

# Family Medicine

## INSTRUCTIONS FOR AUTHORS

Revised, March, 2014

*Family Medicine* publishes original research, systematic reviews, narrative essays, and policy analyses relevant to the discipline of family medicine, particularly focusing on primary care medical education, health workforce policy, and health services research. We seek to be a forum for peer-reviewed scholarship regarding how to create a workforce to provide cost effective care to populations of people. The journal does not publish clinical review articles.

## MANUSCRIPT CATEGORIES

### **Original Articles:**

Original articles are scholarly manuscripts describing original research, in-depth analyses, or systematic reviews germane to the broad disciplines of family medicine and primary care in the US and internationally. If you are interested in submitting a manuscript as an original article, please use the general categories shown below as a guide:

1. **Educational Research:** Original research papers about the educational process in family medicine and primary care are a major focus of the journal. Such articles might describe the content and effectiveness of educational innovations pertinent to medical students, residents, fellows, academic physicians and scientists, interdisciplinary primary care teams, or practicing physicians in the US or in an international arena. Original articles, should describe ideas that might be generalized to multiple institutions or programs and must include a rigorous evaluation process.
2. **Continuing Education, Faculty Development, and Continuous Professional Development:** These articles focus on strategies for career development of primary care clinicians and faculty members. Priority is given to articles reporting research on the effectiveness of such strategies.
3. **Core Concepts in Family Medicine Education:** Systematic scholarly reviews of fundamental methods and skills involved in family medicine and primary care education in the US or in other nations are welcome. These should be extensively referenced and should provide new or original insight into the educational process.
4. **Health Policy Analyses:** These scholarly reviews or original research should be related to health policy topics at the international, national, or regional level. Papers addressing policy issues related to the health professions workforce needed to care for patient populations in the US or internationally are particularly welcomed.

**Brief Reports:**

In general, brief reports will be considered under the same categories listed above for original articles. Brief reports will be smaller in scope but should be equal in rigor to original articles. Education research papers focused on a single program or institution or program with a limited number of subjects should be submitted as brief reports.

**Narrative Essays:**

Family medicine is a discipline defined as much by our stories as by our science. Narrative essays published in *Family Medicine* should be stories (or poems) from clinical practice or from the educational setting and may be submitted by teachers, learners, patients, or health professionals. Narrative essays published in the journal are considered to be scholarly articles and will be peer-reviewed as carefully as original articles and brief reports.

**Letter to the Editor:**

A “Letter to the Editor” manuscript should comment on articles recently published in the journal, or discuss current issues relevant to family medicine education or practice. Letters will be published as space is available. Preference will be given to letters contributing to ongoing debate and discussion of issues important to family physicians and educators.

**Special Articles:** Special articles may be submitted with permission from the editor. This category is reserved for papers important to the discipline of family medicine that are not appropriate as original articles, brief reports, narrative essays, or letters to the editor.

**Book and Media Reviews:**

Most book and media reviews are invited. These reviews comment on recently published books and media that are pertinent to readers of the journal. Interested individuals should contact the book review editor, William E. Cayley, Jr., MD at [bcayley@yahoo.com](mailto:bcayley@yahoo.com) .

### MANUSCRIPT PREPARATION

Manuscripts must be prepared in the format described below. This will also improve the likelihood that peer reviewers will rate the manuscript favorably.

- All manuscripts should be composed in a manner consistent with the uniform instructions for authors as published in the “**Uniform Requirements for Manuscripts Submitted to Biomedical Journals:**” [www.icmje.org](http://www.icmje.org) .
- The preferred electronic text format for all manuscripts is **Microsoft Word**.
- Manuscript Format:** The entire manuscript, including title pages, abstract, main text, reference list, and acknowledgments, should be double-spaced in an 8-1/2” x 11” portrait layout format with one-inch (1”) page margins and a 12-point font. Note: Tables and Figures may be single-spaced.

