

**The following are tips for reviewers.  
The following 2 pages include annotated samples of 2 reviews.**

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**TIPS: What Makes a Good Review?**

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- Research question
  - Importance
  - Originality
- Identifies strengths/ weaknesses of the methods
- Provides specific and constructive suggestions
- Comments on the interpretation of results

*Additional Suggestions*

- Cover major areas and be concise
- Prioritize and organize your concerns
- Be specific and give examples from the manuscript
- Suggest corrective actions if possible
- Be respectful of the authors
- Act as the expert
- Use guidelines or checklists as appropriate
- Follow the instructions
- Be frank when making confidential comments to the editor
- Do not convey different messages to the author and editor

Ann Intern Med 2003;139:1038-40. J Gen Intern Med 2006;21:281-4

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**TIPS: Cover Major Areas and be Concise**

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- Is the paper a useful original contribution?
- Is the paper appropriate for the *JGIM* audience?
- Is the literature review current and does it place the study in appropriate context?
- Are there any ethical issues that need to be addressed?
- Are the methods and analysis valid and clear?
- Are the tables and figures clear? Is there good use of space in the tables?
- Are the conclusions valid?
- Is the discussion insightful?
- Are the limitations discussed in enough detail?
- What are the relevance and implications of the findings?
- Is the writing clear and concise?

Ann Intern Med 2003;139:1038-40. J Clin Epidemiol 1999;52:625-9.

J Gen Intern Med 2006;21:281-4.

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## Review Sample of a Good Review (Adapted from Michael Callahan, MD)

### GOOD REVIEW

#### CONFIDENTIAL COMMENTS TO THE EDITORS:

Most of information from this paper at: [www.fvpf.org/statereport](http://www.fvpf.org/statereport). Since most physicians are unaware of this site, this paper, with revision, could be a valuable contribution to the medical literature. If you ask them to revise the paper, please ask for supporting evidence.

#### COMMENTS TO THE AUTHORS:

You have done a nice job of summarizing violence laws in the various states. Most physicians do not know this information and do not know how to find it. I recently came upon a useful website that covers this topic: [www.fvpf.org/statereport](http://www.fvpf.org/statereport). I urge you to mention this site in your paper since it is more recent than your data collection and is likely to be updated in the future. Reporting laws differ in the degree to which they impose responsibility on physicians and threaten patient autonomy and privacy.

#### Major Comments

1. Reporting laws. I believe that you would strengthen your paper by categorizing reporting laws as follows: 1) Reporting of any suspicion of DV - even non-injuries (KY) 2) Reporting of any DV injury (CO,CA) 3) Reporting of any degree of injury from a crime (AZ, GA, ID, IL, ND, OK, TN, UT, WI) 4) Reporting only for "serious" injuries (HI,Iowa, NC,OH) 5) Reporting only if specific wounds or weapons are noted (many) 6) Recording of domestic violence, but no required intervention by authorities (RI, OH, TX). I have tried to arrange these in order from one end of the spectrum (high physician responsibility, high risk to patient's rights) to the other.

#### Specific comments

1. Reporting states.
  - a. Page 2, results - Please provide more detail about the 24 states that have reporting of injuries from crimes. Do not mention these seven states in the same sentence, they have fundamentally different laws.
2. Additional website. Page 5, methods Nice methodology. You may wish to include the above website in the methods as well: "These results were rechecked using the Family Violence Prevention Fund's website."
3. Mississippi. Page 6, para3 I think you are wrong about Mississippi. I searched the Mississippi Code using [www.megalaw.com/index.php3?content=research/states/ms/ms.html](http://www.megalaw.com/index.php3?content=research/states/ms/ms.html) including the laws that you mention (45-9-31, 93-21-1). I was unable to find a reference to mandatory DV reporting for health professionals. In fact, I think the statute only includes specific types of crimes, such as with firearms.
4. Table. Table 1 Please revise the table to include a column for "serious injuries from crimes" and "any injuries from crimes." Recategorize the original 24 states (minus Massachusetts and Mississippi) accordingly. I believe that your information about Massachusetts is wrong. I used [www.state.ma.us/legis/laws/mgl/](http://www.state.ma.us/legis/laws/mgl/) to search for Mass. Gen Laws 112-12. This law requires reporting of wounds from penetrating mechanisms only.
5. ...

### JGIM Comments

**Additional perspective**

**Does not repeat comments  
Addresses the relevance**

**Provides specific suggestions**

**Positive and professional tone**

**Prioritizes comments**

**Provides specific suggestions**

**Concise**

**Organized comments**

**Identifies exact location in the manuscript**

**Descriptive words at the beginning of each comment helps authors organize their response**

**Gives examples from the manuscript**

## Review Sample of a NOT SO Good Review (Adapted from Michael Callahan, MD)

### NOT SO Good Reviews

### JGIM Comments

#### CONFIDENTIAL COMMENTS TO THE EDITORS: (Reviewer #1)

I thought this was well-written and contained important information for all practicing emergency physicians. They addressed the controversies regarding mandatory reporting, and the data collection was done well. The only addition I would suggest is that they add data on law application. For example, what is the method required by the state to make the report? How exactly does the individual seeing the patient make this report? Do they call law enforcement, do they fill out a form issued by the state etc. The practicing physician who reads this report and alters their practice based on this information will have to address this question. The article is excellent as is, but this additional information would be helpful.

Inconsistent comments, comments to the Editor not mentioned to the author

Some comments do not need to be repeated

#### COMMENTS TO THE AUTHORS: (Reviewer #1)

Well written . Documents important information necessary for the daily practice of emergency medicine. Specific Comments: Refer to: Page Paragraph 3 2 Is there more recent data since 1994 from the CDC Hospital Ambulatory Medical Care Survey?

Review helps neither the Editor nor the author

Too short

#### COMMENTS TO THE AUTHORS: (Reviewer #2)

##### General Comments:

The results of the survey do not provide new knowledge and are reported in a misleading fashion that adds misunderstanding rather than clarity. Of the seven states that have specific reporting requirements for domestic violence, the authors fail to make the important distinction of emergency physicians reporting to law enforcement officials (4 states) versus the physician's requirement to record the event in the medical record (3 states). There is no mention in the manuscript of the important regulations promulgated by JACHO and its impact on treating patients with domestic violence in the Emergency Departments and how these reporting requirements differ from state statutes.

Harsh comments

Does not provide specific suggestions to strengthen the manuscript

Not organized

Author is left not knowing how to respond

The survey raises more questions than it answers. The complex relationship of the physician, the patients, and our duty to inform law enforcement on selected problems is an important one. Domestic violence reporting remains a major issue for emergency medicine. I would challenge the authors to more fully address it

Not prioritized