In the late 1960s, Al Jaffe at Mad Magazine in the United States created his wildly popular “Snappy Answers to Stupid Questions” (SATSQ) comic. The idea was straightforward: cockamamie questions deserve equally silly (and potentially belligerent) responses. Such a brilliant axiom, however, has never been applied in professional circles, even though authors are constantly bombarded with excessively nonsensical feedback in the peer-review process for grants and publications. The continued failure of the medical community to effectively translate the SATSQ approach (used in the lay community for years) into practice has stymied the advancement of science, artificially lengthened turn-around times for manuscript reviews, and denied many deserving academics of the therapeutic value that this method holds.

Research suggests that professionals may not respond appropriately to silly comments because they feel bound by stringent rules of collegiality; they are expected simply to bite their tongues and respond with utmost diplomacy.

Snappy answers to stupid questions: an evidence-based framework for responding to peer-review feedback

Daniel Rosenfield B.Arts.Sc, Steven J. Hoffman BHSc

Background: Authors are inundated with feedback from peer reviewers. Although this feedback is usually helpful, it can also be incomprehensible, rude or plain silly. Inspired by Al Jaffe’s classic comic from Mad Magazine, we sought to develop an evidenced-based framework for providing “snappy answers to stupid questions,” in the hope of aiding emerging academics in responding appropriately to feedback from peer review.

Methods: We solicited, categorized and analyzed examples of silly feedback from peer reviewers using the grounded theory qualitative research paradigm from 50 key informants. The informants represented 15 different professions, 33 institutions and 11 countries (i.e., Australia, Barbados, Canada, Germany, Japan, New Zealand, South Africa, Sweden, Switzerland, UK and USA).

Results: We developed a Scale of Silliness (SOS) and a Scale of Belligerence (SOB) to facilitate the assessment of inadequate peer-review feedback and guide users in preparing suitable responses to it. The SOB score is tempered by users’ current mood, as captured by the Mood Reflective Index (MRI), and dictates the Appropriate Degree of Response (ADR) for the particular situation.

Conclusion: Designed using the highest quality of (most easily accessible anecdotal) evidence available, this framework may fill a significant gap in the research literature by helping emerging academics respond to silly feedback from peer reviewers. Although use of the framework to its full extent may have negative consequences (e.g., loss of promotion), its therapeutic value cannot be understated.
Ditching existing rigid formalities and following the SATSQ approach to silly comments may prove key to overcoming this grand challenge. One of the greatest barriers to its ubiquitous use may be a perception by emerging academics that adverse consequences may result should they apply the approach inappropriately. Intuition suggests that such consequences could include damaged professional reputations, lost opportunities for funding, and fewer publications. Altruism and the potential for global recognition may draw some leaders to champion the important cause represented by the SATSQ approach. Adopters of the approach themselves, however, will undoubtedly require the kind of support and guidance that only the strongest of evidence can provide. Progress in this area may not be possible without such evidence.

We present an evidence-based framework to guide beginners in their use of the SATSQ approach. We developed the framework to address a substantial gap in the literature and to equip emerging academics with greater willingness and skill to apply this innovative technique for responding appropriately to the silliest of reviewers’ comments.

### Methods

The evidence-based framework for responding to silly comments from reviewers was informed by our collection, categorization and analysis of the most easily accessible anecdotes available. We gathered examples of silly comments in two stages, on June 24 and Dec. 24, 2008. The comments were submitted by key informants who were sampled purposively based on their close professional or personal relationships with the authors. We removed anecdotes from the sample that did not meet the predetermined inanity threshold.

We solicited anecdotes from 50 key informants representing 15 different professions at 33 institutions in Australia, Barbados, Canada, Germany, Japan, New Zealand, South Africa, Sweden, Switzerland, the United Kingdom and the United States of America. We sought a broad geographic representation to minimize bias and assure international applicability.

We assessed submitted anecdotes for the required level of inanity, categorized them according to theme and analyzed them using the grounded theory qualitative research paradigm. We extracted summaries of their content and key messages for use in designing the evidence-based framework.

The response rate was 100%. However, despite the holding of breath and crossing of fingers, we received no responses that met the necessary inanity threshold. In spite of Canada’s increasingly litigious mores, the nature of submissions more likely reflects a solidarity that exists within the field of medicine and a reluctance to make *ad hominem* attacks on the peer-review process than the expected fear of potential lawsuits. Reticence to defy religious statutes forbidding aspersion may

