

The Editor's Dirty Dozen – by Jon Neher, MD

Here are the top twelve problems FPIN editors see when working with new authors who are writing Clinical Inquiries

I. Writing Problems

1. Poor sentence/paragraph structure
2. Fuzzy logic
3. Too many comparisons for text (needs a table)
4. Footnotes not correctly numbered

These errors occur when authors have not written much before, are in a hurry, do not feel ownership of the manuscript or use English as a second language. These problems will result in multiple rounds of revisions, since intellectual errors are often obscured by prose errors.

Prevention ideas:

Have a discipline of revision until “publication ready” prior to submission. A seasoned co-author mentor who also reads and edits the manuscript before it is sent to FPIN is vital for new authors.

II. Style Problems

5. Strength of Recommendation (SOR) does not have explanatory phrase
6. Studies not described in enough detail
7. Papers referred to by the lead author's name
8. No Level of Evidence (LOE) in references

Common with authors who have perhaps written in other formats (PEPID cards, textbook chapters, etc.) but who have not written HDA's or CI's for FPIN. The “voice” of the newsletter and inquiry answers is unique and does not come naturally to most new contributors.

Prevention ideas:

Pay close attention to the instructions for authors and read the website CI and HAD examples for style rather than content.

III. EBM Problems

9. SOR does not match quality of evidence presented
10. Outcome data does not include a measure of the magnitude of effect
11. Confidence intervals are missing (over-reliance on p values)
12. LOE's obviously incorrect (e.g., LOE 1 for an RCT)

Writing and style problems often mask Evidence Based Medicine (EBM) problems, so these may not be evident until after several rounds of revisions. These errors occur when authors are not familiar with the language of evidence-based medicine, statistical terminology, or evidence grading. In addition, many older or poorer quality studies do not use the statistics that are preferred in EBM circles.

Prevention ideas:

- a. Keep copies of the Center for Evidence Based Medicine (CEBM) Level of Evidence table and SORT classification handy (both are available on the FPIN web site, www.fpin.org).
- b. Have a mentor/co-author who understands EBM
- c. Get a copy of Sackett, et al. *Evidence-Based Medicine: how to practice and teach evidence-based medicine*. Edinburgh: Churchill Livingstone 2000.