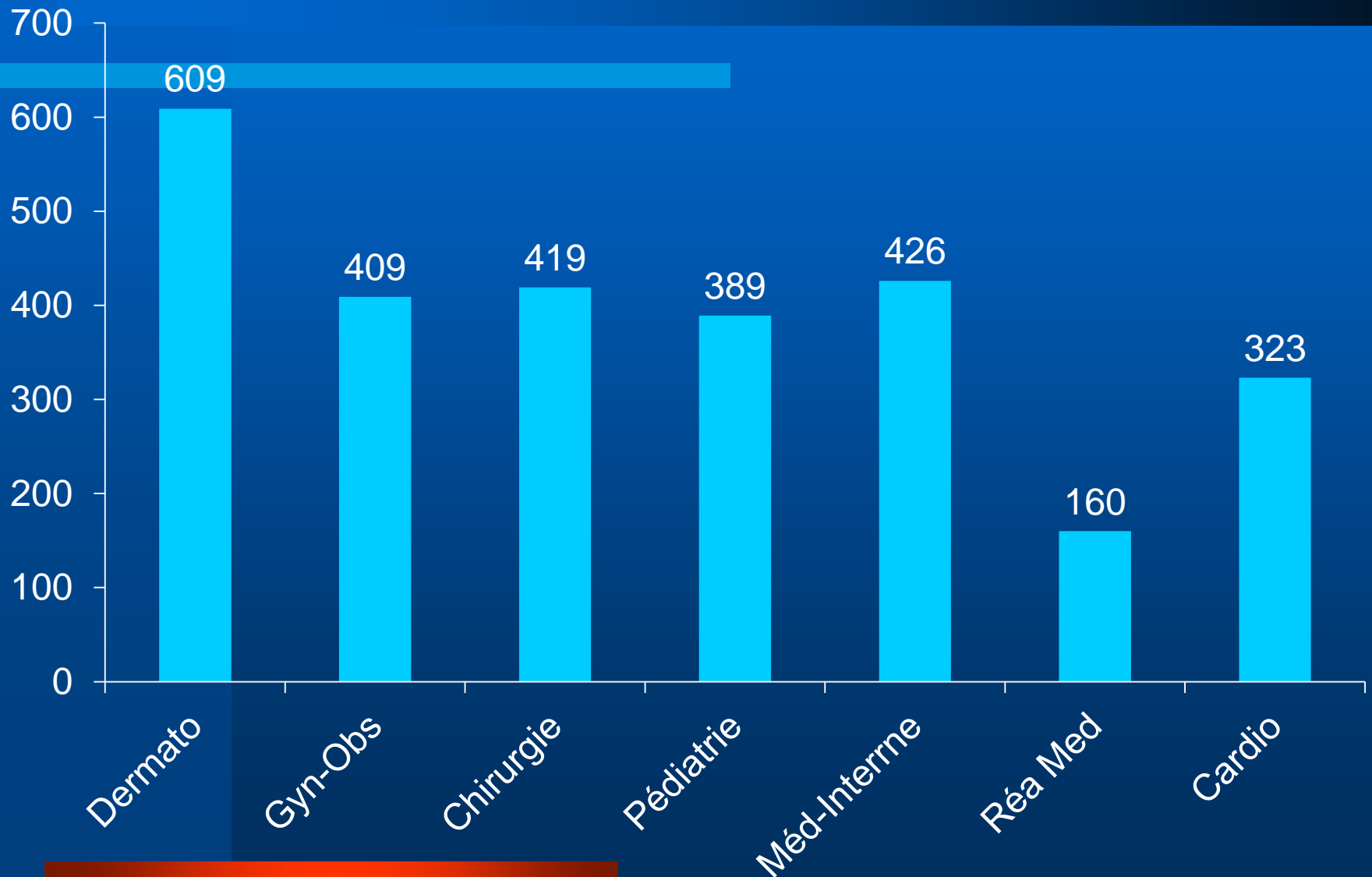
Valoriser l'institution

Clinical vs Fundamental research

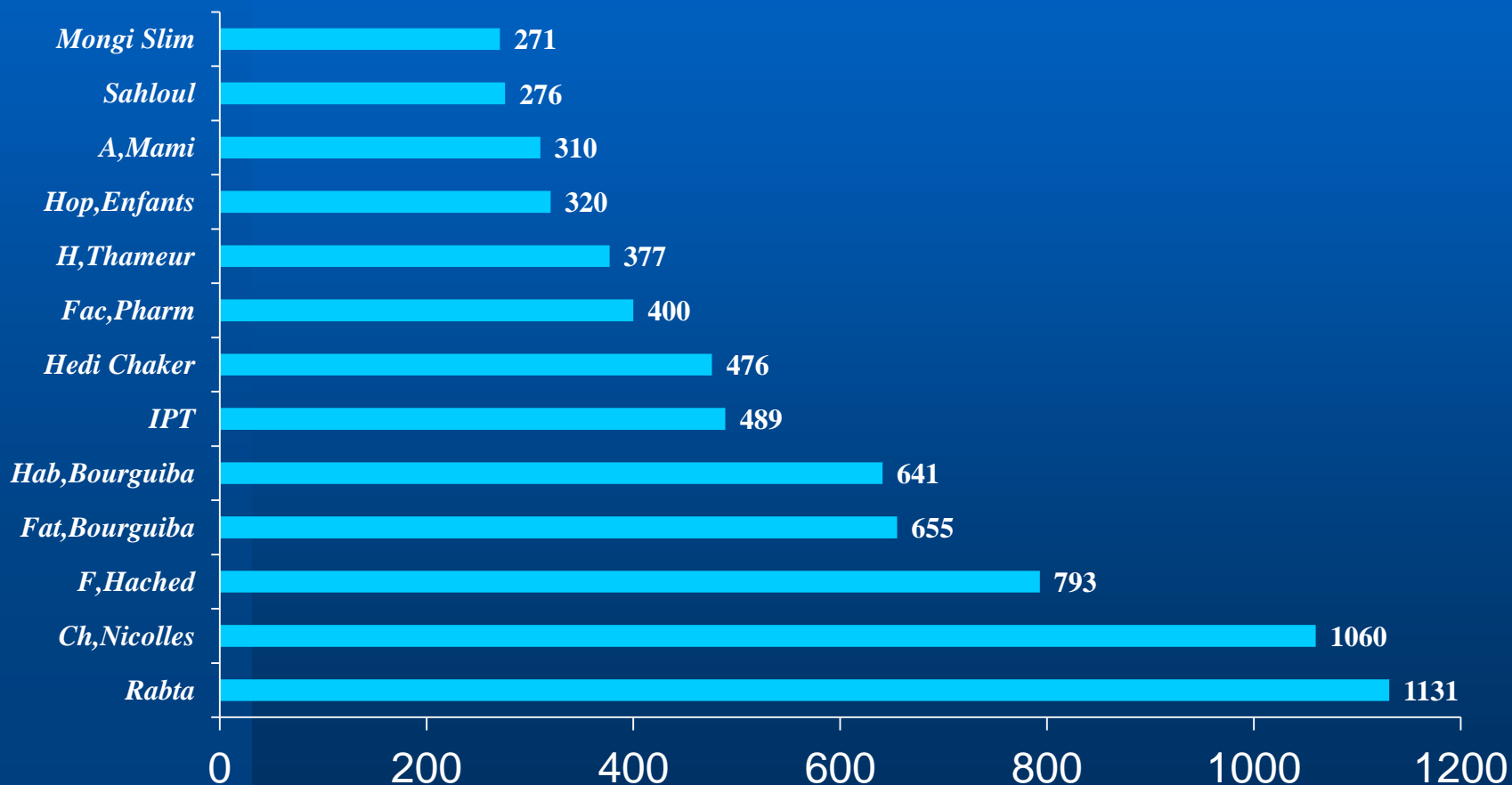
Tunisian N° papers (2014)



