

Submit It Again! Learning From Rejected Manuscripts

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Abstract

Rejection of manuscripts by academic journals can be devastating for the early-career family medicine faculty members. Taking experience from teaching early-career underrepresented in medicine faculty members writing and scholarship skills, we identify and explain five lessons to be learned from rejected manuscripts. The five lessons are: (1) rejections teach journal scope, (2) rejections teach process, (3) rejection should lead to resubmission, (4) rejections reflect writing effort, and (5) rejections happen to papers, not authors. Early-career family medicine faculty can use these lessons for reassurance and to adapt behaviors to remain in the scholarship arena.

Introduction

Scholarship is an essential step on the path to faculty advancement, and it is important for all faculty to learn how to develop projects, gather and analyze data, and communicate results. Family medicine continues to be the most diverse of all medical specialties.^{1,2} We have established expertise in the underrepresented in medicine (URiM—defined as persons from Black or African American, Latinx/Hispanic or Latino, American Indian/Alaska Native, and Native Hawaiian/Other Pacific Islander backgrounds)³ faculty experience and founded the Leadership Through Scholarship Fellowship to teach writing skills to early-career URiM family medicine faculty.^{4,5} URiM faculty members' documented experiences of the minority tax, where they are inequitably burdened with clinical and administrative duties that limit their time for scholarship, first brought our attention to this matter.⁶ The recent addition of equity, diversity, and inclusion (EDI) editors at family medicine journals has increased the opportunity for publication, increasing the need for URiM faculty involvement in scholarship.

Scholarship, however, remains a near-universal challenge for all family medicine faculty. This is due to multiple factors, including increased clinical demands on the specialty,⁷ limited supported time or resources for scholarship, limited access to family physician researchers, limited access to researchers skilled in studying family medicine topics, and working with family medicine clinicians with large clinical footprint.⁸ This article can help all faculty in academic family medicine by outlining the lessons learned from rejections of manuscripts. We hope these lessons are used to encourage early-career family medicine faculty as they progress in their academic careers.

Rejections Teach Journal Scope

In family medicine, we have many journals that have different scopes. For example, the *Annals of Family Medicine* focuses on large-scale research. In contrast, *Family Medicine* and *PRiMER* concentrate on education and workforce development research, while *American Family Physician* and the *Journal of Family Practice* publish reviews and summary papers that concentrate on clinical topics. Also, the *Journal of the American Board of Family Medicine* publishes new research on clinical practice. If an author is invited to write a manuscript, then the request should be fulfilled within the journal's scope. In addition, multiple family medicine-focused journals have editors specializing in EDI in publishing, allowing those journals to critically examine EDI scholarship.

Rejections Teach Process

Bringing an article to submission is a great accomplishment. It can be gratifying for a faculty member to submit an article and receive the confirmation email from the journal that the article has been received. Many times, after several weeks of waiting, the author will receive a notification from the journal that the paper was rejected.

The time between submission and rejection, the presence or absence of reviewer comments, and the editor's letters to authors all teach about the individual journals and how they process manuscripts. Journals may reject manuscripts because the paper is not in the scope of the journal, because they recently published a similar article, because the formatting of the article is incorrect, or because the paper is not noteworthy. In addition, editors may reject a paper expecting authors to make their work more compelling. Careful review of the author instructions for the journal, and looking at the formatting of several articles published in the journal, can help authors make sure they are adhering to the format the journal requires, and therefore reduce rejection due to formatting issues of their manuscript.

Rejection Should Lead to Resubmission

As the number of submissions to a journal increases, some manuscripts are rejected without reviewer comments. When this happens, authors should read the rejection letter, take a deep breath, and prepare for the next steps. Authors can become their own best editors and most supportive critics, reading their rejected articles with a questioning mind.⁹ Authors can resubmit the article to the same journal in another category. For example, adjusting an original research paper to a letter to the editor or shifting the focus to make the same content into a commentary or narrative essay are often possibilities. Other options for rejected manuscripts include submitting the article as originally written or modified to another PubMed-indexed journal.

Reviewer comments are a gift to the authors, even when a manuscript is rejected. They help guide authors toward a better manuscript. The authors of this paper address reviewer comments before resubmitting to a different journal or a different section of the same journal. In addition, reviewer comments offer insight into what journal readers find relevant and insights into ideas that the authors may not have considered.

Rejections Reflect Writing Effort

A review of CVs of full professors does not reveal the number of rejections, and successful authors rarely, if ever, have a manuscript accepted without revisions. Most manuscripts, especially for early-career family medicine faculty, may have been rejected multiple times until rewrites and addressing editor concerns finally lead to acceptance and publication. The key for faculty is not to be discouraged by the rejections but to strengthen and resubmit them for publication.⁹ Faculty members should aspire to the rule of threes early in

their career, aiming to have at least one paper at a journal undergoing peer review, a project just getting started, and a manuscript being composed.¹⁰ The three-project approach to manuscript preparation has the potential to create a pipeline of papers for the family medicine faculty member. This may seem to be an unattainable goal at first, but it is possible over time as junior faculty become more adept at managing their career. Because of limited family medicine faculty supported time for scholarship, a rejection will be a temptation to abandon a project or a manuscript. Most manuscripts can eventually find a home in a PubMed-indexed journal if the authors continually modify the manuscript to the specifications of the editors.

Rejections Happen to Papers, Not Authors

Most rejected papers will require additional work before they can be accepted in a peer-reviewed journal. The work may mean addressing a flawed study design, rewriting a poorly-organized methods section, or reformatting the paper for a different manuscript type. Faculty need to understand gaps in the literature and where they can best address holes in the corpus of scientific knowledge. Studies confirming something already well known and supported might not be suitable for publication, but looking for a different perspective or a new angle to make it a new contribution to the literature may be useful. Authors should remember that although a journal rejection may *feel* personal, it is really all about the manuscript. Editors are encouraging, but they also want to ensure that the products they publish are the best they can be.

Conclusion

These five lessons can help family medicine faculty continue producing scholarly work despite rejection. Rejections are stumbling blocks, but by using these lessons, rejections can become the stepping stones to a successful academic writing career.

Tables and Figures

SUBMIT IT AGAIN!

Rejection as a Teaching Tool

Rejections Teach **Journal Scope**

Journals may reject manuscripts because the paper is not in the scope of the journal – some journals only focus on clinical topics, while others only publish large-scale research.



Rejections Teach **Process**

The time between submission and rejection, the presence or absence of reviewer comments, and the editor's letters to authors all teach about the individual journals and how they process manuscripts.



Rejections Should Lead to **Resubmission**

Address reviewer comments before resubmitting to a different journal or a different section of the same journal. Reviewer comments offer insight into what journal readers find relevant and insights into ideas that the authors may not have considered.



Rejections Reflect **Writing Effort**

Successful authors rarely, if ever, have a manuscript accepted without revisions.

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Rejections Happen to **Papers**, Not Authors

Remember that although a journal rejection may feel personal, it is all about the manuscript. Editors are encouraging, but they also want to ensure that the products they publish are the best they can be.



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