



THE VOICE FOUNDATION

Journal of Voice Editorial Meeting
Thursday June 2, 2016, 12:00pm
Westin Philadelphia Hotel

The Voice Foundation (3)

Robert T. Sataloff
 Maria Russo
 Katie Erikson

Elsevier (1)

Stefanie Jewel-Thomas

International (7)

Mara Behlau
 Deborah Feijo
 Christian Herbst
 Shigeru Hirano
 Karen Kost
 Nico Paulo Paolillo*
 Jan Svec
 Sten Ternström
 Edwin Yiu

Student Resident Editors

Gregory Dion, MD
 Keith Chadwick, MD
 Jennifer Rodney, MD
 Hagit Shoffel-Havakuk, MD
 Elliana Kirsh, MD Candidate
 Ashley O'Connell Ferster, MD
 Matthew Hoffman PhD candidate
 Brittany L. Perrine, B.S., PhD Cand.
 Angelique Remacle, PhD
 Suzanne King
 Samantha Warhurst, SLP, PhDcand.
 Elizabeth Heller Murray, PhD Cand.
 David Young, MD

*New Board Members

Domestic (33)

Shaheen Awan
 Ron Baken
 Mike Benninger
 Susan Baker Brehm
 Heather Bonilha
 Linda Carroll
 Thomas Carroll
 Dimitar Deliyski
 Kate Emerich
 Molly Erickson
 Edie Hapner*
 Mary Hawkshaw
 Norman Hogikyan
 Amanda Hu
 Jack Jiang
 Michael Johns
 Nick Maragos
 David Meyer
 Diana Orbelo
 Bob Orlikoff
 Sharon Radionoff
 Bridget Rose
 Adam Rubin
 Mary Sandage
 Ron Scherer
 Rahul Shrivastav
 Brenda Smith
 Nancy Pearl Solomon
 Christine Tanner
 Ingo Titze
 Harvey Tucker
 Miriam van Mersbergen

I. ATTENDANCE

II. CALL TO ORDER

- ### III. PUBLISHER'S REPORT Stefanie Jewell-Thomas, Elsevier, Executive Publisher, Health & Medical Sciences, STM Journals [Link to Publisher's Report](#)
- It has been a very successful year. We measure relevance through usage and downloads, and measure growth through submissions and author satisfaction.
 - Author satisfaction comes from knowing that their articles are reaching the best audience.
 - There are several Platforms: ScienceDirect, Clinical Key, and Health Advance which is for TVF members and individual subscribers.
 - During this past year, there were 363,000 downloads of full text articles. This doesn't include all the site visits.
 - MBenninger: What percentage of downloads were from subscribers, and what individual purchase?
 - We don't have the exact figures, but 95+% were subscribers.
 - The top papers of 2015 are on the JVoice home page. They can be browsed, and related articles are suggested to the browser. There is also a topical search, so that older articles are also relevant to any topic.
 - Clinical Key is the newest platform. There is growth already, and this will expand as more institutions join.
 - Clinical Key is for medical practitioners, so the articles reflect this medical/clinical bias.
 - On pg. 10 you can see that usage grew by 5.2% over this same time period in 2015.
 - If you have access onto Science Direct, you can now access and browse the Journal.
 - Measuring the reputation of the Journal:
 - The Impact factor is often used: 2014 takes the citations that were made in 2014 for articles in 2012 and 2013. It is growing, and is larger than the impact factor would indicate.
 - **The Journal of Voice has a 2015 IF of 1.113**, placing it at number 28 out of 43 journals in the Otolaryngology Category. It is a narrow two year window, and doesn't reflect total citations.
 - Altmetrics is another way -- it shows which articles got a lot of buzz -- tweets, social media, that kind of attention. We don't know ultimately what it means, but it shows the immediate impact.
 - Manuscript flow: global research output is expected to increase sharply. Estimates of where it is going are on pg 26, with the growth in submissions and accepted articles. The rejection rate is very stable, which means the submissions are high quality.
 - Impact factor was down: there was a large backlog of articles in 2012, so there were many more articles in the factoring of the denominator, which affected the impact factor. It will naturally rise with the backlog of articles taken care of.
 - Sataloff: A reminder that we were 18 months behind, and Elsevier published **235** articles to catch up.
 - SJT: We want to get out articles as fast as possible. We are looking at another backlog because of excellent articles coming in.