### Table 1: Scale of Silliness (SOS)

| Silliness score | Description* | Criteria | Example |
|-----------------|---------------|----------|---------|
| 1 (Innocuous)   | Harmless, not injurious. | The reviewer made a small mistake or is misinterpreting something. | The reviewer misread some of your findings. |
| 2 (Irksome)     | Tiresome, tedious, annoying. | The reviewer made an error that may be excusable in the context. | The reviewer is not familiar with a standard methodology widely used in your super subspecialist field and challenges its validity. |
| 3 (Asinine)     | Like an ass, stupid, silly. | The reviewer gave useless feedback that doesn’t serve to improve the paper. | The reviewer makes hundreds of minute editorial comments and chastises your prodigious use of commas, semicolons and italic typeface. |
| 4 (Preposterous)| Contrary to nature, reason or common sense. | The reviewer made an inexcusable error that would be quite embarrassing for them if ever pointed out. | The reviewer asks you to clarify the definition of a simple term that everyone, including your six-year-old child, should recognize. |
| 5 (Utterly absurd)| Plainly not true or sensible; so contrary to reason as to be laughable. | The reviewer made an error that is so egregious or offensive that it alone should preclude the journal from ever sending other papers to this particular reviewer. | The reviewer insists that you cite his or her own work or refutes a finding by citing a study that actually supports it. |

*Descriptions were inspired by the Gage Dictionary of Canadian English: 3rd edition. Toronto: W.J. Gage Limited; 1967.*

---

armacy. In Canada, for example, physicians are expected to follow the CanMEDS Competencies, which requires them to demonstrate, *inter alia,* “high personal standards of behavior.” Indeed, the invention of the peer-review process has pushed academics to delicately nurture, refine and massage their responses to reviewers in the knowledge that their livelihoods depend on doing so. This reality has undoubtedly led to the unprecedented levels of stress, psychosomatia and absent-mindedness that plague contemporary medicine.3,4

We assessed submitted anecdotes for the required level of inanity, categorized them according to theme and analyzed them using the grounded theory qualitative research paradigm. We extracted summaries of their content and key messages for use in designing the evidence-based framework.
also have contributed to the informants’ silence. Nevertheless, the anecdotes we received were sufficiently inspiring to generate a solid foundation of ideas on which a rigorous evidence-based framework could be devised.

**Results**

Competence in the use of the SATSQ approach to respond appropriately to peer review feedback requires an ability to assess precisely both the relative utility of comments received and appropriate professional etiquette. The scales of silliness and belligerence we developed are intended as tools for fostering such skills among emerging academics.

The Scale of Silliness (SOS) is a five-point interval mechanism for the categorization of inadequate feedback. Using explicit criteria and examples (Table 1), users can better reflect on the comments they have received and fully appreciate the inappropriateness of the comments. The Scale of Belligerence (SOB) is also a five-point interval mechanism intended to guide authors in preparing suitable responses based on the selected SOS score for the situation (Figure 1). Finally, the Mood Reflective Index (MRI) helps users temper their reactions to feedback, better understand their feelings, and apply the SOB for optimal response (Table 3). Values of the MRI are integers that range from -1 to +1 and correspondingly affect the correlation between the SOS and SOB by ±1. When taken together, the SOS and MRI dictate the SOB score, which in turn determines the Appropriate Degree of Response (ADR) for the user’s particular situation (Figure 1). The ADR ranges from timid circumspection all the way to extreme maliciousness, with mild petulance, moderate snarkiness and severe nastiness in between.

| Table 2: Scale of Belligerence (SOB) |
|--------------------------------------|
| **Belligerence score** | **Description**† |
| 1 (Irritation) | Your response should bother the reviewer. |
| 2 (Annoyance) | Your response should make the reviewer moderately angry. |
| 3 (Spite) | Your response should be petty with a mean disposition, aiming to incite ill-will. |
| 4 (Malevolence) | Your response should inflict injury upon the reviewer. |
| 5 (Unbridled maleficence) | Your response should be pure evil. |

*The belligerence score is determined by adding together scores on the Scale of Silliness and the Mood Reflective Index.
†Descriptions were inspired by the *Gage Dictionary of Canadian English*: 3rd edition. Toronto: W.J. Gage Limited; 1967.

| Table 3: Mood Reflective Index (MRI)* |
|--------------------------------------|
| **Mood score** | **Criteria†** |
| +1 (Negative mood) | You feel sad, frustrated or depressed.  
• “Sadness” is unhappiness, sorrow or regret.  
• “Frustration” is discontent from an inability to achieve one’s desire.  
• “Depression” is a state of extreme dejection, morbidly excessive melancholy, hopelessness and feelings of inadequacy. |
| 0 (Neutral mood) | You feel nonchalant, fair or impartial.  
• “Nonchalant” is coolly unconcerned or indifferent.  
• “Fair” is not being prejudiced nor having a preference.  
• “Impartial” is not favouring one side more than another. |
| -1 (Positive mood) | You feel happy, excited or content.  
• “Happy” is feeling or showing pleasure and joy.  
• “Excited” is experiencing a stirring up of positive feelings.  
• “Content” is feeling satisfied or pleased. |