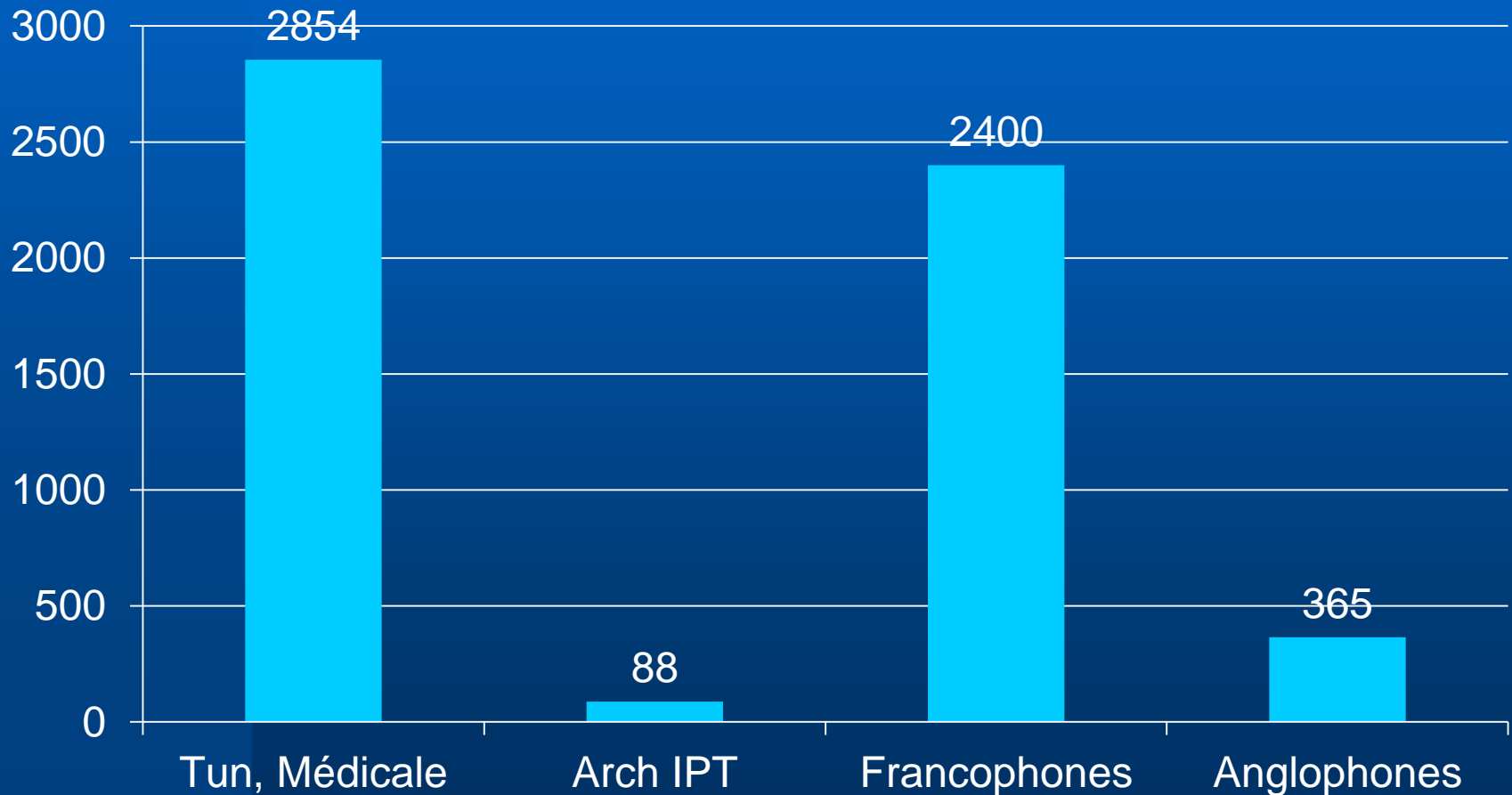
Publications par Spécialité



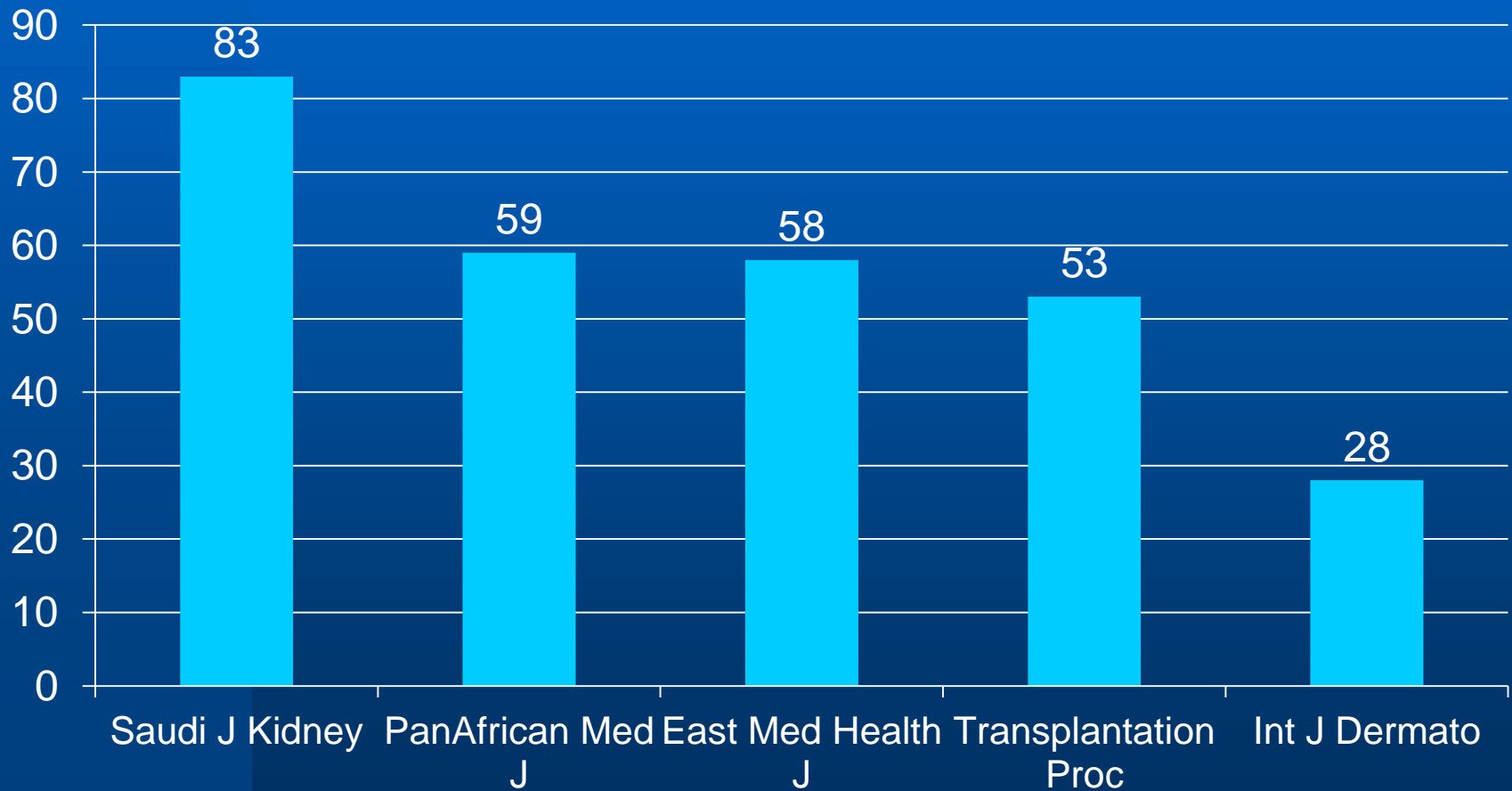
Publications par Institution



Publications par revue



Revues Anglophones

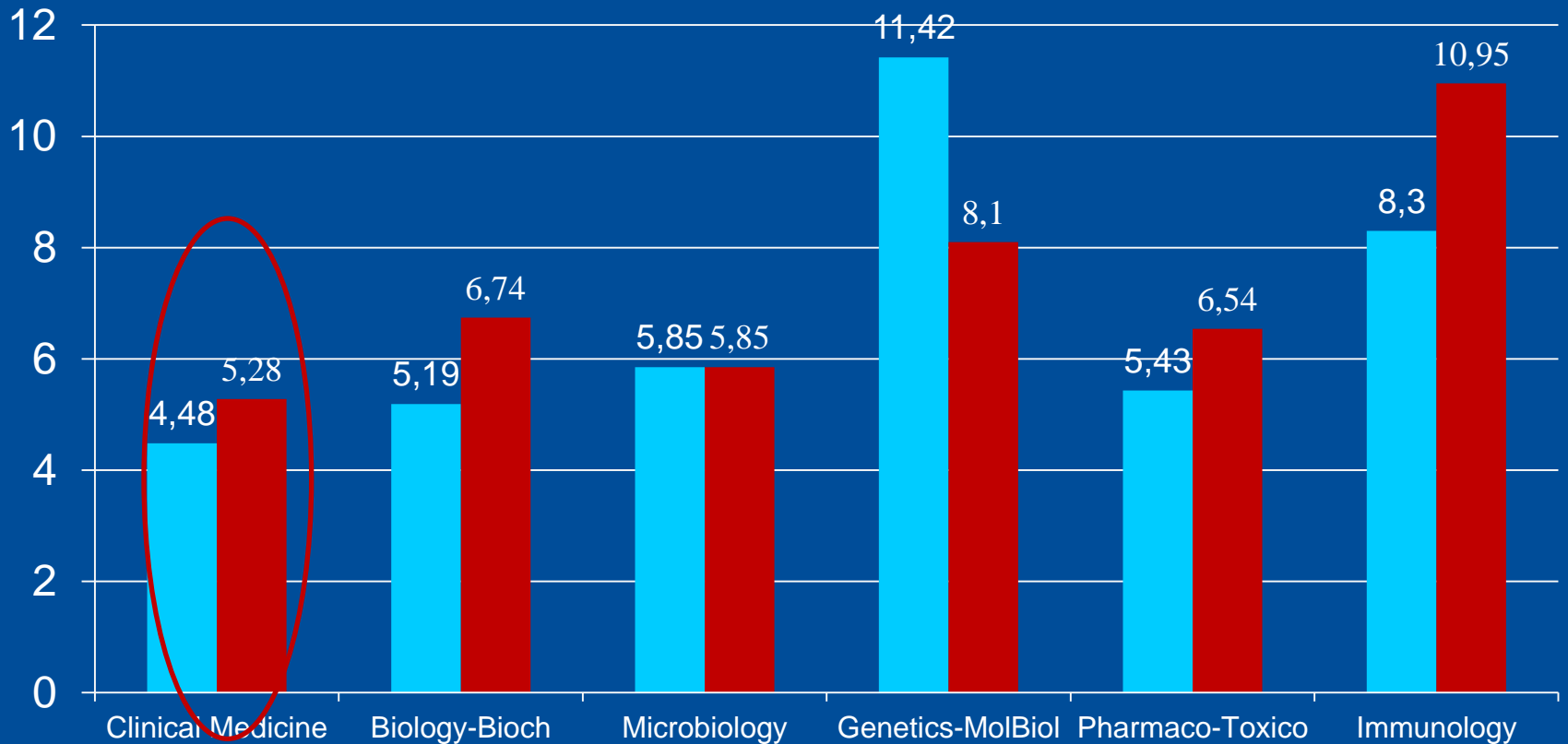


Clinical vs Fundamental Research



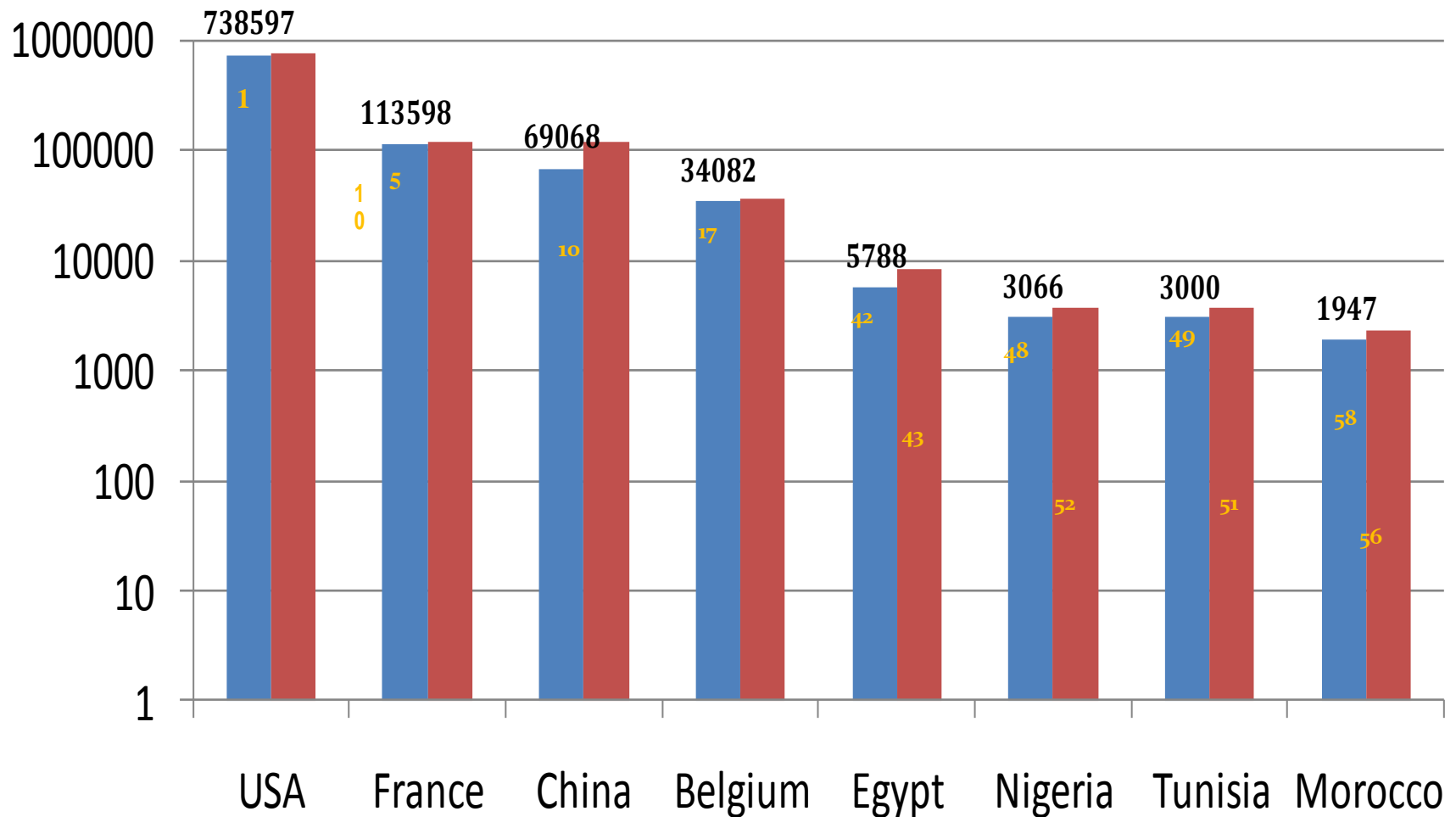
Citation/paper

■ 2011 ■ 2014



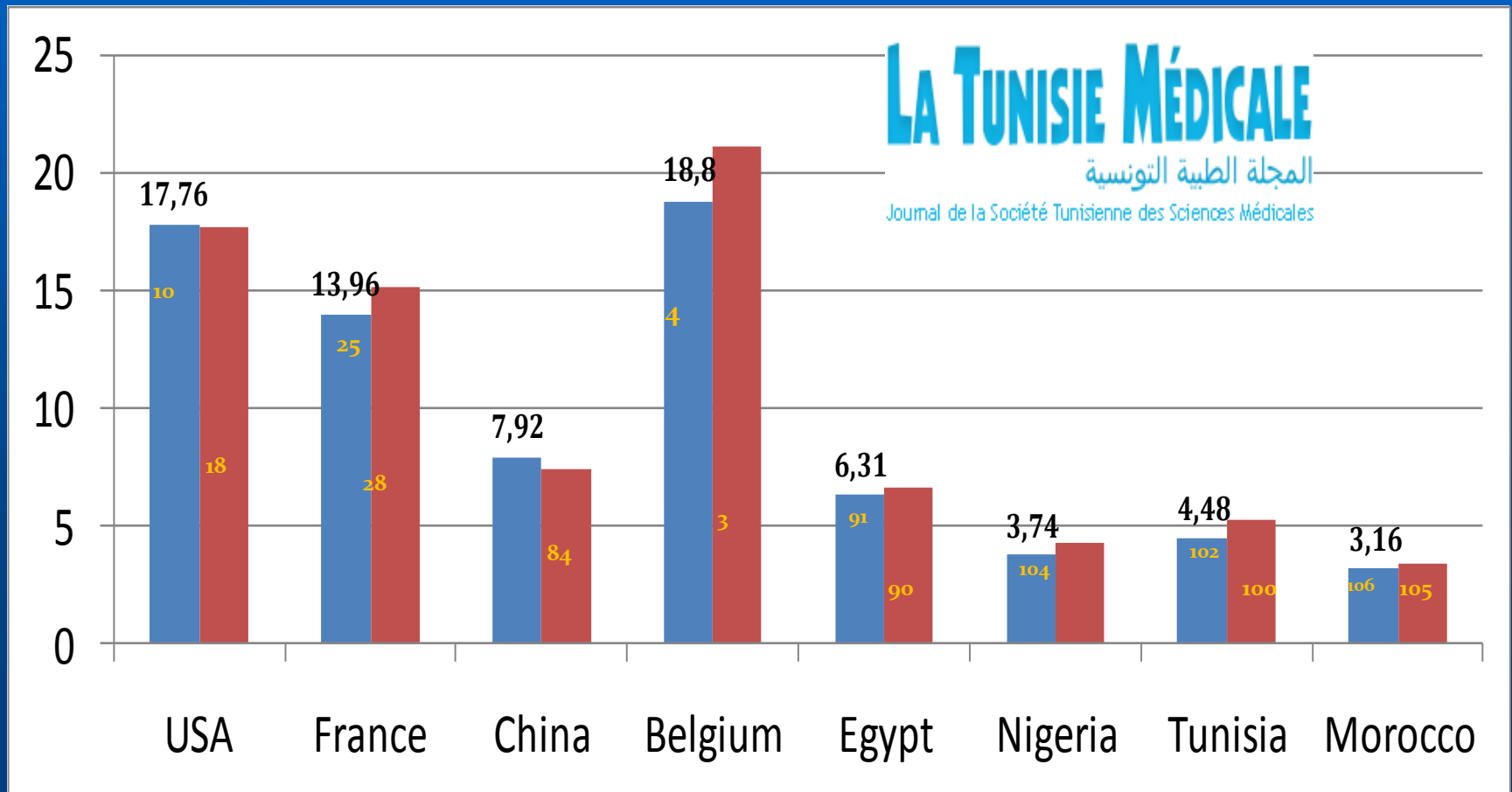
Performance de la recherche médicale tunisienne

Number of publications





Citations per paper



Où publier ?

- Audience
 - Spécialité (ICM,CCM, CC,AIC), générale (Chest, ERJ, AJRCCM)
- Prestige (NEJM, Lancet, JAMA)
- Impact
- Probabilité d'acceptation (100% - 14%)
- Connections (réseaux)
- Impact Factor, Taux de citation

Le processus de publication

- Plusieurs étapes
- Il est long sans garantie de publication
- Les auteurs doivent connaître le processus pour augmenter la probabilité d'acceptation

Circuit du manuscrit



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- Etape importante
