

# A step-by-step guide to peer review: a template for patients and novice reviewers

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**To cite:** Salmi L, Blease C. A step-by-step guide to peer review: a template for patients and novice reviewers. *BMJ Health Care Inform* 2021;**28**:e100392. doi:10.1136/bmjhci-2021-100392

Received 23 April 2021  
Accepted 29 July 2021

While relatively novel, patient peer review has the potential to change the healthcare publishing paradigm. It can do this by helping researchers enlarge the pool of people who are welcome to read, understand and participate in healthcare research. Academic journals who are early adopters of patient peer review have already committed to placing a priority on using person-centred language in publicly available abstracts and focusing on translational and practical research.

A wide body of literature has shown that including people with lived experiences in a truly meaningful way can improve the quality and efficiency of health research. Traditionally considered only as ‘subjects’ of research, over the last 10–15 years, patients and care partners have increasingly been invited to contribute to the design and conduct of studies. Established institutions are increasingly recognising the distinctive expertise patients possess—many patients have acquired deep insights about their conditions, symptoms, medical treatments and quality of healthcare delivery. Among some funders, including the views of patients is now a requirement to ensure research proposals are meaningful to persons with the lived experience of illness. Further illustrating these developments, patients are now involved in reviewing and making recommendations as part of funding institutions, setting research agendas and priorities, being funded for and leading their own research and leading or coauthoring scholarly publications, and are now participating in the peer review process for academic journals.<sup>1–5</sup> Patients offer an outsider’s perspective within mainstream healthcare: they have fewer institutional, professional or social allegiances and conflicts of interest—factors recognised as compromising the quality of research. Patient involvement is essential to move away from rhetorical commitments to embrace a

truly patient-centred healthcare ecosystem where everyone has a place at the table.

As people with lived health experiences climb a ladder of engagement in patient–researcher partnerships, they may be asked to act as peer reviewers of academic manuscripts. However, many of these individuals do not hold professional training in medicine, healthcare or science and have never encountered the peer review process. Little guidance exists for patients and care partners tasked with reviewing and providing input on manuscripts in search of publication.

In conversation, however, even experienced researchers confess that learning how to peer review is part of a *hidden curriculum* in academia—a skill outlined by no formal means but rather learnt by mimicry.<sup>6</sup> As such, as they learn the process, novices may pick up bad habits. In the case of peer review, learning is the result of reading large numbers of academic papers, occasional conversations with mentors or commonly “trial by fire” experienced via reviewer comments to their own submissions. Patient reviewers are rarely exposed to these experiences and can be at a loss for where to begin. As a result, some may forgo opportunities to provide valuable and highly insightful feedback on research publications. Although some journals are highly specific about how reviewers should structure their feedback, many publications—including top-tier medical journals—assume that all reviewers will know how to construct responses. Only a few forward-thinking journals actively seeking peer review from people with lived health experiences currently point to review tips designed for experienced professionals.<sup>7</sup>

As people with lived health experiences are increasingly invited to participate in peer review, it is essential that they be supported in this process. The peer review template for patients and novice reviewers (table 1) is a



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**Table 1** Peer review template for patients and other novice reviewers

Name of journal	Insert the name of the journal here
The journal's area of focus	Type the area of focus here (eg, oncology and health literacy)
Title of manuscript	Insert the title of the manuscript you are reviewing
Link to review website	Paste here a link to the journal's online form where you need to submit your review

**GENERAL TIPS FOR A GOOD REVIEW**

- ▶ Be constructive. Think about advice or recommendations you can make to improve the paper
- ▶ Keep the review short; 2–3 paragraphs in total are enough
- ▶ Add tips you learn here

**WRITING PROMPTS****1. Summarise what the paper is about in two to three sentences**

*Example:* "This is an interview study of 53 people living with metastatic cancer about their perspective on physicians' use of the computer during follow-up visits. The findings are similar to other studies the authors cite (basically, most patients don't seem to mind when doctors are using the computer). The study question was developed in partnership with the hospital's patient–family advisory council."

*Write your summary here*

2. Summarise your opinion of the manuscript and what the authors may need to address

*Example:* "What makes this paper interesting is that it was conducted at a community hospital and not at a major cancer centre. Assuming the oncology clinic also serves people with many different types of cancer, my main suggestion is to pare down the paper and make THAT the thrust of the findings: for example, 53 patients' attitudes towards computers in the examination room at community hospitals are similar to those of patients who receive care at major cancer centres. Beyond consulting the hospital PFAC at the outset, the authors did not mention working with patients on any other aspects of the study—please elaborate more on how else patient advisors may have been involved."

*Write your summary here*

**3. Major comments: provide feedback on major aspects of the paper**

Comments here will depend on the paper, and patient reviewers should feel comfortable knowing their most important insights might be reflective of their lived experiences—you are not expected to comment on methods or statistics. Things to think about here may include the following: Did the authors give enough background to justify why the research question was important? Were the authors clear about their objectives? Did you notice any problems with the results? Did the authors detail the strengths and limitations of the study? Were the conclusions supported by the research? Was anything missing from the paper? Were the figures and/or tables clearly laid out? Do you have any suggestions on how to make the paper more useful for patient readers?

