

# Handling Rejection and Revisions

Catherine G. Velopulos MD, MHS, FACS

Associate Professor of Surgery  
Trauma, Acute Care Surgery and Critical Care  
University of Colorado Anschutz



University of Colorado **Anschutz Medical Campus**

# Disclosure

**Associate Editor of Trauma/Critical Care for  
*Journal of Surgical Research***



University of Colorado **Anschutz Medical Campus**

# Rejection

- **Rejection is not a “no way.” It is:**
  - **Not here, or**
  - **Not now, or**
  - **Not this way**



# Rejection

- Rejection is not a “no way.” It is:
  - Not here, or
  - Not now, or
  - Not this way

*Did you choose the wrong audience?*

*Is the timing bad?*

*Can you present this some other way?*



# Consider:

- **Your audience**
- **Timing in relation to what you are doing and to other manuscripts being published**
- **Am I saying something new, or am I adding to the literature**



## Next Steps:

- **Consider reviewer comments carefully and *address their concerns before submitting elsewhere***
- **Get advice on where to submit next**
- **Revise and submit elsewhere**
- **Don't give up too soon**



# How the Process Works

- Your paper is assigned to an Associate Editor
  - Reviewed for plagiarism, similarity to other manuscripts/topics
- If appropriate, Associate Editor assigns reviewers
  - This can be a relatively long process
- Reviewers complete reviews
- Associate Editor reviews the reviews and sends back to you with the reviewer comments if not rejected outright
- You answer and address reviewer comments with revisions
- This is redistributed to the prior reviewers who decide if questions have been adequately addressed; they make recommendations on publication
- Associate Editor reviews their assessment and makes recommendation to Editor regarding publication



# Revisions

- **If you've been given a chance to revise, take it seriously**





# Revisions

- **If you've been given a chance to revise, take it seriously**

*Was your methodology clear?*

*Did you acknowledge limitations?*

*Can you show how it adds to or complements the literature?*



# Make it Easy for the Reviewers:

- **Do not argue**
- **Take the time to clarify if things are confusing – what you wrote needs to be understood by a relatively broad audience**
- **Don't just answer the questions – revise the text to reflect your answers**
- **If additional analysis is requested and doable, do it**



# Make it Easy for the Reviewers:

2. A common issue with EMS is the penetrating "plus" patient - do the studies indicate whether any minor blunt trauma history with penetrating trauma still requires immobilization?

*These studies all purportedly exclude blunt trauma, although we know that minor blunt trauma is not uncommon with these patients. There is suggestion in many of the studies that minor blunt trauma can be exempted as well, but since we have no specific data on this, we cannot say anything definitive. We have updated the text at the end of the Qualitative Analysis section to make this distinction more clear:*

*“These studies all purportedly exclude blunt trauma, although minor blunt trauma may have been present. Across these studies there is the suggestion that minor blunt trauma can be exempted from immobilization as well, but none of the studies in this review examined this question closely enough to draw any conclusion.”*



# Pitfalls

- **Giving up too soon**
- **Arguing with reviewers**
- **Not answering the questions**
- **Being unwilling to change**

