

Editorial

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Medwave's editorial history, policies and guidelines: 2. Editorial policies

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Abstract

This article is the second of a series of four editorials that report on Medwave's policies, including section policies, formal requisites according to article type, and guidelines for reviewers and authors, with special emphasis on publication and research ethics. The journal believes that it is important to publish its policies in the format of editorials in order to facilitate and ensure dissemination to our broader readership. This editorial refers to the importance of using reporting guidelines, values and principles, peer review process, authorship issues and publication ethics.

Medwave endorses and enforces reporting guidelines

Medwave adheres to international guidelines to improve the quality and transparency of medical reporting, such as STROBE, CONSORT, PRISMA, among others (see [Equator-Network](#)).

The *journal* also urges authors to prepare their manuscripts before submission using the reporting guideline that suits their study design. During the peer review process, peer reviewers will be asked to use the appropriate guideline when reviewing.

Journal roadmap of editorial principles and values
We strive to:

1. Facilitate cooperation and communication between physicians and their allied health professionals in any Spanish-speaking country, and in any country that shares a similar socioeconomic context.
2. Promote professionalism in medical publication through the constant improvement of internal editorial and publishing procedures, in order to guarantee as much as possible the scientific accuracy of the published articles.
3. Maintain an informed editorial stewardship that stays in tune with current trends, issues and problems concerning health care, as well as those that may arise in the future.

4. Maintain a strict editorial independence from any interest or economic group and support the concept of editorial freedom.
5. Achieve the highest possible level of medical publishing ethics.
6. Recognize that, in addition to all the aforementioned values, a medical journal has an essential social responsibility to seek the improvement of the human condition and to safeguard the integrity of the medical sciences.

Peer review process

Medwave is a peer-reviewed biomedical journal. This means that all submitted manuscripts are evaluated by reviewers who are not part of the permanent group of editors. This external peer review is done in order to improve the accuracy and clarity of the published articles and to help section and associate editors to make the editorial decision of acceptance or rejection. However, it must be pointed out that this process does not ensure that there will be no errors as this is a human endeavor and, as such, vulnerable to honest mistakes.

Medwave's policies regarding our peer review process and be summarized as follows:

1. Reviewers are preferably selected according to their competencies in the thematic contents of the manuscript, or in research methods, or both.
2. Reviewers declare potential conflicts of interest of any type - including financial - regarding a manuscript, and

it is the journal's policy to exclude reviewers from the review process if such conflicts exist and are declared.

3. Reviewers do not decide the fate of an article. They only provide suggestions and observations to the handling associate editor, who is ultimately responsible for the editorial decision. This sometimes is done in consultation with the editor-in-chief.
4. *Medwave* does not pay reviewers.
5. *Medwave* ensures that each manuscript is reviewed by at least two external reviewers and one statistical reviewer in the case of research articles; at least two external reviewers for non-commissioned articles and commissioned articles. We do not send for peer review letters to the editor or invited editorials, nor do we externally peer review supplements.
6. *Medwave* reserves the right to send manuscripts out for peer review only when they are considered to be pertinent and relevant to the journal's editorial guidelines, and comply with a minimum quality standard, both formal and substantive.

Publishing frequency and schedule

Up to March, 2013, *Medwave* published monthly issues, as explained above. Since April, 2013, though, we switched to continuous publication. When articles are ready, they are posted on the homepage and at the end of the month they are collated into a monthly issue and indexed in Past Issues (see [here](#) for English Past Issues and see [here](#) for Spanish Past Issues). There are collated issues in English only from 2015 onwards, as previously we only published in Spanish.

Medwave publishes 11 issues a year, with at least six substantive articles per issue.

Rejection rate

We inform authors who are interested in submitting a manuscript to our journal that our current rejection rate is consistently over 60% of all non-solicited manuscripts, excluding letters to the editor.

Article selection

1. *Medwave* selects the articles to publish based on the importance to health of the topic that is covered, on the methodological quality of the study, on its originality, clarity and comprehensiveness of the text, on the potential interests of its readership, and on ethical considerations.
2. *Medwave* will not discriminate a study based on aspects such as nationality of the authors, or ethnicity, religion, race, creed or political viewpoints. Nor will it discriminate articles because of governmental policies or commercial considerations.
3. *Medwave* accepts submissions from any author, regardless of their profession or level of education, so we accept submissions from graduate students as well, so long as they comply with number 1 of this section.

Authorship

Medwave acknowledges author credits and responsibility for the contents of the published articles, including text, data and images, and assumes that they are an honest reflection of research conduct.

Medwave acknowledges authorship to anyone who has made a significant intellectual contribution to the study on which the article is based, e.g. study question, study design, data analysis or interpretation, wording and copyediting. We recommend to not omit any authors who have contributed in this manner. Notwithstanding, we do believe that the most useful definition of authorship is the one provided by the ICMJE:

The ICMJE recommends that authorship be based on the following 4 criteria:

1. Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
2. Drafting the work or revising it critically for important intellectual content; AND
3. Final approval of the version to be published; AND
4. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Medwave does not consider that providing technical or administrative services, financial support, translation, identifying and recruiting patients, or any of the like, to qualify for authorship, although we do recommend that these contributions be duly acknowledged. In these cases, we recommend that each contributor be named together with a brief explanation of what they did in the course of preparing the manuscript. This information can be included under the heading "Notes" of published articles.

