

JOCR Best Reviewers for the year 2017

Dr. Ayush Sharma

Commentary by Reviewer



Dr. Ayush Sharma

Thank you for the honour

1. My experience has been good. I never had any problems and the response from your side has been prompt .
2. I think JOCR has been doing well specially after being indexed in Pubmed . A journal is as good as the articles which gets published. As we are getting a lot of research work so its time to concentrate on quality of articles . I fell including case series in the journal could further increase the quality of articles. Our focus should be not only to publish rare cases but cases with clinical significance and implication.
3. I fell every article should be reviewed by two independent reviewers. Both the reviewer should be informed about all the comments and final decision on the article at the end of review process. This will help the reviewers do a better job. As I feel the job of a reviewer is not just to accept or reject an article but to improve the overall quality of work which gets published .
4. I think research and publication should be an integral part of any clinician . It helps you to analyse your own work, your own mistakes and also allows others to learn from it . Although medical culture in India is not research centric but things have been improving for good . Tomorrow we all together can take the credit for bringing that change in our medical culture .

I thank you and your team again for considering me among one of your best three reviewers. Looking forward to working with JOCR in 2018.

Dr. Ayush Sharma

Dr. Kiyohito NAITO

Commentary by Reviewer



Dr. Kiyohito NAITO

Thank you for your selection.

It is my very pleasure.

They are my opinion for your Q as below,

1. This job is very pleasure for me. In 2017, I reviewed some articles, the article number are 2007, 2049, 2365, and 2392.
2. JOCR will be very important and valuable journal in the world, because the number of the journal that has possibility of publication of case report is now getting low. A lot of surgeons encounter difficulty of case report publication.
3. The review process may be better to be able to do on website like online submission. At least, we want to see big figures.
4. In specially case report, case report should be rare and have nice impact for clinical staff and surgeons. Today, articles from a lot of big data tend to increase, but case report should be continue to be published.
5. My affiliation is

Department of Orthopaedics, Juntendo University School of Medicine
2-1-1, Hongo, Bunkyo-ku, Tokyo 113-8421, Japan

E-mail: knaito@juntendo.ac.jp

Dr. Kiyohito NAITO



Dr. Supreeth Nekkanti

Commentary by Reviewer



Dr. Supreeth Nekkanti

Thank you for your mail. I am extremely happy to know that I have been selected among the best 3 reviewers.

The answers to your questions are as follows.

1. What was your experience as a reviewer for JOCR?

I had a very pleasant experience working with JOCR. I have told this before and I still would like to reinforce the fact that I have been waiting for many years for a purely academic oriented body in Orthopaedics to come up and it came in the form of IORG. Dr Ashok Shyam and his team work tirelessly towards the progress and development of Indian Orthopaedic Research Group. It is my privilege to be a part of such a huge body that strives to take the Orthopaedic and Medical profession forward on the right path.

2. What do you think should be the future course of JOCR?

JOCR should continue to be a high-value indexed journal and should not experiment too much. The uniqueness of this journal is that this journal provides a diverse range of case reports with easy readability and the journal being PubMed indexed carries high value. The editorial team must continue to focus on publishing good quality articles purely based on their merit so all authors with meritorious articles may get a fair chance at publishing

3. How should we improve the review process?

As per my previous experience working with other journals, there is a template for reviewers, in which the editorial team marks out key points about the article.

Example: Does the article carry a genuinely original concept?

Is the hypothesis intended in this study proved in the results and conclusion?

Does the article carry a significant teaching or learning point to the readers?

Does the clinical message help readers in their daily practice of orthopaedics?

The reviewers use this template for reviewing and scoring the article and submit their results to the Editor. The editor then uses the responses to decide the acceptability of the article.

This allows the Editor to get a uniform unbiased response from all reviewers for all articles. Even all the articles from authors eventually are subjected to a fair review irrespective of the reviewer. The Editor has fewer headaches in the form of complaints from authors that the review process is biased. This standardises the entire process.

4. Your view of research and publications.

Research and publications are my passion and is a passion very few people like the IORG team have. Evidence-based medicine is what takes India forward. Evidence-based practice is not followed to be fair in India, purely coz all the evidence we have is from the research of western population. I have started a morphological study of all the joints like wrist and hip, knee etc to understand if the joints in our Indian population is the same as that of the western population. Example: Radial height of 0.8 to 1.2 cm is in the textbooks, Ulnar neutral or negative variance is normal. Are these parameters the same in our population? The answer to this helps us handle intraarticular radius fractures with a practical approach and realistic expectations.

Evidence-based orthopaedics practise is the need of the hour with Evidence from the Indian population

Dr. Supreeth Nekkanti MS Orthopaedics, FIA (Madrid), MOH (UAE)
 Metro Medical Centre, Ajman, UAE
 Amina Hospital, Ajman, UAE
 Modern Family Clinic, Dubai, UAE