- 56% revenue growth in the last year
 - Due to Science Direct/Electronic usage
- **Print Decline / High Growth for JOV on Science Direct**
 - The print has been declining on all journals.
 - RCS: What percentage?
 - SJT: We don't have that number. Many other countries have access for researchers to Science Direct.
 - **Science Direct** The vast majority of access through SD.
 - **Request for JOV articles increased by 16%**. Continuing high growth for JOV.
 - *International Aspect*: 69% of downloads come from outside the US, and that's a very high number. It speaks to the international aspect of JOV.
 - *Archived articles* are still very relevant, and are being asked for.
 - **Website: JVOICE.org** is also growing. Will be an update of the website.
 - Increased usage
 - **Clinical key** is a point of care research tool for clinicians
 - Available only to those with subscriptions.
 - The link to ClinicalKey is www.clinicalkey.com - there is no place to sign up for a trial. EdBoard members can contact Maria or Katie to request literature or a 15-day trial.
 - Elsevier Campaigns about articles and use, and there's a campaign about how author's can promote their articles.
 - Elsevier Publishing Campus -- courses on ethics, how to improve your writing, links to other helpful resources, career planning, etc.
 - **NATS**: SJT: Elsevier is making the Journal more affordable to NATS members. \$99 subscription price
 - Advertized on the NATS website. [LINK](#)
 - **New Platform**: Migration to a new platform that is now usable on pads and mobile devices
 - **Manuscript flow**: global research output is expected to increase sharply. Estimates of where it is going are on pg 26, with the growth in submissions and accepted articles. The rejection rate is very stable, which means the submissions are high quality.
 - 2013 - 33% Rejection rate
 - 2014 - 30%
 - 2015 - 33%
 - 2016 - 13% YTD
 - **Translations**: RTS Are you considering translating into Chinese?
 - (SJT)It costs quite a bit to make sure the translations come out correctly.
 - (SJT)The number of published articles is stable
 - (SJT)Pg 28 is a breakdown of where those articles are coming from, with the top 5 countries in 2016 being the US, Brazil, China, Turkey, and Belgium.
 - There are more coming in from the Middle East and Asia
 - One of the things that helps with Author Satisfaction, is that the editorial speed is reduced to 6.5 weeks from 8.1.

- **Review Process:** RonS: Maybe survey the authors about the review process? That is a large part of author satisfaction.
 - How do you define a "good" review process?
 - RS: Did the review process improve the article?
 - More articles are on-line, but it is taking about a year to get them in print - huge surge in submitted articles.
 - KE: We used to get around 200 per year, but now I just got my 200th this week. So we need to get more pages approved.
 - MBenninger: What if we don't get more pages for JOV? Authors don't like on-line only. Do we make our acceptance more rigorous?
 - It depends on the journal. If it is a large society, there can be a large journal. TVF has about 250, so it doesn't work financially.
 - Nancy S: There are 6 articles that are on-line only per issue. Why not go there with some of the backlog? ASHA is on-line only now.
 - RTS: Let's turn this into an agenda item?
 - SJT: US, Brazil, Europe, Japan are the biggest scholarly output areas for Otorhinolaryngology articles.
 - Key phrase analysis (Pg. 34): Showing growth
 - The Journal Maps (pgs 35-37) look at the topics published and how well-cited they are. They demonstrate citing relationships between journals in the field.
- **EVISE:** Thanks for working with us on this rollout. EES was outdated, and we have six major updates planned for EVISE. It is much better at automating the editorial systems, with much more flexibility. It allows you to use the same log-in when you change your cap from editor to author to reviewer.
 - Maria: You all need to make new profiles on EVISE.
- **Online Articles** RTS: Only a few doctors are campaigning for in-print. Abstracts are in print for the online articles, and we get requests less than half a dozen times for an article to be in print. It is always a physician and always out of the country.
 - MB: Previously the on-line only articles seemed to be second class. I'm glad that that has changed.
 - You will see a reduction in the impact factor if we just publish freely online, I suggest we maintain the elitism that JOV is.
 - RTS: We are getting lots of high-quality articles. We don't have an unlimited on-line article budget. It costs about the same if the article printed or on-line, because Elsevier's work is the same for both.
- **Editorial Philosophy:** (RTS) We need to keep in mind our editorial philosophy: When this journal was started in 88/87, we were devoted to building a high quality academic field, and we're committed to mentoring. When you are first submitting, and it is rejected, it can have a major impact. We decided we would not reject out of hand, but would be more of a mentoring body, and teach the authors how to improve their writing and thereby improve the field. Some were un-salvageable, but not that many.
 - We tried to create a journal that helped people to write better articles. There were not always enough articles. There are many that you don't see, that we reject out of hand (speech articles or other inappropriate articles). When something slips through, I hear from you, and I'm fine

with that. It has been a couple of years since I've heard from anybody in this room about "How did this ever make it through?"