It is not considered to be appropriate to include persons as authors based only upon their reputation, position, authority status or friendship. The lead author must assume full responsibility for the integrity of the work that was done. Notwithstanding, all authors must approve the final version of the manuscript that is submitted for editorial review. All authors must be aware of our editorial policies.

Medwave does not limit the number of authors listed. Under some conditions, some authors may be by listed, or corporate names may be used. The authors themselves must decide the order in which authors are listed.

Medwave will not engage in authorship disputes between investigators who have submitted manuscripts to the journal. We have established the requisite that each author must consent to the submission and possible publication of their manuscript to our journal. The final version of an accepted manuscript must be approved by all listed authors, which is why we copy all authors in our correspondence before publishing.

Medwave does not accept duplicate or salami publications. We will be strict in our plagiarism check and we will reject plagiarized manuscripts. If your manuscript has been previously published in any manner, please inform this to the editor in your cover letter.

STATEMENT OF MANUSCRIPT ORIGINALITY. This form is a requisite in any submission to the journal and must be signed by the lead author, scanned, and included in your online submission in PDF format. You can find a template [here](#).

Competing interests

All authors must disclose potential conflicts of interests when submitting to *Medwave*.

The ICJME has identified four possible sources of conflicts of interests: financial or funding relationships; personal relationships or rivalries; academic competition; and intellectual beliefs. The authors must be explicit about any of these and disclose them during their submission, especially financial support (including the role that funders had in the conduct of the study) and institutional affiliations of the investigators.

Medwave recommends using the ICJME "Form for Disclosure of Potential Conflicts of Interest" (see [here](#)).

Publication ethics

Medwave adheres to and especially upholds the following statements and recommendations:

1. The World Association of Medical Editors, WAME, (see [here](#));
2. The International Committee of Medical Journal Editors ("Uniform Requirements for Manuscripts Submitted to Biomedical Journals") (see [here](#));
3. The code of ethics suggested by the Committee on Publication Ethics, COPE (see [here](#)). It is important to point out that the editor-in-chief of *Medwave* is a co-opted member of COPE council for the term 2016-2019 (see [here](#)).

Medwave has recently applied for COPE membership.

Research ethics

Medwave complies with the Declaration of Helsinki regarding research in human beings. *Medwave* does not publish basic science articles or any kind of articles based on experiments in animals.

If you have any doubt about your research and its compliance with the declaration of Helsinki, you should explain in your cover letter the rationale and circumstances of the possible non-compliance and you should be able to prove that an institutional ethics committee explicitly approved all aspects of your research protocol *before* any measurements or data acquisition were done on the patients or participants.

Authors should also explicitly state that voluntary informed consent has been obtained from all patients or participants involved in the study prior to any data acquisition or field work.

All primary research studies must declare that they had institutional ethics committee approval, state the full name of the ethics committee, attach the corresponding ethics committee certificate or letter, and in the manuscript specifically report that the study subjects voluntarily signed informed consent forms.

The opinions that authors express in the articles that the journal publishes are always the author's views and are not necessarily endorsed by the journal nor correspond to the journal's stance or policies.

INFORMED CONSENT FORM. Patients and participants must sign informed consent forms. These forms must have been previously approved by an institutional ethics committee.

FOR CASE REPORTS. Patients who are covered by case reports must sign forms that specifically authorize publication of their case in the journal. You may use the one suggested by *Medwave* found [here](#).

Corrections

Medwave has an explicit policy for corrections and errata in order to correct errors in our published articles in a timely fashion. Corrections and expressions of concern are published in a special section called "Errata" (see [here](#) for Spanish and [here](#) for English).

Whenever a correction or expression of concern has to be issued, it will be posted in the journal's cover page of the issue in which the article appeared, thus effectively becoming part of the issue's table of contents. The correction will include the full linked citation of the corrected article. The correction will state the date in which the correction was made. The correction will also be posted in "Historial" (Spanish) or "History" (English) of the article.

Expressions of concern follow the same procedure.

[This](#) is an example of a correction and [this](#) is the index page for errata.

We follow [COPE](#) guidelines.

Complaints procedure

Whenever an author considers that his or her manuscript has not been properly handled by the journal, *Medwave* upholds their right to submit a complaint or a request for reconsideration. It is our responsibility to take action as promptly as possible.

We define a complaint as any situation that affects a user of the journal (reader, author or reviewer) and is perceived by the user as being a complaint, or that the complainant legitimately considers that there has been a breach of due

process. Furthermore, the subject matter of the complaint must be related to something that the journal has the power to solve.

The complaint should be submitted to the following email address: complaint@medwave.cl or to the editor or contact person that the complainant considers most pertinent.

Complaints will be dealt with by whoever is most pertinent to the matter of the complaint, or may be referred to the editor-in-chief. Complaints will be answered within 1 or 2 working days. As the journal has a small editorial office, the person that can make relevant decisions usually is the editor-in-chief herself

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