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11 Apr

2003 05:49

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Annals of Intensive Care



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Mr Dan Morley	daniel.morley@biomedcentral.com	Biomed Central	 

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Mr Björn Andreeßen	bandr_01@uni-muenster.de	Westphalian Wilhelms-University Münster	Response due 25 Jan 2012 [send reminder]

Suggested - by Author

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Name	E-mail address	Affiliation	
Ali Demirci	demirci@psu.edu	Professor of Biological Eng. at PSU, USA	
Jiayang Cheng	jay_cheng@ncsu.edu	Professor, Ag & Biological Eng, NCSU	
Abdel Ghaly	abdel.ghaly@dal.ca	Professor, Agricultural Eng., Dalhousie Univ., Canada	
Mari Chinn	mari_chinn@ncsu.edu	Associate Prof, Ag & Biological Eng, NCSU	

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Peer reviewer details - Josephine Blogs

Title	First name	Middle initials	Last name	E-mail address	Affiliation
— ▾	Josephine		Blogs	J.Blogs@XXX.com	childrensware

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Reviewer status

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Annals of
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AIC The official journal of the French
Society of Intensive Care (SICF)



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Please check that the contents of the e-mail below are suitable, and press 'Send e-mail' to send the e-mail. Separate multiple addresses with commas, i.e. : Someone <someone@example.com>, Someone Else <someoneelse@example.com>

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To: Josephine Blogs (JBlogs@XXX.com)

Cc:

Bcc:

Subject: Invitation to review a manuscript for Journal Name

Dear Dr Blogs

This letter is to ask if you would be willing to review a manuscript that has been submitted for peer review to Journal Name by Author. The title, authors and abstract of the manuscript are at the foot of this e-mail. We ask reviewers to return their reports within X days.

