Editorial

A Year On: The Changes We Introduced and the Common Mistakes Encountered

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One year has passed since the current editorial team assumed the responsibility of this journal. Dr. MS Reddy, the immediate past editor, had done an exemplary job during his long tenure – he had made the journal bimonthly, got it included in PubMed and Scopus, and ensured and improved the scientific rigor of its content. Building on those efforts, we implemented a few more modifications to various aspects of the journal:

1. **Scope:** The “scope of the journal” was reworded as “Indian Journal of Psychological Medicine is a peer-reviewed, open access journal which publishes high-quality original research and review articles pertaining to all domains of psychiatric practice and research. Other categories of manuscripts we publish include viewpoints (opinion pieces) and commentaries and letters to editor on articles we recently published or other topics of current relevance. The journal caters to mental health professionals and trainees, including psychiatrists, psychologists, psychiatric social workers and psychiatric nurses as well as other medical professionals and paraprofessionals”

2. **Submissions:** It was decided to consider only those research papers that have the approval of an Institutional Ethics Committee, to publish case reports only as letters to the editor, and to ask all authors to submit the International Committee of Medical Journal Editors (ICMJE) Conflict of Interest Form. From July 2019, the journal will consider only those clinical trials which are registered with the Clinical Trials Registry-India (CTRI). For trials which started before 2014, retrospective registration is sufficient. Submissions from other countries should have registration in respective national registries. Minor changes were made to the author instructions, especially in the specifications for Brief Communications. It was clarified that submission on community preprint servers will not be considered prior publication and will not compromise potential publication in IJPM. A list of the kinds of online supplementary material that can be submitted and the specifications about video files were newly added. From January 2019, the authors should include a ‘data sharing statement’ in the first page file, and detailed instructions regarding the same are provided in the author instructions at the journal website.

3. **Peer review:** The editorial team and the pool of reviewers were expanded, and the position of Section Editors was created. The peer-review system was further strengthened, and all manuscripts recommended by the reviewers now receive two additional rounds of editorial review also. Starting in this issue, all January issues will feature a list of experts who peer reviewed for us in the previous year.

4. **New posts:** Posts of Journal Ombudsman and Statistical Consultant were created

5. **Ahead of Print (AoP):** In June 2018, the journal started regular AoP publishing

6. **Social media:** Facebook (https://www.facebook.com/ijpsym/) and Twitter (https://twitter.com/ijpsym) pages were created for the journal

7. **New column:** “Learning Curve,” a column by Dr. Chittaranjan Andrade, was started, keeping in mind the learning needs of practitioners and postgraduate students, in research methodology and recent developments in psychiatry, especially psychopharmacology

8. **Issue theme:** We are attempting to make each issue focus, to the extent possible, on a specific theme

9. **Cover:** From this issue, the journal has a redesigned cover

10. **Erratum charges:** If an erratum is necessitated due to obvious errors made by the authors during the submission, revision, or proofreading stages, they will have to pay the journal the page-designing charge, that is, Rs 1,200 per page

11. **Financial aspects:** The journal now has its own, new, bank account and Permanent Account Number, separate from those of Indian Psychiatric Society South Zonal Branch. A Finance Committee was formed and it would take care of the financial needs of the journal.

We would also like to summarize the common errors observed in the manuscripts received last year, hoping that this would benefit prospective authors, especially the postgraduate students.
ERRORS IN PLANNING

1. "Stale" projects: Lack of enough novelty in the manuscript and insufficient advancement over the available studies are common reasons for desk rejection. Although research is mostly incremental, and rarely transformative, articles which churn out repetitive findings are usually rejected unless we are convinced that the authors have taken steps to address the limitations of the existing literature. While desk-rejecting yet another cross-sectional study on burden or quality of life in schizophrenia or bipolar disorder or depression or obsessive compulsive disorder, we do think for a moment about the huge time and energy spent by the researchers, and more importantly by the patients and caregivers too, that went in vain simply because enough thought was not put initially into considering how novel the topic is. Another case in point is the numerous submissions on "correlates of internet addiction among medical students" we received in the past year, of which more than 80% were rejected for lack of novelty.

2. Weak rationale: To support their paper, authors commonly give arguments like “this has never been studied before” or “this is the first study from India to examine this association.” These are not enough. The authors should rather position the study rationale in a broader global and cultural context.

3. Ethical clearance: It is always disheartening to reject otherwise excellent studies just because the authors did not obtain approval from the institutional ethics committee.

4. Sample size calculation: Many authors do not perform a priori sample size calculation. This is important because smaller sample would be inadequately powered to detect associations of interest while using more than the required sample might throw up spurious associations.

