

# A Call for Explainer/Tutorial Articles and Changes to Manuscript Submission and Review at MDM and MDM P&P

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Brian J. Zikmund-Fisher , on behalf of the Editors

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## A Call for Explainer and Tutorial Articles

At *Medical Decision Making* (MDM) and *MDM Policy & Practice* (MDM P&P), we focus on developing, advancing, and critically evaluating methods to improve decision making. Put simply, the articles we publish in MDM and MDM P&P examine how best to do things. How best to build, analyze, or evaluate decision-analytic or cost-effectiveness models. How best to elicit quality-of-life ratings or stakeholder values. How best to help patients, health care professionals, or policy makers make value-congruent decisions. The work that we publish helps our readers to do their research, their designing, or their implementation better.

To increase the availability of clear and direct advice for how best to perform medical decision making, both MDM and MDM P&P have issued an ongoing Call for Papers that bridges the gap between new research that uses novel methodologies and the broad implementation of best practices in medical decision-making research, practice, and policy settings.

In MDM, we are seeking tutorials: articles for fellow researchers and practitioners that teach them methodological best practices and cutting-edge techniques. Tutorial articles should approach their topics at a level higher than a foundational textbook yet remain accessible to a reader who lacks experience in the specific techniques being discussed. Put another way, MDM tutorials should be written to meet the needs of someone who asks, “I want to [build a X type of model/clearly communicate Y type of risk data/evaluate the cost-effectiveness of Z type of intervention/etc.]. What’s the right way to get started?”

In MDM P&P, we will focus on a new category of articles termed explainers. Explainer articles are written

for a broad audience that might include practicing clinicians, policy makers, journalists, and/or patients as appropriate to the topic. More than anything else, explainer articles discuss and demonstrate the relevance and applicability of MDM techniques to solving the practical problems of real-world situations. For example, an explainer article might show how the practical usefulness of disease testing depends on disease prevalence. Alternately, it might discuss the concept of shared decision making and identify misconceptions that might lead well-intentioned practitioners to fail to achieve shared decision making.

It is our intent that tutorial and explainer articles will become a regular feature in both journals. Authors interested in writing either tutorials or explainers are highly encouraged to contact the editorial office to receive feedback on their topic ideas prior to submission.

## Changes to Manuscript Submission and Review at MDM and MDM P&P

### *Double-Blind Review*

Like most medical journals, MDM and MDM P&P currently use a single-blind review process, in which authors

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do not know reviewers' identities but reviewers do know authors' identities and affiliations. However, research suggests that review processes that show authors' names and affiliations can enable conscious or unconscious biases to manifest in review decisions,<sup>1</sup> such as disadvantaging female versus male authors<sup>2-4</sup> or newer authors versus more established researchers.<sup>5</sup> Furthermore, these processes can reinforce historical patterns of power and influence (which often incorporate the effects of systemic racism and sexism) by giving advantages to authors based on individual and/or institutional reputation.<sup>6,7</sup> For example, when the institutional affiliation is known, US-based reviewers rate papers from US-based authors more favorably than those from non-US authors.<sup>8</sup> Given these known effects, and given that identifying and promoting the use of optimal decision-making methodologies is at the core of the MDM journals' identity, continued use of single-blind review appears inappropriate for our journals.

Therefore, as of January 2021, all manuscripts submitted to either MDM or MDM P&P will be subject to a double-blind review process in which neither authors nor reviewers are individually identified to each other. During manuscript submission, authors will provide a blinded copy of their manuscript file that removes title page identifying information (names, affiliations, and funding sources), acknowledgments, Institutional Review Board/Human Subjects Committee identifying information, and any other identifiable location information (e.g., participant recruitment site names). If necessary, authors should use descriptive language such as "a large academic medical center in a Midwestern US city" to provide locational context information. The journal office will return manuscripts that fail to meet these requirements to authors for revision.

### *Structured Abstracts Now Required, but Format May Vary*

Abstracts are, by far, the most important words in any scientific manuscript. Abstracts set readers' expectations for what they are about to learn. They are also the only part of an article that search engine audiences can use to

decide whether the topic, methods, findings, and conclusions are of interest to them.

Both MDM and MDM P&P provide specific guidance for authors related to abstract structure and content. Yet, time and time again, we see high-quality research papers whose abstracts were clearly thrown together at the last minute. A poor abstract does not just annoy readers; it can prevent otherwise good research from getting reviewed and published in the first place. We reiterate how important it is that authors review our abstract guidance before submission.

To ensure greater abstract consistency and quality, as of January 2021, both MDM and MDM P&P will require structured abstracts (<275 words) for all original research reports and reviews. Structured abstracts are already required for cost-effectiveness studies and systematic reviews, including meta-analyses. Abstracts of less than 175 words are optional for brief reports, but structured abstracts are preferred. The editor-in-chief retains the right to request a structured abstract for any manuscript.

In acknowledgment of the heterogeneity of research designs, types, and goals present in the medical decision-making community, however, we are flexible regarding section types and headings on a case-by-case basis. For most studies, we encourage use of the following sections:

- *Introduction, Background, or Purpose.* Regardless of name, this section should clearly define the research question or objective.
- *Methods or Design.* Include information about sample size and characteristics as applicable.
- *Results.* Concisely summarize the primary findings, and include quantitative information about the central results if appropriate.
- *Limitations.* When relevant, include a brief limitations section.
- *Conclusions.* This section should highlight the key takeaway finding(s).
- *Implications.* When appropriate, state the implications of the work for particular audiences.

### *Communicating to Lay Audiences through Highlights and Social Media*

Also, as of January 2021, both MDM and MDM P&P are requesting that all authors provide both 1) a set of "highlights" that summarize the contribution of the article and 2) suggested language for use in social media postings about the article.

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The highlights section should include 2 to 4 sentences summarizing the article's main takeaway points in the form of short bullet points. The first sentence/bullet point should describe, in plain and direct language, the article's primary contribution. When appropriate, we encourage key points that refer specifically to the audience(s) who will benefit from understanding the article's findings and explicitly tell them why they should care about this work.

As an example, Scherer and Zikmund-Fisher's 2020 MDM article "Eliciting Medical Maximizing-Minimizing Preferences with a Single Question: Development and Validation of the MM1"<sup>9</sup> could have been concisely summarized as follows:

- Both clinicians and researchers can use a single question, the MM1, in place of a 10-item measure to identify patients' medical maximizing-minimizing preferences.
- MM1 ratings strongly predict both medical decision preferences and how much medical care people reported using.

The social media language section should include the following:

1. 1 to 3 draft tweets (generally <200 characters; shorter is better) that highlight the article's main highlight in plain language,
2. authors' twitter names (if available), and
3. a list of preferred hashtags and organizational tags that they would like to include in any social media postings about the article.

For example, we could have promoted the MM1 article described above as follows: "Are you a medical maximizer (someone who wants more tests and care) or a minimizer (someone who tends to avoid unnecessary care)? The single MM1 question can reliably tell. New study in @MedDecMak @ldscherer @bzikmundfisher."

The editors will review this information and may request edits prior to accepting the manuscript. Once

reviewed and accepted, this information may be used by the journals for the purposes of promoting the article on social media.

We close by noting that authors are free to promote their own articles on social media platforms as they wish (and are highly encouraged to do so). To maximize reach, we ask that authors link to the final published article and link to the journals' account (Twitter: @MedDecMak; Facebook: @meddecismaking).

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