Pourquoi le reviewing?

- S'assurer la qualité de la publication: pas d'erreurs majeures
- S'assurer de l'originalité et de l'apport scientifique
- S'assurer de la qualité méthodologique de l'expérimentation
- S'assurer que les conclusions sont fondées sur les résultats
- Pas d'erreurs dans les citations des travaux antérieurs

Le lecteur critique idéal

- Celui qui maîtrise l'état des connaissances sur le sujet de l'article & les méthodes de recherche clinique et épidémiologique.
- Lecteurs dont les compétences se complètent ce qui enrichit la critique et minimise le risque d'erreur de jugement.

The manuscript you have been asked to review is a privileged communication and should not be copied. If associates are consulted, please protect the author's ownership with the same confidentiality we request from you.

*Kindly review this manuscript and write out your **constructive comments** and recommendations for its acceptance, revision or rejection Please write your comments and suggestions on a separate sheet of paper. Your review will be sent to the author; however, the **identities** of all reviewers are kept confidential and are not released to the authors.*

If you have additional comments for the Editor-in-Chief only, please also submit them on a separate sheet of paper clearly marked for Editor-in-Chief only.

Organisation logique des commentaires

- Impression générale
 - Intérêt de l'étude
 - Potentiel de l'article
- Commentaires spécifiques
 - Limites majeures concernant le fond
 - Limites de la présentation
 - Problèmes moins graves
 - Listes de corrections mineures souhaitées

Commentaires

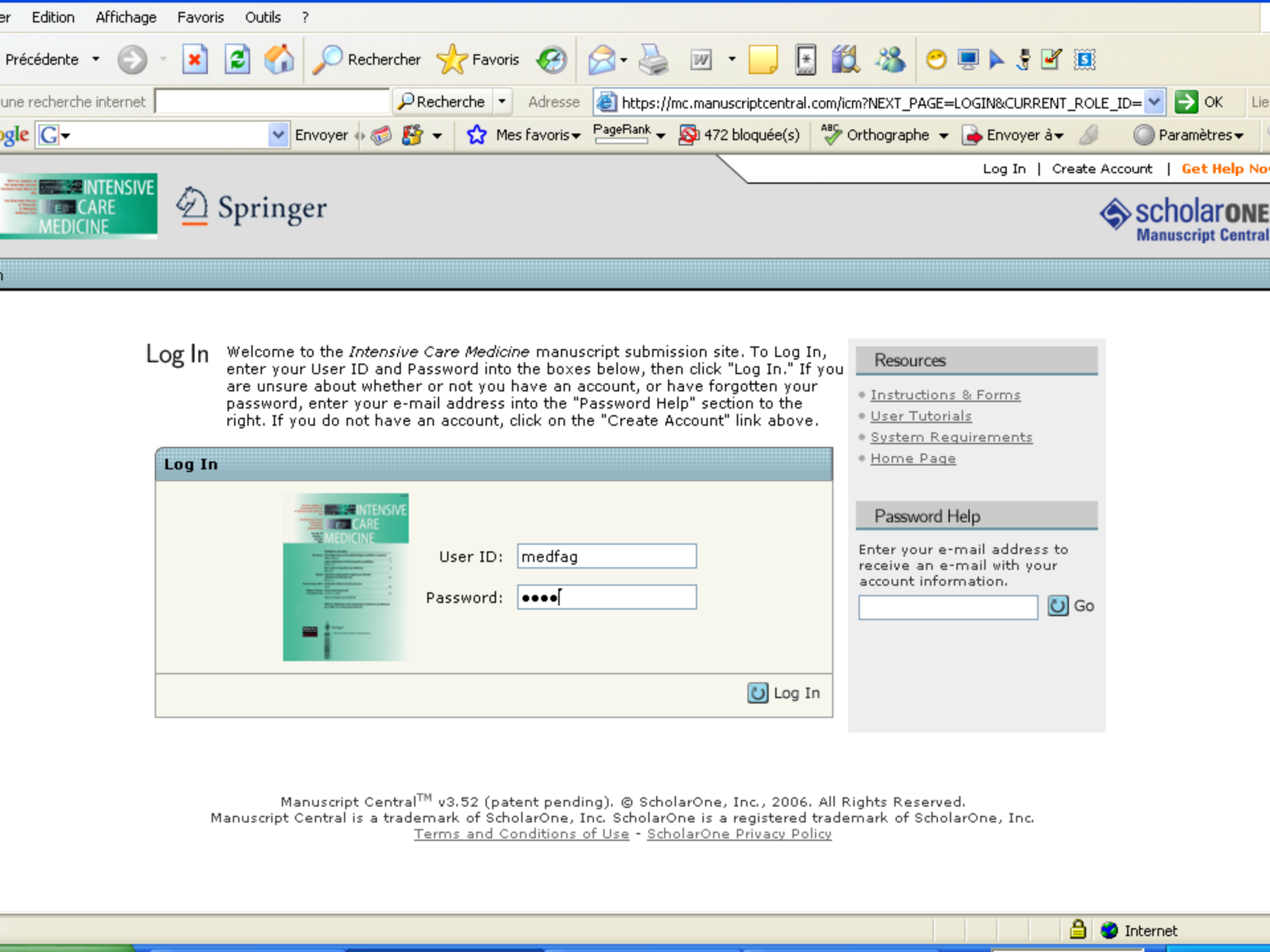
- **Pour les auteurs:** pas de recommandation de rejet ou d'acceptation
- **Pour le rédacteur:** forces et faiblesses, potentiel d'amélioration, acceptation (après corrections) ou rejet
 - Insuffisances récupérables (limites corrigées, améliorées, ou simplement discutées)
 - Insuffisances irrécupérables → rejet

Raisons de rejet d'une soumission (*Science Editor; 2000*)

- Study design: 71%
- Sections:
 - *Methods*: 55%
 - *Discussion*: 24%
 - *Results*: 21%
- Conclusion unsupported by data: 11%
- Data inconclusive: 21%

Raisons

- Résultats: non originaux, redondants, marginaux: 71%
- Résultats: présentation inadéquate: 32%
- Justification: confuse, contradictoire: 25%
- Design mal décrit: 25%
- Méthodes mal adaptées: 36%
- Résultats inadéquats: 25%



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Welcome to the *Intensive Care Medicine* manuscript submission site. To Log In, enter your User ID and Password into the boxes below, then click "Log In." If you are unsure about whether or not you have an account, or have forgotten your password, enter your e-mail address into the "Password Help" section to the right. If you do not have an account, click on the "Create Account" link above.

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Welcome to the *Critical Care Medicine* site. The center links below indicate which "roles" you can currently perform for the journal. Click on a link to begin working in the role (e.g., Author, Reviewer, etc.) in Manuscript Central. You can return to this screen to change centers at any time by clicking on the "Main Menu" link above.



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View Manuscripts


Manuscripts assigned to you for review are listed in the "Awaiting Reviewer Scores" list below. You can view the manuscript by clicking on its title. To view reviewer instructions and access the score sheet, click on the "Perform Review" button.

Review and Score

Manuscript ID	Title	Due Date	Perform Review
There are no manuscripts in this list.			