- Authors should assure that all “**track changes**” notations have been removed from the document file (unless specifically requested for a revised manuscript).
- All **authors** and their affiliations should be identified on the **title pages** and all **conflicts of interest** must be disclosed at the time of submission (also on the title pages). All **authors are responsible** for the entire content of each article or letter.
- Authors’ names** should **only** appear on the title pages.
- All reports of original research must have **approval by an appropriate institutional review board (IRB)**, and this approval must be explicitly confirmed in the paper (preferably in the **Methods** section).
- Manuscripts should be clear, succinct, and well documented.** Manuscripts must be well-written and correctly use syntax, grammar, spelling, and symbols to assure accurate transmission of information. Text should avoid sexual and racial bias and use gender-inclusive language whenever possible. In general, passive construction should be avoided.
- Abbreviations and acronyms** should be kept to a minimum and spelled out on first reference.
- All **drug names** should be generic.
- HEADINGS:**

Use all capital letters, centered and underlined, for major section headings. **Subheadings** are encouraged and should be left-justified and underlined.
- Justify** only the left-hand margin. Do not hyphenate words at the margin. Use one space, not two, following the period at the end of each sentence. The manuscript should not include a running header or footer.
- Page Numbers: All pages should be numbered**, including the title pages, abstract, main text, references, tables and figures. Although it is preferred for the tables and figures to be uploaded in a file separate from the main text, the table and figure page numbers should coincide with their approximate placement within the manuscript.

### **ELEMENTS OF THE MANUSCRIPT**

In the order in which they should appear, the elements of the manuscript include the following:

#### **1. Title Pages (All Manuscripts):**

The title pages should include the following information:

- Manuscript title:** Limit to 75 characters in length: it should be descriptive and summarize the most important point of the manuscript.
- Name, professional degree, and institutional affiliation of each author.**

- Name, address, telephone number, fax number, and e-mail address of the **corresponding author**.
- Date** on which the manuscript was submitted.
- Word count** for the main text (i.e., excluding abstract, references, tables, figures, and legends).
- Financial support** for the project being reported, if applicable.
- Presentations**: include a statement about the name, date, and location of any professional meetings at which the content of the manuscript has been presented.
- Conflict Disclosure**: disclosure of all conflicts of interest for any and all authors.
- Key Words**: two to six key words, using standard Index Medicus terminology.

**2. Abstract (Original Articles, Brief Reports, Special Articles):**

All original article and brief report manuscripts require an abstract of no more than 250 words. The abstract should appear in the manuscript on a separate page (following the title pages, and before the main text). It should be labeled **ABSTRACT** and include the manuscript title. The name(s) of the author(s) should not appear on the abstract. Articles reporting the results of research should include an abstract in structured format, consisting of four paragraphs, labeled Background and Objectives, Methods, Results, and Conclusions.

The abstract should carefully reflect the content of the article but, rather than stating what will be described in the paper, abstracts should actually summarize or review the main points of the paper. For example, instead of saying, “This article will describe the relationship between test scores and clinical performance,” the abstract should describe the methods used to investigate the relationship and report the actual results that were obtained.

**3. Main Text (All Manuscripts):**

The body of the text (excluding title pages, abstract, references, tables, figures, and legends) should not exceed the word count limitations (described below), depending on the type of article.

**Original Articles and Brief Reports:** Manuscripts for Original Articles and Brief Reports should be well-referenced and should avoid jargon, anecdotal reports, and personal opinions. These manuscripts should provide the reader with background on why the topic of the manuscript is important to the discipline of family medicine and/or medical education. Relevant literature should be reviewed and cited. The main argument or points of the paper should proceed logically and coherently, focusing on issues relevant to family medicine academicians, including researchers, educators, and/or clinicians. The manuscript should conclude with a discussion of recommendations and/or implications for family medicine academicians that are based on the issues raised in the main arguments/point of the paper. Original Article and Brief Report papers reporting research (both qualitative and quantitative investigations) or educational interventions should generally be divided into four sections, titled Introduction, Methods, Results, and Discussion.

Introduction: The introduction section of manuscripts reporting research or educational interventions should generally include a brief review of relevant literature

to establish the need for the research project and/or the educational intervention being reported. The Introduction section should always address the following questions:

1. What issue is being addressed in the research?
2. Why is the issue important?
3. How will the discipline of family medicine and/or medical education benefit from having addressed the issue?
4. What have others done to address the issue?
5. What were your study's objectives?

