



## EDITORIAL

### Editorial policy of INTENSIVE MEDICINE<sup>☆</sup>



### Política editorial de MEDICINA INTENSIVA

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*Medicina Intensiva* was created in 1975 with the double aim of constituting the organ of expression for professionals in Critical Care Medicine and of publication of the best available evidence in any setting of critical care. It is the Official Journal of the Spanish Society of Intensive and Critical Care Medicine and Coronary Units (*Sociedad Española de Medicina Intensiva y Unidades Coronarias* [SEMICYUC]) and the organ of expression of the Pan-American and Iberian Federation of Societies of Critical Care Medicine and Intensive Care (*Federación Panamericana e Ibérica de las Sociedades de Medicina Crítica y Terapia Intensiva* [FEPIMCTI]). This warrants the journal an important role representing international societies of professionals dedicated to the care of critical patients.

*Medicina Intensiva* is widely read throughout the world, particularly in Spanish speaking countries, though thanks to the simultaneous publication of its articles in English, the journal also aims to reach a broader audience. The journal is indexed in PubMed, and since 2010 possesses a Journal Citation report impact factor (ISI WEB of knowledge). Its latest

IFI was 1.19 (year 2015). In ScimagoJR the index is 0.334 and has been gradually increasing in the last few years. *Medicina Intensiva* holds a relevant position among the Spanish journals (28 of 152).

### Manuscripts

The journal accepts manuscripts submitted in Spanish and English. The published manuscripts can be accessed free of charge at ([www.medintensiva.org](http://www.medintensiva.org)) from 3 months after the time of publication (open access), or immediately after publication through pay per article. The SEMICYUC members have open access at any time.

*Medicina Intensiva* publishes Original papers, Scientific letters, Letters to the Editor, Points of view, Images in Intensive Care Medicine, Reviews, Special articles and Editorials. Some submitted manuscripts are changed to a different section of the journal after due consultation and approval from the authors. As examples, original papers that fail to meet the established standards can be published as scientific letters, and manuscripts with imaging contents originally submitted as scientific letters but not accepted as such can be changed to the Images in Intensive Care Medicine section of the journal.

The journal receives a number of scientific letters that greatly exceeds its publication capacity. Scientific letters should mainly constitute case series describing truly novel aspects referred to the form of presentation,

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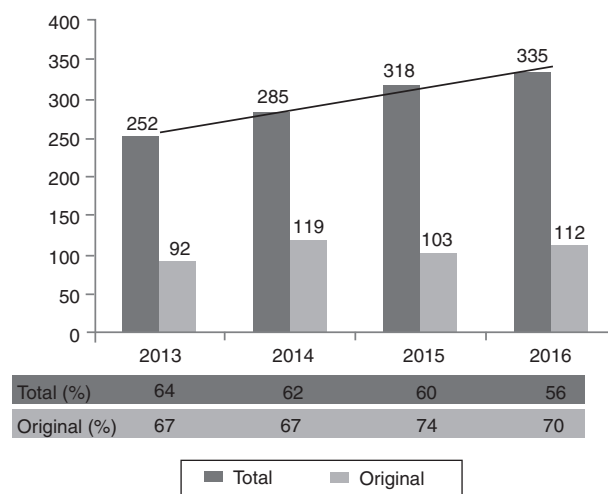
physiopathology, diagnosis or treatment of clinical conditions affecting the critically ill. Consequently, the Editorial Committee rejects scientific letters that simply describe a clinical case, even if very well documented, but fail to contribute anything truly new. Scientific letters are not conceived to offer a review of the literature.

Points of view, reviews, editorials and special articles are almost always requested by the Editorial Committee from authors of established prestige in a given area of Intensive Care Medicine. In points of view,<sup>1</sup> the authors state their opinion about some current and controversial issue in Intensive Care Medicine. Reviews offer a systematic evaluation of topics of interest in critical care. In the special articles section the journal publishes consensus conferences and clinical practice guides directed or conducted by work groups.<sup>2</sup> Updates in turn constitute a series of several reviews published in successive numbers of the journal and addressing current topics of interest.

## Editorial process

*Medicina Intensiva* receives a growing number of articles each year. In 2016 it received 335 submissions, of which 35% were original papers (see Fig. 1). Acceptance for publication in *Medicina Intensiva* is conditioned to the quality of the article and adherence to the editorial standards.

All manuscripts must be submitted online ([www.medintensiva.org/es/envio-manuscritos](http://www.medintensiva.org/es/envio-manuscritos)) and are received by Elsevier, which applies a first filter to confirm strict abidance with the publication standards of the journal - including conflicts of interest and ethical particulars. Those authors that do not meet the publication standards are immediately returned to the authors for due correction. The publication standards have recently been updated (<http://www.medintensiva.org/es/guia-autores/>) and should be checked by the authors before submitting the manuscript.



**Figure 1** Total articles (total) and original papers (original) received by *Medicina Intensiva*. The two bottom rows state percentage (%) rejection. Period 2013–2016.

Once the manuscript has been seen to comply with the publication standards, it is forwarded to the Editorial Committee (Editor-in-Chief, who in turn forwards it to the Co-editors as considered opportune) for the second filter in the publication process. The Editorial Committee assesses the originality, design, quality (drafting, tables and figures) and methodological soundness—including statistical design—of the manuscript, and decides whether or not to send it for external review. Sixty percent of the manuscripts that reach the Editorial Committee are sent to reviewers. The rest are rejected in under 10 days from the date of initial submission.

Peer review constitutes the third filter in the publication process. It is important to underscore that the reviewers and the Editorial Committee seek to improve the quality of the article, advising the authors on how to produce a more optimum final version of the manuscript. *Medicina Intensiva*

**Table 1** Typical editorial process of an original paper (see text).

| % Manuscripts in process | Time (days) | Editorial process  | Causes of rejection   |
|--------------------------|-------------|--|---|
| 100                      |             | Manuscript submitted   | <i>First filter</i>   |
| 90                       | 2           | Elsevier (first filter)  | • Failure to comply with editorial standards.   |
| 60                       | 7           | Editorial Committee (second filter)  | <i>Second and third filter</i>  |
| 30                       | 23          | Peer review (third filter)   | • Failure to comply with ethical standards.   |
|                          |             | Manuscripts accepted (40 days from first submission to online publication) | • Retrospective studies, short single-center series, with no impact upon clinical practice. |
|                          |             |  | • Long introduction and/or discussion, without contextualized objectives and results.       |
|                          |             |  | • Non-established or non-original hypotheses and/or objectives.                             |
|                          |             |  | • Lack of solid methodology, including statistical design.                                  |
|                          |             |  | • Redundant results with unclear tables and figures.  |
|                          |             |  | • Insufficiently defined limitations, conclusions or contributions of the study.            |
|                          |             |  | • Outdated or excessive citations, or references incongruent with the study objectives.     |

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