SCIENTIFIC ERRORS

1. Muddled hypotheses: Like most other editors, we too are on the lookout for frugal and fresh ideas. Simple descriptive studies, such as profiling of cases presenting to, say, an outpatient setting, where there is no attempt to answer any prespecified hypothesis, usually end up being desk-rejected. Remember that a large sample size will not salvage such studies for reasons mentioned earlier. (Of course, there can be studies which do not require any hypothesis testing, like qualitative studies that are hypothesis generating)

2. Methodological pitfalls: Sometimes, the methods used are not the appropriate ones for the study questions. Improper or inadequate description of the methodological procedure adopted is common too. This usually involves a lack of sufficient detail in the paper due to which the editors feel the study cannot be replicated. Description of the sampling technique is often missing, and this creates difficulties in making judgments on the generalizability of the findings. Some authors confuse between random sampling and randomization. Other common errors include using instruments which are not validated for the local culture, using outdated than updated instruments, the absence of a control group, and selecting improper controls. These are major errors which threaten the internal validity of a study and negate its conclusions.

The above errors may require significantly more thought and work than technical corrections, and many of them are not correctable once the study reaches the drafting stage.

3. Data mining: Sometimes, the authors do a secondary analysis of their data and when something positive turns up, write a paper on it as an afterthought. These practices go by various names such as salami slicing or data mining and are not only unethical but also reflect bad science. This differs from the splitting of data from a single research which may be legitimately carried out in certain situations. Editors are more interested in hypothesis-driven than data-driven works. While exploratory analyses certainly have their place in medicine and biomedical research, they should be included in the main paper itself and not deserve publication as a separate paper.

4. Review critically: For review articles, we expect the subject to be topical and the authors to have added their own critical observations and synthesis of the literature. Simply collating the previous studies is not enough. These are important even for a narrative review. For a systematic review, the PICO (Patient/Population/Problem, Interventions, Comparison, Outcome) question has to be specified, and adherence to Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines enhances the chances of a manuscript.

5. Statistical inaccuracy: This ranges from major errors like the use of inappropriate tests (e.g., using tests when assumptions are not met) to minor problems like writing the P value as 0.000 or NS. Another common problem is conducting multiple hypotheses testing without statistical correction. Some authors place too much reliance on P values; instead, confidence intervals and effect sizes matter more and should be routinely reported and interpreted.
ERRORS IN DRAFTING

1. Careless abstracts: Absence of a structured abstract for original articles or brief communications and adding an abstract for a letter to the editor when none is needed are common. Many authors do not include their major findings in the abstract and instead say they “are discussed” [in the manuscript], forcing the editors to unnecessarily wade through pages and pages of results and discussion.

2. Figures and tables: Inclusion of multiple, unnecessary tables with inappropriate title, structure, or footnotes is common. Sometimes, data in a table are too less and can easily be incorporated into the text. At times it makes more sense to combine two tables into one. Frequently, considerable overlap is observed between the tables/figures and the article text.

3. Mind your abbreviations: The expansion of an abbreviation should be provided at the first instance of its appearance in the abstract and the main text, and only the abbreviation is to be used at the subsequent occurrences. However, frequently, the expanded form creeps in at multiple places in the manuscript. Expansion of abbreviations should be done separately for the tables, in their footnotes.

4. Extensively described tools: Avoid including unnecessary information about the instruments/measures used. For instance, if you used the World Health Organization Quality of Life – BREF (WHOQOL-BREF) scale, a reference to the measure and a description of how you used the scores (raw or transformed) for analysis may suffice; there is no need to write “This instrument was derived from the larger WHOQOL-100...”. If you used General Health Questionnaire (GHQ), mention the version (GHQ-5/GHQ-12/GHQ-28), the way the scores were used (bimodal or Likert scale) and interpreted, and the cut-offs used if any. Provide enough descriptions if the scale used is uncommon. Give details of any modifications, translation, or adaptation done. It is a desirable practice to report sample-specific reliability statistics such as Cronbach’s alpha.

5. Subheadings galore: Some authors use separate subheadings for primary/secondary objectives, design, subjects, type of study, nature of the control group, and so on. This is unnecessary and makes the paper cumbersome to read. The accepted sections for an original article, during submission, are structured abstract, introduction, methodology, results, discussion, followed by references and tables/figures.

6. Meandering discussion: Many authors seem to believe that the discussion section is meant to be an emotionless list of available studies which agreed or disagreed with the findings of the paper. However, a good discussion section should elaborate the important results and address their theoretical and practical consequences. At the same time, one should not wander away from the results obtained, and speculative statements should be avoided.

7. Stupendous conclusions: It is not uncommon to see conclusions that are not supported by the study design, data, or results. For instance, a cross-sectional study on the association between prenatal depressive symptoms and infant outcomes concludes a causal association between the two when all that can be surmised is that prenatal depression is associated with poor infant health. Avoid making recommendations which are not commensurate with the study results. Do not “copy-paste” sentences from the results or discussion – rather, summarize and highlight the most important and relevant findings.

8. Cite wisely: Especially if the study was done years ago or if the manuscript has been in a submission–rejection–resubmission cycle for quite some time, the references may get outdated. Ensure that important recent references are included, especially in the discussion section. Avoid citing several studies to substantiate every single point. Avoid too many self-citations.

