Changing landscapes stimulate new directions for the *AJRA*

As was announced in the last issue, Raj Sindwani, M.D., is now a coeditor-in-chief along with Rick Chandra, M.D. of the *American Journal of Rhinology and Allergy* (*AJRA*). On the heels of this leadership change, we wanted to take a moment to reflect upon the changing landscape of the fields of rhinology and allergy, and to explore the current trajectory and scope of the *AJRA*. The disciplines in medicine are far from static, and rhinology and allergy are certainly no exceptions. In the past decade, the field of rhinology has been overwhelmed by technologic innovations and has fundamentally changed with the expansion of endoscopic endonasal approaches to the skull base. This blossoming field of “neurorhinology,” as it is sometimes called, has captivated rhinologists and neurosurgeons alike, and has led to unparalleled collaborative efforts between the two specialties with the advent of the two-surgeon, multihanded surgical technique, which is now performed routinely at many institutions. The medical knowledge in allergy and immunology has also expanded significantly over this same time frame.

From a broader perspective, this is all on the backdrop of an increasingly pervasive technology boom that has insinuated technology, including Internet and mobile apps, into almost every facet of our daily lives. Electronic media channels are poised to play a larger role in medical publishing as well, and the traditional role and format of journals, we believe, will change dramatically in the near future.

As a leading *Journal* in the fields of rhinology and allergy, we need to be ready for these changes and be prepared to innovate and lead through them. As an initial step, we wanted to first dig deeply into whether the *Journal* is meeting the present needs of our authors, reviewers, and readers. We did this in a few ways. We sent out an electronic survey to our membership to investigate our colleagues' opinions about the current scope and content of our *Journal*. We also canvassed many colleagues informally. We reviewed process-related data and metrics to greater understand how manuscripts were making it through our publication system so that we could improve upon the functioning and impact of the *AJRA* at all levels. We would like to transparently share the important findings of these efforts because we believe that they provide insight into the changing needs of our constituents and represent the direction in which the *AJRA* needs to be evolving. Thank you to all of those who shared their thoughts on this important matter.

Survey Findings–In Brief

As shown in Fig. 1, >50% of our respondents ($n = 142$) were rhinologists and another 24% identified themselves as general otolaryngologists. The survey results demonstrated that, overall, our readership was quite satisfied with the functioning of the *Journal*. More than 75% of our respondents were “very satisfied” or “somewhat satisfied” with the functioning of the *Journal*, and >85% were “very likely” or “somewhat likely” to refer the *AJRA* to a colleague (Figs. 2 and 3).

Areas for Change

Two key themes were uncovered by the survey and our diligence to date: (A) the review process and wait times, and (B) the current scope and content of the *Journal*.

A. Review Process. Many of the comments we received pertained to the turnaround time of reviews and overall time to publication of a manuscript. For those who may not be familiar, the process of getting

Figure 1. Practice type of respondents.

Figure 2. Overall satisfaction with the American Journal of Rhinology and Allergy.

Figure 3. Responses to “How likely are you to refer the American Journal of Rhinology and Allergy to a colleague?”

a manuscript accepted and published at the *AJRA* with current approximate wait times are as follows:

- The initial quality control review is an average of 3–6 days, this initial review determines if the manuscript will go to peer review

Figure 4. Content and scope of current the American Journal of Rhinology and Allergy.

(evaluates for basic language levels, coherence, and adherence to submission guidelines, *etc.*).

- Review to first decision is at ~40 days. This time frame allows for two scientific reviews and one static review. Reviewers are chased up to three times if their review is not handed in by the due date by our electronic system.
- Associate editor review and initial decision is 1–3 days. This allows for the associate editor to compile a decision based on the reviews and to add any additional comments if need.
- EIC decision. This is usually within 24 hours of the associate editor's decision being entered (at this point the manuscript is accepted for publication).
- Postproduction. Once the manuscript is accepted, it is sent to production within 1–2 days. Production of page proofs can take 3–4 weeks from the vendor, Cenveo Publisher Services. Page proofs are then sent to the author for minor edits.
- Publication occurs once the manuscript is set in an issue.

It is our goal to get the first decision time down from the current ~40 days to 28 days. Having said this, for those authors who are interested in quicker turnaround for their manuscripts, we do have several options to expedite things. There are four options available to accelerate the regular process. Authors should take particular note of the E-fast option, in which the manuscript can be published in the next issue as an online exclusive without incurring any fees. Although no print version is offered with this option, the article is fully indexed and available in PubMed.

Other accelerated options (fees incurred) include the following:

- EMS. A decision is rendered within 14 days.
- Fast Track. Once a manuscript is accepted, the authors should receive page proofs within 14 days. Once finalized, the manuscript is placed online ahead of print.

- Open Access. Works with a Fast Track for production and is openly available online prepublication and once the issue is published.

B. Scope and Content. The survey results on the current content and scope of the articles published in the *AJRA* are shown in Fig. 4. Getting to the heart of this issue meant offsetting responses that had near-equal responses in both the “too little” and “too much” categories, which indicates that there were two factions within our readership that were more and less in favor of a given topic. Detailed analysis confirmed that the two main areas that seemed to be inadequately represented, according to our readership, and, therefore, deserving of greater emphasis in moving forward were surgical rhinology and skull base surgery.

We are poised and excited to respond to the needs of our constituents. Although we will certainly continue our strong tradition of publishing high-impact, meaningful articles in a variety of domains, including allergy, immunology, rhinology, basic science, and pharmaceutical studies, we also look forward to having greater representation of surgical rhinology and skull base surgery. This will gradually be accomplished over time by encouraging more clinical submissions in these areas, expanding our editorial board to reflect this emphasis, having more of these topics presented at our annual North American Rhinology & Allergy Conference meeting (www.naraconference.org), and by stimulating selected guideline articles and commissioned reviews on high-yield topics within these targeted areas.

More than ever, the *AJRA* must differentiate itself and lead in the dynamic and increasingly crowded space of medical publishing. Enhancing the experience of authors and reviewers, and augmenting the way that our audience interacts with the article, the *AJRA*, and our organization remains our most pressing goal.

We appreciate your continued support and partnership, and invite any continuing feedback.

Warmest personal regards,

Raj Sindwani and
Rick Chandra

Editors-in-Chief, *American Journal of Rhinology and Allergy* □