Scores Submitted

 Manuscripts 1-10 of 50

Manuscript ID ↑	Title	Date Completed	Status	View Review
ICM-2003-00911	Standardization of Intravenous Insulin Therapy Improves the Efficiency and Safety of Blood Glucose Control in Critically Ill Adults [Files deleted on 26-Sep-2007]	06-Dec-2003	AE: Brochard, Laurent <ul style="list-style-type: none"> Minor Revision (20-Dec-2003) a revision has been submitted <i>Archiving completed on 26-Sep-2007</i> view decision letter Response to Decision Letter:	
	Standardization of Intravenous		AE: Brochard, Laurent <ul style="list-style-type: none"> Provisional Accept (13-Feb-2004) 	

Review

- Rating:
 - *Suitability of the topic: important?*
 - *Content: technically sound? Novelty? Comprehensive/balanced?*
 - *Presentation: title, abstract, length, terms definition, English*
 - *Overall rating*
- Recommendation
- Detailed comments

1. Topic and Content

- ☐ Original, of high interest and scientific value
- ☐ Original, but moderately interesting
- ☐ Repeat performance, but of some value
- ☐ Of little interest to the average reader

2. Scientific Reasoning and Argumentation

- ☐ Very good
- ☐ Moderately good
- ☐ Insufficient

3. Experimental Procedures

- ☐ Appropriate
- ☐ Inappropriate (why?)

4. Do you feel the manuscript could be shortened and still prove its point?

- ☐ Yes, 10% shorter
- ☐ Yes, 20% shorter
- ☐ Yes, 30% shorter

5. Language and Grammar

- ☐ Very good
- ☐ Moderate, could use basic copyediting for grammar and language usage
- ☐ Poor, needs major copyediting for grammar and language usage

6. Priority

- ☐ Excellent
- ☐ Average
- ☐ Barely acceptable

Would this qualify as a Feature article?

- ☐ Yes
- ☐ No

Does this need statistical review?

- ☐ Yes
- ☐ No

Do you have concerns about the appropriate treatment of animals in this study?

- ☐ Yes

If this paper is accepted, should an editorial be published?

- ☐ Yes
- ☐ No
- ☐ If yes, I volunteer to write it
- ☐ I nominate to write the editorial. (Provide name and institution.)

req Recommendation

- ☐ Accept
- ☐ Accept With Minor Revisions
- ☐ Reconsider After Extensive Revision
- ☐ Reject

Comments

Confidential Comments to the Editor

If you have comments that you wish to make to the Editor that will not be passed on to the authors please use the space below.

Comments for authors:

req Recommendation

- ☐ Accept
- ☐ Accept With Minor Revisions
- ☐ Reconsider After Extensive Revision
- ☐ Reject

Comments

Confidential Comments to the Editor

If you have comments that you wish to make to the Editor that will not be passed on to the authors please use the space below.

Comments for authors:

Present general comments first, followed by specific points and typographical and grammatical errors. To assist the authors, please include page and paragraph citations, where applicable.

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Files attached

- No files have been uploaded.

Respiratory and Critical Care Medicine

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Please evaluate the manuscript on the basis of (1) HIGH to (5) LOW for each of the following:

		1	2	3	4	5	
Creativity and originality	High	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Low
Scientific importance	High	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Low
Study design	High	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Low
Interpretation	High	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Low
Clarity and brevity	High	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Low
Likely significance after revision	High	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Low

Recommendation:

- ☐ Accept as is
- ☐ Accept with minor revision
- ☐ Return for major revision
- ☐ Reject

Please mark applicable comments:

- | | |
|--|--|
| <input type="checkbox"/> The study has ethical concerns | <input type="checkbox"/> Concerns about human or animal experimentation, including lack of documentation of informed consent or ethics approval. |
| <input type="checkbox"/> Top 25% of all manuscripts I have ever reviewed | <input type="checkbox"/> Bottom 50% of all manuscripts I have ever |

Respiratory and Critical Care Medicine

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<input type="checkbox"/> Statistical methods are problematic	<input type="checkbox"/> Findings represent only minor advance over previously published information
<input type="checkbox"/> Tables contain excessive information and/or need improvement	<input type="checkbox"/> Figures need improvement

Manuscript would benefit by reduction in length (☐ Yes / ☐ No)
If yes, by %, particularly in the sections.

Editorial should be included with the manuscript (☐ Yes / ☐ No)
If yes, I volunteer to write the Editorial (☐ Yes / ☐ No)
I suggest to write the Editorial.

☐ I do not want to see revised manuscript

ATS appreciates that the peer-review process represents a substantial investment of time on the part of our reviewers. Journal manuscript review is now recognized by the AMA as an educational opportunity worthy of Category 1 CME credit. Physician reviewers may receive a maximum of three credits for each accepted review, up to a maximum of five reviews per year. Please indicate the number of hours spent on this review (one credit will be awarded for each hour, up to a maximum of three hours per review).

☐ One Hour

☐ Two Hours

☐ Three Hours

Confidential Assessment (a brief statement that will not be released to authors):

Comments to Authors (Please do not include any statements that will indicate to the author your judgment as to the acceptability of the paper for publication. Suggested Format: 1.General Comments; 2.Major Comments; 3.Minor Comments. Please be as specific as possible).

Suggestions to the Associate Editor for Web-Based Repository
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> Change status



Lettre de rejet

- Difficile à avaler (tous passés par...)
- Cela n'a rien de personnel
- Rejet ne doit pas retentir négativement
- Vous pouvez être victime d'un mauvais timing
- Les suggestions peuvent améliorer votre manuscrit. Utilisez-les!

: Annals@acponline.org
 f.abroug@rns.tn

Date : ven. 09/02/2007 14:43

Objet : Decision on a manuscript you reviewed for Annals

Pièces jointes :  messageM06-2569.htm (15 Ko)

Annals of Internal Medicine

Feb 09, 2007

Arthur T Evans, MD, MPH
 Arthur Evans, MD, MPH
 Administration Bldg Rm 1606
 500 W Polk Street
 Chicago, IL 60612

REF: M06-2569

Dear Art,

Thank you for submitting your manuscript, "Predicting the Need for Medical Intensive Care: Expert Performance and the Derivation of a Clinical Prediction Rule" to the *Annals of Internal Medicine*.

Senior Editor, an Associate Editor and three external reviewers read your paper. Although we found the work interesting, we are sorry to tell you that we will not be able to accept it for publication. Our decision was influenced in part by the reviewers' comments, which are viewable by clicking on the link at the bottom of this page.

The reviewers thought that the manuscript was a somewhat long, complicated, serious, and novel attempt to study an important area. We thought that, in general, the writing was clear. Some editors thought, however, that there were several weaknesses. They were worried that the single teaching site and the use of fellows as primary examiners limited generalizability substantially. Our associate editors with pulmonary and critical care expertise thought that the derived rule was actually not particularly simple and that it was not "user-friendly". Most importantly, several senior and associate editors were concerned with using "need for intensive care procedures" as the outcome, particularly when physicians who evaluated patients had preconceived notions about whether patients needed to be admitted to the ICU for those procedures. These and other concerns mentioned by the reviewers led us to rank the manuscript lower priority than other manuscripts that we are currently considering.

From: laurent.brochard@hmn.aphp.fr

To: jlvincen@ulb.ac.be

Cc: journal.icm@hmn.ap-hop-paris.fr

Subject: Ms ICM-2006-00998 Status

Body: @@date to be populated upon sending@@

ICM reference number: ICM-2006-00998

Dear Jean-Louis,

Thank you for having submitted your manuscript "Understanding Cardiac Output" for consideration of publication in Intensive Care Medicine.