The introduction section of all research papers should include an explicit statement of the research objectives and hypotheses. If the research is evaluating a new curriculum or educational intervention, the introduction should comment on how the intervention is different than curricula or interventions that have been previously reported or that exist at other institutions.

Methods: For both qualitative and quantitative research, the methods should be described in sufficient detail to permit readers to fully understand how the research was performed. This should include a complete description of sampling methods, instruments used, methods of data collection and data analysis, and steps taken to avoid or adjust for bias and confounding. Copies of actual survey instruments, evaluative tests, and curricula are generally not suitable for publication in the body of the manuscript but may be considered for summarization or reproduction in tables. In selected cases, the editor's staff may request a copy of such documents before a decision is made on a manuscript.

**All manuscripts reporting research that involves human subjects (both educational research and clinical research) should include a statement indicating that the research has been reviewed and approved, or granted an exemption from formal review, by an appropriate human subjects protection committee (institutional review board).**

Manuscripts reporting educational methods, curricula, or interventions should include a description of the educational method, curricula, or intervention, in sufficient detail to permit readers to understand how the activity might be reproduced at their own institutions. Programs that are completely unique to a single institution may be assigned a lower priority for publication or may be diverted to publication as a brief report. Research on educational methods, curricula, or other interventions must include an evaluation of the effect of the intervention. A description of the techniques used for evaluation should be described in the methods section of the manuscript. Several methods may be used for evaluating the effect of an educational method, curriculum, or intervention. Even for manuscripts reporting non-interventional work, it is important that authors carefully describe methods, curricula, and other aspects of their work to provide a full sense of the scope and nature of the project.

Results: Results should be presented in coherent fashion and should be specifically tied to the objectives and methods presented earlier in the manuscript. Results are

often most effectively reported in tables, reserving the text for general descriptive statements and clarifications. In general, quantifiable results should be reported numerically, rather than with relative terms such as “most” or “many.” It is unnecessary to present all results collected in the research process. Rather, results pertinent to the *a priori* hypotheses and objectives are of most importance.

Discussion: The discussion section should:

1. Reiterate the principal findings of the research.
2. Explain why those findings are important.
3. Comment on methodological weaknesses of the study.
4. Provide an overall conclusion.
5. Discuss potential next steps for this area of research.

Authors should not draw conclusions or make inferences that are not specifically supported by the data reported in the study.

Original Article Manuscript Requirements:

Cover Letter	Main Text: 3000 Words Maximum
Title Pages	References: 50 Maximum
Abstract: 250 Words Maximum	Tables/Figures: 5 Maximum (Combined)

Brief Report Manuscript Requirements:

Cover Letter	Main Text: 1000 Words Maximum
Title Pages	References: 25 Maximum
Abstract: 250 Words Maximum	Tables/Figures: 5 Maximum (Combined)

**Narrative Essays:** These papers should describe compelling personal stories about clinical or educational encounters that will evoke reflection, recognition, appreciation, or inspiration in the reader. Not only should the essay provoke reflection in the reader, it should show evidence that the author has also reflected on and gained insight from the event described. In general, narrative essays should illuminate the unique complexity and genuine personal dimensions of patient care and education in family medicine, primary care, or community medicine.

Narrative essays should not include an abstract and references should be kept to a minimum (a maximum of five). A single table or figure will be considered if it is essential to the content of the paper, but they are discouraged and are rarely published with essays. A cover letter accompanying a narrative essay should identify the author’s perspective and should provide a context for the work. If a manuscript describes particular patients, please follow HIPAA guidelines and make any necessary alterations in factual details to ensure patient confidentiality. Letters of permission to report information about identifiable persons may be required to accompany the manuscript.

*Family Medicine* occasionally publishes original poems in this section of the journal (limited to three submissions from a single author in a calendar year). Such poems should adhere to the same manuscript restrictions as other narrative essay submissions.

Narrative Essay Manuscript Requirements:

Cover Letter	Main Text: 1000 Words Maximum
Title Pages	References: 5 Maximum
Abstract: <u>None</u>	Tables & Figures: 1 Maximum (Combined)

**Letter to the Editor:** Letters to the Editor should be addressed to John Saultz, MD, Editor, *Family Medicine*, and signed by all authors. They should also be double-spaced and include title pages. References should be kept to a minimum (a maximum of five). A single table or figure will be considered if essential to the content, but they are rarely published with letters.

