Perhaps the most important task for the editor of this, or any, professional journal involves the selection of articles that are to be published. Articles must be relevant and timely. Likewise, articles should have a broad national and international appeal to readers throughout the world while understanding that not every product or device is commercially available in every market. Sadly, there is no formula that ensures that every article will pique the reader’s interest and not be so technical as to lose their interest. Although there is no method that is absolute, there are paths that may be followed to improve the opportunities for publication.

The initial steps occur before an article ever arrives at the publisher’s door. First, an author identifies a topic that is of interest to them. An assumption is made that if a specific subject is of interest to an investigator, it will likewise be of interest to a reader. Of course, this is not always true. In some instances, an investigator may consider an idea only to realize that it may not be sufficiently novel to consider publication or that the idea is so nuanced that it cannot be clearly explained.

We see this with some frequency. Some authors assume that a topic has previously been explained so well that they need not describe it again. This is especially true when materials and methods are described for procedures that are subject to slight variation. This may lead to confusion, especially when descriptions of procedures are abbreviated or acronyms are utilized to create a shorthand description of a procedure. It is truly difficult to understand when an acronym facilitates an idea or when it instead confuses the issue. Certainly, an agreement may be made to avoid the truncated descriptions in favor of inclusion of full disclosure of detail, but doing this creates a longer manuscript.

Lengthy articles carry with them additional problems. The obvious concern is that as articles grow in length, this may limit the number of articles. Longer articles also result in additional journal weight that ultimately leads to increased costs for the publication and distribution. Today, this concern is diminished by selective publication of sections of the paper journals. The printed journal may provide full abstracts and publication of some articles while being somewhat reduced in size, as different sections, or perhaps entire articles, are published in the electronic version.

The problems with selective publication of sections are that many authors fail to place information into the appropriate sections of an article or that some readers may lack Internet and storage capacity. Personally, I look at the first concern as one that simply demands training on what goes where. JOMI attempts to follow the recommendations of the International Committee of Medical Journal Editors (http://www.icmje.org) in structuring articles that are published in the journal. The second concern, of limited electronic capacity, is an issue that is diminishing with time. After all, do we really anticipate that a clinician working in the field of implant dentistry will be left uninformed because their Internet connection was too slow or disk storage too small?

Perhaps the greatest area of concern regarding publication is the variability of skill level of the person who develops the study. Throughout dental education, it is clear that there is a bell curve related to the knowledge and skills among clinicians. The old description remains true that the risk of seeing a dentist who graduated in the bottom half of their class is 50%. With that simple statistic in mind, it must be stated that it may be a disservice to the readership if every author is held to a skill level that is in the top half among dental practitioners. Of course, this description relates more to the didactic knowledge of the investigator.

As an editor who is selecting articles for publication, there is recognition that there is a difference between familiarity with scientific literature and the ability to perform the most technically complicated procedures. Clinicians must self-police on this concern. Early in our careers, we may realize that we cannot execute every procedure, regardless of complexity, because our experience is limited. Late in our careers, we may realize that we cannot perform every procedure because our skills may have deteriorated. For some, there is a need to limit the procedures that are offered to patients because the required skill level was never achieved. Although this may sound severe, it recognizes a moral and ethical standard that was accepted when we entered the practice of dentistry. At the same time, the fact that you are reading this journal demonstrates your ongoing commitment to the profession.

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