Your paper has been reviewed by 3 out-of-house consultants, who raised a number of important issues with this manuscript, and your manuscript was also discussed within the editorial board; we regret to inform you that your article did not attain sufficient priority for publication in our journal. We must decline any further revision of this manuscript. You might want to consider the reviewers' comments attached below, should you wish to submit this manuscript to another journal.

Although we found some merit at your approach and appreciate that you tried to be innovative with an educative aim, reviewers found that the analogy had too many limitations to carry a real useful educative message. Personally, I had also reservations about some simplistic aspects. For instance, I do not see how your analogy could help to understand diastolic dysfunction and influence of heart rate on cardiac filling, which is an important challenge for treating many elderly patients. I also found that your text was sometimes hesitating between describing the analogy on the one hand and commenting upon physiologic effects of drugs on the other hand, without always a straightforward link between the two.

Intensive Care Medicine receives many more manuscripts than it can publish. Each submission must therefore be carefully evaluated for its originality, scientific accuracy, and potential interest to the readership of the journal.

I regret having to send you this negative decision. Thank you for having given us the opportunity to review this manuscript and for considering Intensive Care Medicine for publication of your work.

Sorry to disappoint,

Best regards

Laurent

Prof. Laurent Brochard, Editor
Intensive Care Medicine

Reviewer: 1

COMMENTS TO THE AUTHORS (REQUIRED)

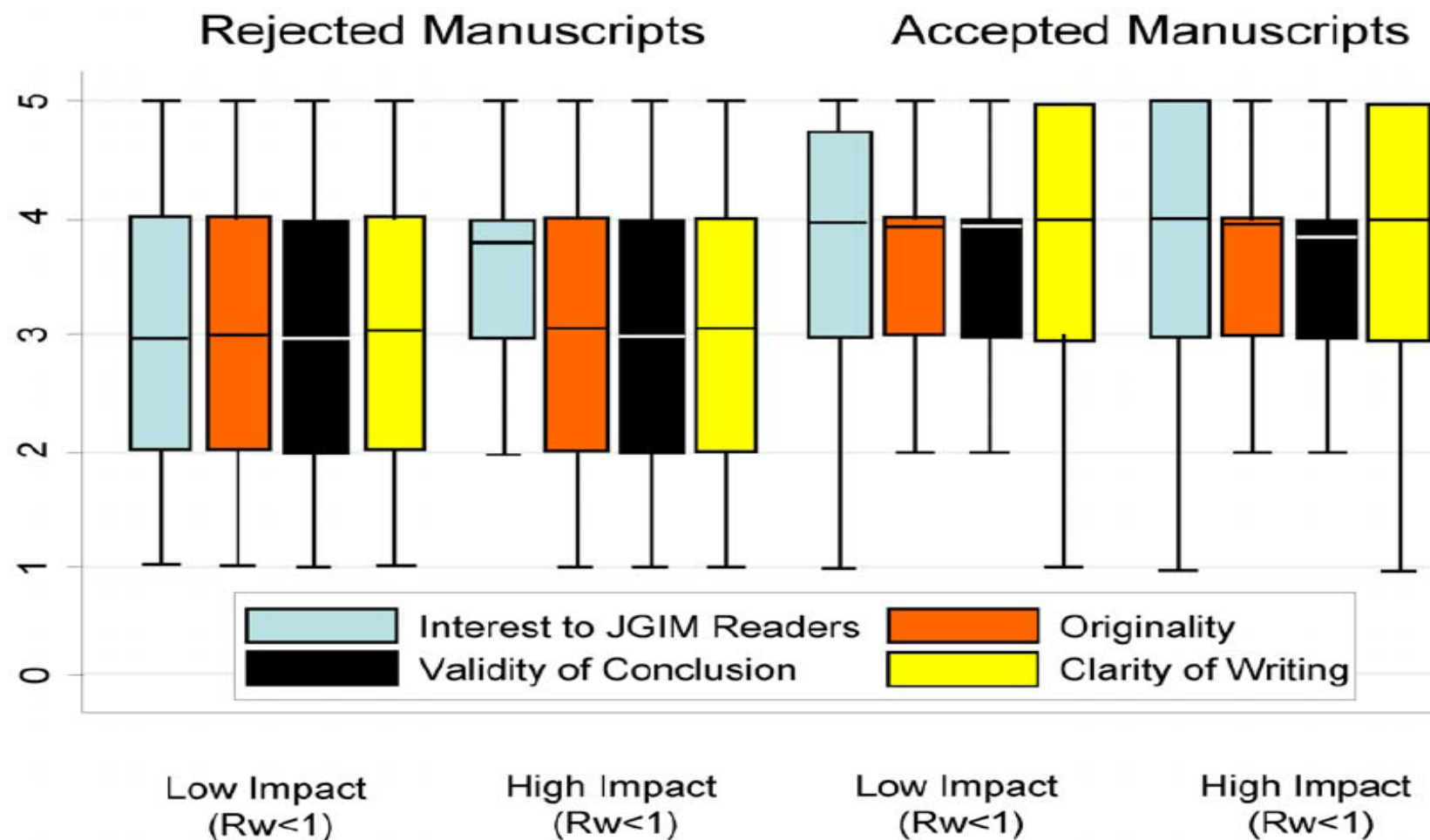
Use the space below for comments to be transmitted to the author.

In the present paper, the author proposes an approach for explaining the determinants of ventricular performance, that by its simplicity should constitute a useful pedagogical tool. It is first stressed that the heart does not work in isolation, but as an embedded part of the global cardiovascular system. Then, an analogy is constructed that equates the pumping heart to a sportsman pedalling on a bicycle. The following correspondences are established: heart rate with pedalling rate, preload with tailwind, contractility with power output of the cyclist's legs, afterload with resistance opposed by the road to the progression of the bicycle, be it in the form of friction or slope. This is a very creative attempt to explain the basic concepts of

The Validity of Peer Review in a General Medicine Journal

Jeffrey L. Jackson^{1*}, Malathi Srinivasan², Joanna Rea¹, Kathlyn E. Fletcher¹, Richard L. Kravitz²

¹ Division of General Medicine, Zablocki VA Medical Center, Milwaukee, Wisconsin, United States of America, ² Division of General Medicine, University of California Davis, Sacramento, California, United States of America



Decision Letter

From: elie.azoulay@sls.ap-hop-paris.fr

To: dar_hdf@yahoo.com

Cc: journal.icm@hmn.ap-hop-paris.fr

Subject: Decision letter- Manuscript ICM-2004-00680

Body: 15 Nov 2004

ICM reference number: ICM-2004-00680

Dear Dr. Yazigi,

Your manuscript entitled "Withholding and withdrawal of life support in a Lebanese intensive care unit: A prospective observational study" has been reviewed by consultant experts in your field of research and by the Editorial Board for publication in Intensive Care Medicine.

We would be interested in publishing this manuscript; however, as you will see from the attached comments, a number of criticisms have been raised by the reviewers and we would appreciate your consideration of their suggestions in a revised version of this manuscript. In particular, you must balance the fact that you report only a small number of patients by additional information regarding patient's characteristics as well as how you perform in comparison with current international guidelines and recommendations.

Your revised manuscript should be submitted within the next 2 months, and be accompanied by a reply letter responding item for item to the reviewers' comments and describing all changes made in the manuscript.

