**Submitted Paper Grading Criteria**

**For Reviewers**

***Date last revised: 3/3/21***

A goal of the Scientific Review & Editorial Committee (SREC) in choosing papers for the AAEP annual meeting is to combine the best available clinical research with clinical experience and expertise to meet the needs of our patients. Below are the criteria the SREC will use when scoring papers\*. The endpoint is determination of the Overall Score for each abstract. To do this the following components should be evaluated separately and then as a conglomeration: **Study Quality, Innovation & Impact, Practicality**, and **Manuscript Quality**. Please bear in mind that Scientific papers, How-to papers, and Review papers will be ranked against only papers of the same type. Please read through this document in its entirety before beginning to evaluate your assigned papers.

*\*Papers are also scored in the category of Study Design, which will be scored by the section facilitators only.*

**Study Quality *- 10 points multiplied by a weighting factor of 2***

**Assign the various scores:**

**High quality = 10**

**Moderate quality = 8**

**Low-moderate = 6**

**Low = 4**

**Poor = 1**

**Scientific Papers:**

Specific factors to consider include the following:

* Appropriate study numbers and subjects
* Appropriate control population
* Appropriate use of statistics
* Clearly defined hypothesis
* Clearly defined outcome measures/end points
* Appropriate and well thought out inclusion/exclusion criteria for study subjects
* Clarity

**How to Papers or Descriptive Studies:**

Specific factors to consider include the following:

* Clarity including use of appropriate photos, diagrams, graphs or tables,
* Usefulness to the practitioner
* Consideration of potential adverse effects/risks/safety of the treatment or procedure
* Case management and follow up
* Clinical relevance
* Applicability (topics that can be widely applied should receive a higher point value than those topics with a narrow scope of use)

**Review Papers:**

Specific factors to consider include the following:

* Organization
* Clarity
* Completeness of literature review
* Completeness of reference list (textbooks versus peer reviewed)
* Clinical relevance
* Take home message and conclusions
* Interpretation of past work, including balanced treatment of the evidence (i.e., pros and cons of research that is reviewed, discussion of WHY certain results may have been achieved)
* Relevance to audience
* Importance of Subject

**Business Papers:** Will be scored like How to or Review papers, so please refer to these guidelines.

**Innovation and Impact - *10 points multiplied by a weighting factor of 0.5***

**Goals of this category:** To keep unorthodox ideas unsubstantiated by data that are potentially dangerous from being disseminated and to reward papers by value related to originality of the idea and how it extends and supports current knowledge. The potential importance of a paper should also be considered when giving a score.

**Assign the various scores:**

**High** **quality** = **10;** Dazzling new idea that may differ from current thought about a given topic (paradigm shifting rather than extending current concepts), but is well substantiated by valid data, scientific rationale, and reasoning.

**Moderate** **quality** = **8;** Good idea that is well executed and advances or extends current knowledge by adding new information (but not paradigm shifting) and is well substantiated by valid data.

**Low-moderate** = **6;** Paper that enhances value of current knowledge by further validation but does not necessarily contribute new information.

**Low** = **4;** Interesting idea that extends current knowledge but is not well substantiated by valid data.

**Poor** = **2**; Potentially valuable idea that challenges the current paradigm but is minimally supported by data.

**Unsubstantiated by data = 0**; Idea that challenges the current paradigm but is supported by neither valid data nor scientific reasoning and could potentially be dangerous.

**Practicality - *10 points multiplied by a weighting factor of 1.5***

Reviewers should consider the clinical relevance of the information presented in the paper. Can the findings be put into practice immediately or in the near future? Can this information or technique be used in a variety of practice settings or by a variety of practitioners?

**Assign the various scores:**

**High = 8-10**

**Moderate = 6-7**

**Low-moderate = 4-5**

**Low = 1-3**

**Manuscript Quality - *10 points multiplied by a weighting factor of 0.*5**

**High = 8-10;** No or extremely minimal editing is needed

**Moderate = 6-7;** Few minor changes including grammar, reference list format

**Low-moderate = 4-5;** Editing may include moderate changes to style and flow, spelling, typographical errors, additional support figures, moderate translation issues

**Low = 1-3;** Editing will require major revisions, clarifications, and re-write. Paper does not follow AAEP Submission Guidelines (No Take Home message, incorrect format, obviously did not read guidelines)

Included in this score is quality of accompanying photographs, tables, graphs, radiographs, and images. Submitters have read instructions to authors and have followed the format.

**250-word abstracts + full papers**

In some cases, abstracts will be strong whereas, the long paper will include spelling/grammatical errors. The long papers should be considered for content only and not grammar since AAEP will publish only the abstract. Materials & Methods and Results should be critically reviewed, but the full paper should not be reviewed as a stand-alone.