Where does quality come from?

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The needs of the scientific community and patients:

Information that is rigorous, up-to-date and easily accessible
Disseminate new, rigorous information efficiently to:

- experts who can use it to make progress toward new discoveries or improved patient care

- patients who can use it to make decisions about treatment
A journal’s influence on knowledge and clinical practice is very hard to measure.

It may take years for evidence of influence to appear.

So most measures of quality are indirect.
1. Content: Usefulness to the target community of readers (popularity)
   Aims, scope, topics covered, timeliness, relevance

How evaluated? Citation trends and maps, IF (indirect, many systematic biases!), Reader survey
1. Content: Scientific and reporting quality

Good peer review, good statistical and methodological review

How evaluated? Audit a sample of published mss with EQUATOR checklists
1. Content: Readability
Good language editing, good editing for clarity, no redundant words, figures or tables

How evaluated? Review or audit by technical editors, Reader survey
1. Content: Technical style consistency

Good copyediting, good technical editing

How evaluated? Review or audit by technical editors, Review with style manuals
1. Content: Usability, navigability
Page layout, website design
How evaluated? User survey
2. Efficiency: Timely, rapid decision-making and publication

Time to first decision, Time between final acceptance and publication, Late issues

How evaluated? Process audit, In-house management review
3. Accessibility: Internet
Indexing, Findable by search engines, Open access policy
How evaluated? Website traffic, number of site visits, number of downloads, number of hits in searches with different search engines
3. Accessibility: Information retrieval standards

ISO standards, Criteria for inclusion in bibliographic databases

How evaluated? Audit of compliance with bibliographic and information retrieval standards
Retraction Watch
http://retractionwatch.wordpress.com

Even top journals make mistakes.

Transparency and accountability are better than expecting perfection.
Prepare for crises by having a clear, transparent procedure prepared to investigate the facts.

Careful documentation

Excellent record-keeping
The quality of peer review is declining. Errors (resulting in corrections and retractions) will be more frequent unless editors and publishers invest more resources in quality control. If resources are limited, priorities must be chosen carefully.
Thank-you very much and best of luck with your journal!
They do not prevent all problems...

*JAMA’s new rule on whistleblowers’ silence during investigations creates controversy*

Tanne JH. JAMA’s new rule on whistleblower’s silence during investigations creates controversy. *BMJ* 2009; 338: 790

but may decrease the frequency of problems.