

Provocation on Reviewing and Reviewers when Growing a New Conference

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Abstract

While the latest growth in submissions fosters academic exchange, it also presents challenges in recruiting qualified reviewers, especially as submissions require extensive peer reviews. This issue is particularly pronounced in interdisciplinary research, such as at the intersection of HCI and health, where differing review expectations and domain-specific expertise create challenges in evaluating research contributions. Additionally, variations in publication and review cultures between HCI and health fields complicate the review process. This paper discusses the challenges posed by increasing submissions, the need for a structured review framework accommodating interdisciplinary research, and potential improvements, such as combining predefined evaluation criteria with detailed reviews. I also highlight the difficulties in defining appropriate study participant samples for HCI and health research and propose to have more straightforward guidelines to ensure meaningful peer feedback while maintaining research feasibility. These insights contribute to shaping more effective review processes for interdisciplinary HCI conferences.

Keywords

provocation, reviewing, reviewers, participants

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1 Growing numbers of submissions – good or a problem?

One core element of our SIGCHI conferences are the paper submissions, as we use them to communicate and discuss our research. Lately, we have observed a quite consistent upward trend in submissions over different conferences and different conference tracks, such as CHI Full Papers (increase between 24% and 94% in the last 3 years) [3], Late-Breaking Work (LBW) (+92% this year), alt.chi (+88% this year), Video Showcases (+124% this year)¹, etc. But not only huge conferences attracting the full spectrum of HCI research, such as CHI, observe an increase, but also smaller, focused conferences,

¹Numbers and comparisons taken from the CHI 2025 Orga Slack

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such as CHI PLAY report on an increasing number of submissions (2022: 166 submissions [2], 2023: 178 submissions, 2024: 208 submissions [4]) on their blog.

While, in general, more submissions are great, especially for smaller conferences aiming to build and expand their core community, this also challenges the number of reviewers that need to be recruited. The reviewers and reviews are the heart of our publication process; without them, the whole system would not work as, generally, all the submissions get peer-reviewed and typically receive three full reviews plus a meta-review. And – as everyone knows – we contribute our time to the community free of charge. However, with an increasing number of submissions, the required number of reviews increases as well, at a higher rate, making it harder to recruit reviewers of expertise as everyone is already flooded with review requests.

2 What makes a relevant contribution for reviewers?

Next to the potential problem of finding reviewers, the work at the intersection of health and HCI requires specific expertise, as the future Interactive Health conference plans to be indexed in PubMed, aiming to make its research visible and very relevant to health practitioners [1]. Based on my own experience of doing research at the intersection of HCI and health, in particular, for the surgical domain, feedback from the HCI community received for papers questioned the paper's relevance to the HCI community: For [6] one reviewer said "What are the benefits of this work to the reader from the CHI community" and for [5] one review contained the following question, "Does this give the new system an automatic advantage (any improvement is better than none) – and does this matter in HCI research?" For another paper, I received very different reviews depending on the venue (due to it being rejected). The paper is about a case study with a liver planning tool used for two actual surgeries [7] and it got feedback from the CHI case study track stating "Too little attention is IMO given to HCI principles and usability aspects." or "I would expect some more VR-specific questions to showcase the strengths of applying VR in surgical planning." On the other hand, the reviews from Frontiers in Surgery asked about things like "Please comment on the reason for selecting MRI, instead of CT" or "Was contrast material used for MR imaging?". This, in my opinion, highlights the very different perspectives different researchers have on the same research, but this is precisely the balancing act that papers targeting these domains need to manage. If we want to make the research count for both communities, the more HCI-focused and the health practitioners, we have to ensure that the papers contain relevant information for both. This requires either reviewers from both research fields

or quite a lot of researchers working in the paper's particular intersection. Both present challenges, as the included health topics (based on the initial concept on www.hcihealth.org) are pleasantly diverse.

3 How should the review process be designed?

Next to finding enough volunteers with relevant expertise as reviewers, another aspect influencing the review process is potentially different publication and review cultures in different domains and publication formats. Based on my experience, the reviews for CHI and related conferences are more extensive and quite detailed. In contrast, for health or medical-focused publication venues, I sometimes observed relatively short reviews that basically just answer a set of predefined questions, which makes it potentially more straightforward for the reviewer, but the author might not get as much benefit from the review itself. Also, HCI researchers submit full papers of potentially extensive length (20 pages and more); in contrast to this, I observed that for many health or medical-focused *conferences* (not journals), submitting a 1-page or 1000-word abstract is enough. This impacts the review effort significantly. Therefore, it is essential that the scope of the submissions and expectations on reviews are clearly defined to provide guidelines to reviewers of all fields. They should contain all the information necessary to judge the time and effort needed for a review, to make sure the reviews are not diverging too much in form, and to make sure the reviews have value for the authors above the decision of acceptance/rejection. One could take inspiration from both fields by combining a set of predefined questions, e.g., a combination of health-focused reviews and the existing guidelines for CHI reviews, and the more detailed reviews from the CHI community as free text to provide a framework for reviewers. Another option might be to have the health/medical experts only assess the value of the content in a brief set of questions and comments to decrease their workload and thereby increase the chances of getting practitioners, who, at least in the surgical domain, often are very limited on time due to their primary job. The more extensive reviews would then be done by reviewers who are more on the HCI side of the research. Given the reviews for [7], we reshaped our paper a few times to incorporate the necessary information for our submission venue and resulting target audience – for a conference focusing on the intersection of two (extensive) research fields, it might be worthwhile thinking about the reviewing process more closely to the revise-and-resubmit process journals and major HCI conferences like CHI, CSCW, ISS, or CHI PLAY implemented for their full papers, to allow papers that are strong on either focus to be reshaped into publications that are of benefit for both target groups.

4 Which kind of participants do we need?

Lastly, one aspect that was criticised for some of my papers is the sample of participants and sample size when reporting on user studies. Especially for first proof-of-concepts studies that aim to highlight the general idea and feasibility, I tend to opt for non-target group participants, as there is a very limited amount of – in my case – surgeons available to test the system. This led reviewers to comment that “There were no expert user in the evaluation. Although the 30 participants are more than average in a CHI paper, I believe

a smaller group of experts would have led to more interesting findings.” and “it seems like an oversight to not include participants with medical training.” (for [5]). However, even if the target group is invited for a qualitative approach, which often makes the sample smaller, reviewers find fault in that. I also experienced this while reviewing myself, and I am always genuinely impressed when papers have sample sizes of surgeons $n > 20$ for their studies, especially as the surgical procedures vary quite a lot and one hospital often naturally has a limited set of experts for one specific area. However, I sometimes also question if medical professionals are always needed for first feasibility studies when they are integrated into the design process by participatory design or similar approaches. I think having some guidelines here regarding what is necessary and what is not, to take into account the cost-benefit ratio, would help authors think about their study design and rationale when submitting to the conference.

5 Conclusion

Overall, I think it is important to also think about how to achieve a good and valuable conference experience starting from the submission and review process to allow a sustainable start and growth of the very much anticipated Interactive Health conference. Therefore, based on my own experience, I pointed out the potential issues that might arise when targeting the intersection of HCI and health-related research fields, such as the requirements for the review process, including who reviews what and how, as well as fundamental aspects like what standards regarding participants in reported user studies does the conference want to set to achieve a good balance between different aspects.

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