*The MRI allows any particular score on the Scale of Silliness to be altered by up to 1 point, depending on the mood of the author at the time of his or her response.
†The adjectives provided with the criteria are intended as a guide to help determine whether a response is more belligerent or less. Definitions were informed by the *Gage Dictionary of Canadian English*: 3rd edition. Toronto: W.J. Gage Limited; 1967.
Interpretation

The evidence-based framework we present replaces the ordinarly arduous chore of responding appropriately to peer-review feedback with the scientific, replicable and effortless elegance of an easy two-step process. To achieve the full therapeutic value of the SATSQ approach, users need only determine the silliness of feedback and their personal disposition on the day they are responding. Emerging academics even have a user-friendly, five-point scale (i.e., SOS) and a three-tiered mood adjuster (i.e., MRI) at their disposal to make these simple tasks even easier. The authors’ belief is that using this package of tools will ensure that all variables, factors, circumstances and complexities are incorporated automatically and accounted for when responding to peer-review feedback.

One of the greatest virtues of the framework is its inherent flexibility. For example, the SOS can be used both to assess the silliness of each individual comment provided by a reviewer or to globally assess the overall silliness of the feedback in general. Users may decide that a particular comment in isolation is innocuous (SOS = 1), but that, in the larger context of the reviewers’ submissions, it is actually quite absurd (SOS = 5). Similarly, the MRI provides built-in elasticity that empowers users to capture their own feelings and incorporate them into their responses. Such flexibility promotes appropriateness, maximizes therapeutic power and guarantees that SATSQ remains cheeky in keeping with Mad Magazine’s vision.

When applying the framework, users should consider their security of tenure and the extent to which it will mitigate unintended consequences. For instance, contract researchers who wish to remain employed at their current institutions may choose to limit the number of responses that have SOB scores > 3. Senior professors, on the other hand, should feel free of constraints against shamelessly exercising academic freedom and maximizing the efficacy of the framework.

Conclusion

Though not without limitations, this framework fills a critical gap in the literature by providing guidance in the SATSQ approach. Using two interconnected scales of silliness and belligerence, and tempered by mood, the framework clearly outlines how to best deal with the entire spectrum of daft peer review feedback, from the innocuous to the inexcusable.

Although the necessity for this tool is regrettable, peer-
review remains a mainstay of academia. Contemporary researchers must therefore evolve to work within the process and triumph despite it. Further research, as always, is needed to evaluate the efficacy, effectiveness and utility of this framework.

Disclaimer: The SATSQ approach expedites the peer-review process and allows for faster response times because submissions may be rejected more hastily than usual. The SATSQ approach is designed for use in responding to silly comments only. Most peer-review feedback — which hopefully carries at least some value, intellect and depth — does not require the use of obscenities or biting sarcasm. This approach is intended only for use with high-quality articles or research grants that reviewers either did not understand or did not give sufficient attention. Poorly written, under-researched or plainly unintelligible submissions probably deserve the comments received, and have no claim to legitimate use of the described framework. Readers working under authoritarian regimes beware! You may not enjoy the same guarantees of academic freedom and should temper your responses accordingly. The authors hereby dissolve themselves of all liability for the consequences of indiscriminate use of the SATSQ approach.

Competing interests: None declared.

Contributors: Daniel Rosenfield and Steven J. Hoffman conceived of the idea for this article together over a pint of beer in Stockholm. Both of the authors developed the theoretical framework, drafted and critically revised the manuscript and approved the final version submitted for publication.

Acknowledgements: The authors wish to acknowledge those who precipitate further discussions and enrich scholarship by providing well-considered peer-review feedback. They thank their colleagues from across Canada and internationally who generously shared their more humorous experiences of the peer-review process, and those who reviewed earlier versions of the manuscript.

REFERENCES
1. Campbell EG, Regan S, Gruen RL, et al. Professionalism in medicine: results of a national survey of physicians. Ann Intern Med 2007;147:795-802.
2. Royal College of Physicians and Surgeons of Canada. The CanMeds Physician Competency Framework. Ottawa (ON): The College; 2007. Available: http://rcpsc.medical.org/canmeds/index.php (accessed 2009 Apr. 1 2009).
3. Casadevall A, Fang FC. Is peer review censorship? Infect Immun 2009;77:1273-4.
4. Smith R. Peer review: a flawed process at the heart of science and journals. J R Soc Med 2006;99:178-82.

Correspondence to: Daniel Rosenfield, University of Toronto, c/o Office of Interprofessional Education, Med West Medical Centre, 750 Dundas St. W, Suite 3–302, Toronto ON M6J 3S3; fax 416 603-5580; daniel.rosenfield@utoronto.ca