- On the one hand we need to be more critical; on the other hand we are getting good articles. I consider the field in the process of evolution.
 - I suggest we take articles from young researchers and mentor them. Is that still what we want?
 - *Consensus*: If there is not a methodological flaw, we should keep doing this.
- RTS: The editors of the major Otolaryngological journals get together and agree on terms and ways of saying things. They are doing a different thing.
 - RS: This is why we don't have blind reviews, so we know how to approach the article.
 - IngoT: We don't want people to pitch it too soon, so the reviewer isn't expected to make all the corrections.
 - Nancy S: Sometimes we get articles that are not in the style. I send them back.
 - RTS: We try to catch those. Feel free to send it back and tell them to rewrite. Some of the submissions from Turkey and China were obviously put through a computer to translate. These are not acceptable. There are translating services, but we can't recommend them - conflict of interest.
- SJT: Elsevier has some translators that we recommend, and it is a very popular service. We also have an online campus that helps with writing styles. They are tutorials. Perhaps we could have links you could send people to.
 - ???: Some campuses have services for technical writing. Maybe we could have a list of services that are more affordable?
 - RTS: I don't think that's the editorial board's responsibility.
- ???: We need to make it clear what the board's responsibilities are in regard to mentoring.
 - Tom Carroll: It's a good, humbling experience to get the review notes.
 - RTS: I've had 3 papers rejected over the years!
 - One of the problems is duplicate publishing and papers submitted by graduate students that have never been read by their senior advisor.
- IT: Young authors are getting grant money for work that has already been done. Senior authors know what has been done. Rarely do people follow the citations back to the original, they cite the citations.
 - JV: Maybe it's time to publish an article about this in JOV? RTS: Maybe as an editorial? IT: Ron shall we do this together?
- RJBaken: Not everything written was written in English. We need to include this. We are losing some of this very old, very valuable, literature. We used to have to have two languages.
- ???: There is a lazy factor as people go online, and take what's there.
- RTS: Pay for a medical librarian. He/She will go and find a great amount of information for you.

- ??: Thank you for making the access to articles much easier. Maybe as you review, keep a list of what you think would be best articles?
 - RTS: A quarterly reminder?
- All of JOV is online now, from the beginning, with citations and citation numbers.
- I made up a list topics for the collections. Please give me input on other potential collections topics. We want people to be able to go online and find the entire appropriate articles group in a collection.
 - Please look over the list on page seven, and let me know who wishes to edit a collection.
- RonS: Can we include the Symposium Transcriptions?
- RTS: We can photocopy tables of contents. Elsevier can help us with that. Elsevier has been very responsive. I believe they have done great service of getting your work available all over the world. We made a good decision going with Elsevier.
- Members removed:
 - W.S. Brown, PhD
 - Kim Korbin-Lewis, PhD
 - Dennis Kraus, MD
 - Gisele Oliviera, PhD (deceased)
- New Members
 - Joeseeph Bradley, MD
 - Edie Hapner, PhD, CCC-SLP
 - Anne-Maria Laukkanen, PhD
 - Ted Mau, MD
 - Chaya Nanjundeswaran, PhD
 - Nico Paolillo, MD
 - Rita Patel, PhD, CCC-SLP
 - Sheila Stager, PhD
 - Lisa Vinney, PhD, CCC-SLP

IV. *Thank you for your hard work, and welcome to the new board members!*

V. **Our next Editorial Board Meeting is set for Thursday, June 1st, 2017 at noon.**

Journal of Voice Collections - Possible Topics:

Acoustic and Aerodynamic Voice Measures

Voice Therapy

Voice Pedagogy

Laryngeal/Vocal Fold Imaging

Voice Surgery

Voice Outcomes Measures and Perceptual Investigations

Laryngeal Biomechanics

Overview of JOV Topics

Published 2012-2015

	2015	2014	2013	2012	Total	Percent	Category
CVP	47	21	33	48	149	0.22406	Clinical Voice Problems
AA	35	29	30	44	138	0.20752	Aerodynamics and Acoustics
Surg	20	29	17	34	100	0.15038	Surgical Issues
N	10	17	9	14	50	0.07519	Neurolaryngology
L/VFI	7	10	14	18	49	0.07368	Laryngeal/Vocal Fold Imaging
P/P	6	10	13	15	44	0.06617	Perceptual/Profiles
Ped	5	8	8	8	29	0.04361	Pedagogy
OM	0	6	5	10	21	0.03158	Outcomes Measurements
Bio	2	5	4	5	16	0.02406	Biomechanics
Age	3	5	3	5	16	0.02406	Aging
Psy	4	4	4	2	14	0.02105	Psychology
Mol	2	4	3	5	14	0.02105	Molecular/Cellular
Ref	2	6	3	2	13	0.01955	Reflux Issues
Other	4	2	1	2	9	0.01353	Other
Hist	1	1	0	1	3	0.00451	Historical
Total	148	157	147	213	665		