*Write your comments here*

Continued

**Table 1** Continued

Name of journal	Insert the name of the journal here
<b>4. Provide feedback on the quality of the writing</b>	
Think about the following: Was the writing clear? Was the writing grammatically correct? Was the referencing complete? Detail any minor comments such as stylistic issues, missing references, typos or queries you think the reviewers need to address	
<i>Example:</i> "The tone and writing style of this manuscript are chaotic; I suggest one of the authors review and edit it one more time so it reads like it is coming from one voice."	
<i>Give your writing feedback here</i>	
<b>5. Make a specific recommendation to the journal's editor</b>	
Options may include the following:	
<ul style="list-style-type: none"> <li>▶ Accept for publication with minor revisions.</li> <li>▶ Accept for publication with major revisions.</li> <li>▶ Reject for publication.</li> </ul>	
Be clear whether you recommend 'reject' or 'no revisions'.	
<i>Example:</i> "To editor: The purpose and implementation of the study are incomprehensible. It's not just the writing there is no discernible study design."	
<i>Write your recommendation and justification for that recommendation here</i>	
<b>6. Share a statement of limitations with the editor and/or authors (optional)</b>	
If there is a technical aspect of the manuscript in which you felt unprepared/unqualified to comment on, it is OK to be candid with the journal editor and/or authors. Adding a statement like this is uncommon, but such feedback is important for fair and honest review	
<i>Example:</i> "To editor: Aspects of this manuscript I am unable to comment on include statistical analyses and medical ethics."	
<i>Comment on your own review limitations here</i>	

series of steps designed to create a workflow for the main components of peer review. A structured workflow can help a reviewer organise their thoughts and create space to engage in critical thinking. The template is a starting point for anyone new to peer review, and it should be modified, adapted and built on for individual preferences and unique journal requirements. Peer reviews are commonly submitted via website portals, which vary widely in design and functionality; as such, reviewers are encouraged to decide how to best use the template on a case-by-case basis. Journals may require reviewers to copy and paste responses from the template into a journal website or upload a clean copy of the template as an attachment. *Note: If uploading the review as an attachment, remember to remove the template examples and writing prompts.*

It is important to point out that patient reviewers are not alone in facing challenges and a steep learning curve in performing peer review. Many health research agendas and, as a result, publications straddle disciplines, requiring peer reviewers with complementary expertise and training. Some experts may be highly equipped to critique particular aspects of research papers while unsuited to comment on other parts. Curiously, however, it

is seldom a requirement that invited peer reviewers admit their own limitations to comment on different dimensions of papers. Relatedly, while we do not suggest that all patient peer reviewers will be equipped to critique every aspect of submitted manuscripts—though some may be fully competent to do so—we suggest that candour about limitations of expertise would also benefit the broader research community.

As novice reviewers gain experience, they may find themselves solicited for a growing number of reviews, much like their more experienced counterparts or mentors.<sup>8</sup> Serving as a patient or care partner reviewer can be a rewarding form of advocacy and will be crucial to harnessing the feedback and expertise of persons with lived health experiences. As we move into a future where online searches for information are a ubiquitous first step in searching for answers to health-related questions, patient and novice reviewers may become the much-needed link between academia and the lay public.

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**Acknowledgements** LS thanks the experienced and novice reviewers who encouraged her to publish this template.

**Contributors** Both authors contributed substantially to the manuscript. LS conceived the idea and design and drafted the text. CB refined the idea and critically revised the text.

**Funding** The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

**Competing interests** The authors have read and understood the BMJ policy on declaration of interests and declare the following interests: LS is a member of the BMJ Patient Advisory Panel, serves as a BMJ patient reviewer and is an ad hoc patient reviewer for the Patient-Centered Outcomes Research Institute; CB is a Keane OpenNotes scholar; both LS and CB work on OpenNotes, a philanthropically funded research initiative focused on improving transparency in healthcare.

**Patient consent for publication** Not required.

**Provenance and peer review** Commissioned; externally peer reviewed.

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#### REFERENCES

- 1 Engage with Us. Patient-Centered outcomes research Institute (PCORI), 2019. Available: <https://www.pcori.org/engagement/engage-us> [Accessed 16 Apr 2021].
- 2 Coordinating Center for Clinical Trials - Patient Advocate Steering Committee [Internet]. National Cancer Institute. U.S. Department of Health and Human Services. National Institute of Health. Available: <https://www.cancer.gov/about-nci/organization/ccct/steering-committees/patient-advocate> [Accessed 16 Apr 2021].
- 3 Transforming Healthcare through Innovative and Impactful Research [Internet]. Peer Reviewed Cancer Research Program, Congressionally Directed Medical Research Programs. U.S. Department of Defense, 2021. Available: <https://cdmrp.army.mil/prcrp/default> [Accessed 16 Apr 2021].
- 4 Riggare S. Patient researchers - the missing link? *Nat Med* 2020;26:1507.
- 5 Richards T, Snow R, Schroter S. Logging The BMJ's "patient journey" [Internet]. The BMJ. British Medical Journal Publishing Group, 2015. Available: <https://www.bmj.com/content/351/bmj.h4396> [Accessed 16 Apr 2021].
- 6 Mahood SC. Medical education: beware the hidden curriculum. *Can Fam Physician* 2011;57:983–5.
- 7 Guidance for BMJ Patient and Public Reviewers [Internet]. The BMJ. Available: <https://www.bmj.com/about-bmj/resources-reviewers/guidance-patient-reviewers> [Accessed 16 Apr 2021].
- 8 Rubenstein J, Salmi L. How to Cultivate a "Friendtorship" [Internet]. CLOSLER. Miller Coulson Academy of Clinical Excellence, Johns Hopkins Medicine, 2021. Available: <https://closler.org/lifelong-learning-in-clinical-excellence/how-to-cultivate-a-friendtorship> [Accessed 16 Apr 2021].