9. Follow reporting guidelines: For randomized controlled trials (RCTs), we check whether the major sources of bias, such as sequence generation, allocation concealment, and blinding of outcome assessors, have been described adequately. Choice of incorrect data treatment methods is common. One way to ensure completeness while reporting RCTs is to follow the Consolidated Standards of Reporting Trials (CONSORT) checklist. For other study designs, see appropriate guidelines in Enhancing the QUAlity and Transparency Of health Research (EQUATOR) network (http://www.equator-network.org/)

10. Contextualize case reports: Lack of sufficient discussion/contextualization is common in case reports. It is not enough to accurately describe the case and the findings. Highlight the novelty and adequately contextualize the findings with the extant literature.

The second author (SKP) has written in detail about the solutions to common errors committed while preparing abstracts, tables, images, and references. Two Indian books too are available to guide inexperienced researchers.

ERRORS IN LANGUAGE

1. Avoid the use of “case sheet language” such as “hrs,” “yrs,” “h/o,” and “c/o.”
2. Do not confuse between
   - “few” and “a few”
   - “since” and “because”
   - “that” and “which”
   - “since” and “for” or
   - “its” and “it’s”

3. Most authors are mindful of the guideline that one should not start a sentence with a number. In their eagerness to comply with this, some authors begin many sentences in their results section like “About 38.25% of the sample were ...” or “In our study, 38.25% of the sample were .....” While the first example makes the values appear less precise, the second style gets monotonous and also inflates the word count.

4. Be brief. Here are some common examples of bloated writing and their leaner counterparts:
   - “The study by John et al. found that ...”/John et al. found that ...
   - “John et al. conducted a study to assess the ...”/John et al. studied the ...
   - “the findings of this study”/our findings
   - “results of previous studies indicate that ...”/previous studies indicate that ...

Avoid unnecessarily repeating “in this study,” “in the present study,” or “in our sample.” From the context itself, it would be clear that yours is the paper being referred to.

5. Keep the verb tense consistent. Instead of “The patient has been coming to the hospital once a week and received the sessions ....” write “The patient came to the hospital once a week and received the sessions,...” or “The patient has been coming to the hospital once a week and receiving the sessions” or “The patient came to the hospital once a week and received the sessions,” whichever is appropriate.

6. Use gender-neutral language. Write “he/she” or “his/hers” or adopt the plural and say “they” or “their”.

7. Many authors miss to write numbers less than 10 in the word form. One should write “three” and not “3”.

8. Use a comma after a prepositional phrase (e.g., “After providing three sessions of group cognitive behaviour therapy to the patient group (n = 60), we …”). This improves the readability of long sentences.

**ERRORS DURING SUBMISSION**

1. **Beyond the scope**: Articles that are outside the scope of the journal are summarily rejected. In the past year, this has mostly included articles on core psychology topics (perhaps, misled by the name of the journal!) or papers related to advanced statistical modeling for a psychiatric condition that may not interest the majority of our readers.

2. **File mess-up**: While uploading, files can get mixed up easily (e.g., not distinguishing between first page file and article file; the same file is uploaded twice). Not infrequently, this happens when multiple tables or figures are uploaded. Also, while submitting revisions, sometimes the older versions are inadvertently uploaded. Including the date or version of the file in its name can be preventive here.

3. **Ignored coauthors**: During the submission process, the corresponding author sometimes does not enter the coauthors’ details like email and affiliations. This should be avoided because if you do that the coauthors will not get notifications about the submission.

4. **Authorship criteria**: The Contributors Form, mentioning the role of each contributor in different aspects of the paper, is frequently not uploaded. This form, or a statement in the covering letter that the authorship criteria as per ICMJE have been met for all the authors, is mandatory for any article with more than two authors. Often, even when the form is uploaded, many coauthors are found to not fulfil the ICMJE criteria, and we are forced to send it back for reconsideration.

5. **Keep your mask on**: At submission, the article file should be as deidentified as possible. Often, the authors reveal the name of the institution or city, commonly in the methodology section or the statement on ethical clearance. This would affect the double-blind nature of the peer-review process. Such names should instead be mentioned as X or Y in the submitted manuscript and can be added later post-acceptance. Acknowledgments, if any, should go into the first page file and not the article file.

6. **Tickling without looking**: Though the journal has provided a checklist for the authors to fill so that they can know whether they have fulfilled all the requirements of the submission process, apparently, many authors blindly tick all the checkboxes without actually reading the items.

Those who pay sufficient attention to these technical aspects during the submission would get the benefit of a faster review, as no time would be wasted in technical modifications.

Before winding up, on behalf of the entire editorial team and the south zone, we thank all authors, peer reviewers, advertisers, subscribers, readers, and the publisher for their continued support.

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There are no conflicts of interest.
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