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In 2013, *Medical Education* began sponsoring an opportunity for individuals involved in the field to participate in a year-long editorial internship program¹. I have the privilege of working with them on submissions that are considered for the May issue of “Really Good Stuff” (RGS). As Anna describes in her comments, during their involvement with RGS, the interns review a limited number of reports (this year, each reviewed 10 reports of the 129 submitted). The reports I ask them to review are those for which I have only two external reviews or where there is a great disparity in the external reviewers’ rankings and comments about the report. Once the final decisions are made, I share the outcomes of the reports they reviewed, along with the comments of the reviewers who read the same reports. I also ask them to help me compose this introduction and their individual observations are included here.

The insights they gained from the process of reviewing the RGS reports provide valuable suggestions for authors and reviewers of this unique section. Anna provides some useful suggestions for reports that are accepted as well as why others are not accepted. Wolf reflects on the value of writing about simulation and electronic “toys” in RGS. Jia shares enviable enthusiasm about what he learned in the process of reviewing the reports and the challenges he faced along the way.

I enjoyed greatly the opportunity to work with the interns and hope they found the experience useful and maybe even fun. I wish to thank Anna, Jia, and Wolf for their great support for RGS, for their commitment to this work and their willingness to contribute their reflections to this introduction.

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Their suggestions and insights should be read by everyone considering submitting to Really Good Stuff.

Anna Ryan, University of Melbourne, Australia

Really Good Stuff (RGS) provides a great medium to share innovative ideas in health professional education. As editorial interns, we had the opportunity to experience the review process and learn more about the path to publication. Our involvement began with an orientation to the RGS format, review of guidelines for submission and exemplar RGS submissions and reviews from previous years. We were then invited to review a selection of papers under consideration - where reviews had been mixed or contradictory.

For me this process emphasized the importance of authors adhering to the guidelines for submission. The papers really are judged according to those listed criteria and those papers that adhere to recommendations about title, format and content do stand out from the others. For example, a catchy yet descriptive title does entice & orientate the reader. Some of the submissions really grabbed my attention and highlighted the novel and innovative aspects of the work.

The process also underlined how essential (and admittedly challenging) it is to achieve clarity within the 500 word limit - and this applies to all three sections of the RGS reports. For example, it's hard to understand "what was tried" and the take home "lessons learned" if the reader is not clear about the problem being addressed. Most reports that were not successful were either unclear, or not particularly innovative (or the novel aspects of the approach was not emphasised sufficiently). A useful pre-submission strategy might be to ask others unfamiliar with the topic to review the paper and then check their understanding of the paper and the key points made. The best submissions also used excellent writing techniques - there were no redundant words and descriptions were crisp and clear.

Finally I've been really impressed with the detailed and helpful feedback from reviewers. If you've been unsuccessful this time, (once you've recovered from the initial disappointment) then do check out the comments your reviewers have made. Reviewers frequently highlight areas for improvement as well as the potential for development into a longer and more detailed manuscript.

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Something that I have learned through the process of reviewing the submissions and participating as an editorial intern at *Medical Education* is that in RGS, it is even more important than in full papers, to carefully think about what the reader is to take out of your report. Admittedly, 500 words and one source are severely limiting authors. This limitation however may also be an opportunity, because reviewers and editors alike are well aware of it. This gives you the freedom to focus on just the precise problem you addressed. Nobody expects authors of RGS to extensively position their innovation in the wider educational literature. I however find those reports the most useful, that provide a brief relevance statement to their problem. If readers can relate to the problem you address, they will likely also learn something from what you tried and maybe even from the lessons learned.

Another thing I find a quite prominent issue in RGS is the high prevalence of reports on computerized toys that people (including me) get carried away with. It seems quite common to lose sight of the educational context once we enter this "i-toy" sphere. But how does the fact that something new and techy works address or solve an educational problem? The issue is partially related to the subject of relevance, because many schools or educators might simply not be able to afford a new and shiny technical innovation. It also reminds me of the beginnings of the simulation literature, where the "big boys, big toys" thinking stands in contrast to what we know about the relationship between simulation fidelity and educational effectiveness. Here, less is often more.

None of this is to discourage the submission of technical innovations to RGS. Rather, it is intended to remind authors to focus on the educational relevance of their innovation and on what readers are to take out of the report. Providing open source access, links to instructional material or an upload to an app-store may all be ways to ensure that readers can make the most out of a technical innovation.

Zhimin Jia, Shenzhen Hospital of Southern Medical University, Guangdong Province, China

It's really exciting for me to have this valuable internship experience, to discuss various aspects of paper review and publishing issues with veteran editors, and with excellent interns from Australia and Germany.

RGS is indeed a different type of publication in medical education journals with its highly compact, concise and well-targeted form. Although I have read some of the pithy and thought provoking reports before, I had not previously been deeply involved. When we were asked to participate in the review process, I carefully studied the review guidelines, and scrutinized every reference material afforded us beforehand. Still, reviewing those RGS reports that fell into the so called "grey area" was a challenging task. I had to sort them according to their features first, and then carry out literature retrieval through various databases to make sure the topic was innovative. And interestingly, adding to my experiences, I also found that an eye-catching title did not necessarily ensure a qualified RGS manuscript. From my perspective, RGS—as named, is good stuff and serves as a building block for the mansion of innovative international health care education. I learned from this experience that RGS reports introduce me to the work of medical educators from different contexts and geographic areas, as they think globally, act locally and disseminate internationally.

I was even more thrilled when I delved into RGS from the other side, not as an author, but as a reviewer. I learned from the comments and suggestions from other reviewers who read the same reports I did and saw how sometimes they differ, and experienced the work and predicament of the editors of a world renowned journal to make a final acceptance or reject decision. *This is the beauty and wonder of the peer review system!* as M Brownell Anderson stated in an e-mail to me. The review process is a safe environment for all the reviewers to express their academic point of views.

I'm loving it—RGS. For the new researchers or those with little international publication experiences, RGS could be a suitable option.

¹ Eva, Kevin "In support of a stronger field of health professional education; *Medical Education* 2013; 47: 750-751