Please carefully check the format of your references and their accuracy. Please also see if your reference list can be updated. In particular, check in the recently published Year in Review in Intensive Care Medicine 2003 (Year in review in Intensive Care Medicine 2003: Part 1: Respiratory failure, infection and sepsis (June 2004), vol 30, pp. 1017-1031, or Part 2: Brain injury, hemodynamics, gastrointestinal tract, renal failure, metabolism, trauma, and postoperative.(Jul 2004), vol 30, pp.1266-75, or Part 3: Intensive care unit organization, scoring, quality of life, ethics, neonatal and pediatrics, and experimental (August 2004), vol 30, pp. 1514-1525) whether some articles relevant to

Reviewer 1 Comments:

This is a very interesting report on the process of withholding and withdrawing life support in a Lebanese ICU.

Major strengths of the manuscript rely in the fact that it is the first report on this topic originating from an Arabic country reflecting actual relations between medical practice in acute care and specific cultural dimension in this country.

The major weakness of the report has been acknowledged by the authors corresponding to the fact that this is a monocentric study.

Overall, the study is well conducted and well written, the results are interesting with a relevant discussion.

Major comments:

However, the fact that it was a monocentric study that lasted only 12 months yielded a somewhat reduced number of charts to analyse : only 43 patients who died as a result of a decision of care limitation. The authors should comment on this fact.

I also would like to ask authors to better describe their ICU and its activity percentage of patients admitted with respiratory, cardiocirculatory, neurologic or toxicologic diseases, mean SAPS, percentage of mechanically ventilated patients, mean durations of ventilation and ICU stay, frequency of hemodialysis (it seems frequently used as reflected by table 3). The authors should also provide information on nurse/patients ratio.

The discussion section should be shortened and centered on the study results.

Reviewer 2 Comments:

This paper focuses on decisions to forgo life sustaining therapies in a Lebanese intensive care unit, and is the first report of such practices in a middle east Arabic country.

Major comments

Material and methods

q May the authors describe the triage process for the patients admitted in the intensive care.

q It would be interesting to have a APACHE or SAPS score for the patients included in this study, the reasons for admission and the length of stay

Discussion

q May the authors describe if they found that the religious and social values of the patients (and families) admitted in their ICU (i.e Muslim or Christian beliefs) are relevant for describing differences in decisions (implication of family members, refusal of withdrawal life sustaining treatment, etc.).

Rôle des auteurs

- Répondre rapidement aux commentaires
 - Si révisions majeures demandées (transformer un article original en lettre à l'éditeur) on peut décliner l'offre de nouvelle soumission.
 - Habituellement remaniement du manuscrit \pm en profondeur et renvoi à la revue.
- Lettre d'accompagnement

Révision

- Prendre au sérieux les reviewers (= ne pas les sous-estimer)
- Répondre point par point
- Changer le texte +++
- Justifier si on ne change pas
- Ne pas hésiter à rajouter des données

Attitude Positive

- Ayez une bonne attitude:
 - Remerciements pour les commentaires (censés améliorer le manuscrit)
- Ne répondez pas immédiatement: lisez, attendez, puis répondez
- Vous allez répondre à:
 - Critiques valides faciles
 - Critiques valides difficiles
 - Critiques non valides (faciles à prouver, respectueusement)
 - Opinions

Réponse si critiques majeures

- Soyez polis
- Evitez un ton agressif ou de confrontation: prenez ce qui est utile, et expliquez calmement votre point de vue en cas de désaccord.
- Il n'y a pas de limites à la longueur de votre réponse
- Répondez point par point et expliquez tous les changements introduits
- Copiez-collez toutes les modifications faites au manuscrit

En cas de désaccord avec les critiques

- **Argumenter** minutieusement les raisons du désaccord.
- Cependant, une critique même infondée, peut **enrichir la discussion** de l'article.
- Cependant, la mauvaise compréhension du lecteur peut aussi provenir d'un **manque de clarté** qu'il faudra corriger.

La lettre d'accompagnement

- Doit détailler point par point la réponse aux critiques **même en cas de désaccord avec les critiques.**
- Lister pour **chaque lecteur et chaque critique** quelle est la réponse et **où** et **comment** elle a été intégrée dans le manuscrit corrigé

● **Specific Comments:**

- **C1.** The assumption of the Authors is that AECOPD could be unlikely, possibly or definitely due to left heart dysfunction. This pathophysiologic relationship is not clear, it is not defined in cardiologic literature and cannot be unequivocally derived from data presented in the manuscript. The difference between the concept “COPD associated with co-existing LV dysfunction or heart failure” and the concept “due to dysfunction or heart failure” is fundamental. The new pathophysiologic cause-effect relationship would need precise and accurate demonstration and the pathophysiologic concept detailed description and discussion: both demonstration and discussion are actually missing in the manuscript. At this regard, the fact that cardiac bio-markers are elevated in about 45% of AECOPD patients is not a proof that this condition is necessarily a direct consequence of LV dysfunction, but instead that the two clinical syndromes are co-existing in the same patient. Association of the diseases is indeed not proof of cause-effect relationship.
- *R1-We acknowledge reviewer's comment and modify the manuscript accordingly. “AECOPD due to left ventricular dysfunction” is replaced by “AECOPD associated with LV dysfunction”. Modifications are made to the title, abstract and where appropriate throughout the manuscript in particular in the Material-Methods, Results, and Discussion sections.*
- **C2.** Stringent criteria for heart failure diagnosis are necessary. The diagnostic algorithm utilised in the present investigation is mainly based on subjective findings or on signs that can be considered non specific enough in the clinical context (for instance pulmonary rales or x-ray). A detailed discussion of the performance of the adopted criteria, also in respect of those available from literature, would be needed.
- *R2-We agree with reviewer 1 on the need of a true and strong gold standard in study on the validation of a diagnostic test. This is the reason why the final diagnosis of the association of LVD with AECOPD had to be adjudicated through a consensus of all 4 physicians (2 intensivists and 2 cardiologists). We add a sentence emphasizing this fact in the Material and Methods section (Page 6, paragraph 5).*
- *It is noteworthy that this methodology is the one implemented in all princeps articles on the validation of BNP dosage as a diagnostic test of dyspnea from cardiac or pulmonary origin.*
- **C3.** Criteria for diagnosis of right heart failure seem not ideal being based on the co-existence of clinical signs and right ventricular enlargement eventually by ECG whose role, in this context, is far from accurate.
- *R3- This comment is in keeping with the preceding one on the diagnosis of LV dysfunction. The same response can be provided with a particular mention to the fact that right heart failure is usually easier to diagnose than left heart disease.*
- **C4.** Echo methods can be considered not adequately defined and/or identified. In particular: intra and inter observer variability are not given and 50% EF can be an inadequate cut off in patients with possible LV underfilling during AECOPD.
- *R4-Methodology of echocardiographic examinations is further précised in the Material and Methods section (page 5, paragraph 2). In particular we underline the fact that a consensus of both study echocardiographists had to be reached in all instances.*

What do journal editors want.

Top 10 reasons of rejection (*M. Antonelli*)

- No attention to instructions to authors
- Undisclosed COI
- Not checking for grammar errors
- No new information
- « Recycled » without substantial changes
- No research hypothesis
- Misquote or omit essential references
- Bad statistics (power analysis)
- Conclusion are unsubstantiated
- Duplication, self-plagiarism, double submission