Letters to the Editor Manuscript Requirements:

Cover Letter (Optional)	Main Text: 500 Words Maximum
Title Pages	References: 5 Maximum
Abstract: <u>None</u>	Tables/Figures: 1 Maximum (Combined)

**4. References (All Manuscripts):**

References should be listed on a separate page following the text. References should be double-spaced and numbered in the order in which they appear in the text. Small numbers of key original papers often serve as well as more exhaustive lists. Emphasize recent references. The reference list should not include manuscripts in preparation, manuscripts submitted for publication but not yet accepted, observations, or personal communications. Personal communications should be included parenthetically in the text, i.e., “In a conversation with H.E. Marman, MD, (August 2007) . . .” or “Similar findings have been noted by Roberts and by H.E. Marman, MD (written communication, August 2007).” If personal communications are cited in the manuscript, the author should provide a written statement from the individual cited, giving permission to be cited in the paper. References to unpublished material may include 1) articles that have been read before a conference but not published and 2) material accepted for publication but not yet published. Information about software programs should not be included in the references but can be listed parenthetically in the text, i.e., “The investigators compared findings using Ethnograph, a software program for the computer-assisted analysis of text-based data (version 5.0, March 1998, Qualis Research Associates, Amherst, Mass, 413-256-8835).” Citation of Internet Websites is discouraged, other than sites of major organizations and government agencies, for which maintenance of the site is likely to be durable over time. Website citations should be complete. That is, rather than citing the main homepage of an organization, authors should cite the specific webpage on which the pertinent material is located.

References should be double-spaced and written in the style shown in the examples below. Each reference should include the names and initials of the author(s), title of the journal (abbreviated according to Index Medicus usage) or book, the year, volume, and first and last page numbers.

Journal Reference:

1. Smith T. Residency education through the family medicine morbidity and mortality conference. *Fam Med* 2006;38(8):550-5.

Book Reference:

2. Temple NJ, Wilson T, Jacobs DR, eds. Nutritional health: strategies for disease prevention, second edition. Totowa, NJ: Humana Press, 2006.

Book Chapter:

3. Rhyne R, Cashman SB, Kantrowitz M. An introduction to community-oriented primary care (COPC). In: Rhyne R, Bogue R, Kulkulka B, Fulmer H, eds. Community-oriented primary care: health care for the 21<sup>st</sup> century. Washington, DC: American Public Health Association, 1998:1-15.

Unpublished Material:

4. Chappelle K. The family medicine way: innovative responses to student interest in maternity care. Presented at the 2007 Society of Teachers of Family Medicine Annual Spring Conference in Chicago.
5. Viera AJ, Garrett JM. Preliminary study of a school-based program to improve hypertension awareness in the community. Fam Med 2010;in press.

Internet Site:

6. [www.stfm.org/publications](http://www.stfm.org/publications) Accessed January 10, 2008. The journal does not verify the accuracy of literature citations in reference lists. Therefore, it is essential for authors to ensure that all citations are correct and complete.

**5. Acknowledgments (All Manuscripts):**

Acknowledgments should be brief and appear on a separate page, following the references. All contributors who do not meet the criteria for authorship should be listed under acknowledgments.

**6. Tables (All Manuscripts):**

Tables should be self-explanatory, concise, brief, and should not duplicate material presented in the text. Tables must include brief titles and explanatory notes sufficient for readers to understand them without reference to the text. Reference a table within the text, i.e., Table 1.

Submit each table on a separate page (not within the main text), numbered consecutively in the order of their citation in the text. Although it is preferred for the tables and figures to be uploaded in a file separate from the main text, the table and figure page numbers should coincide with their approximate placement within the manuscript, if possible. Each table and figure should read top to bottom on one 8-1/2" x 11" page with vertical portrait layout format and one-inch (1") page margins. As a general rule, the total number of figures and tables in a manuscript should not total more than five.

**7. Figures and Illustrations (All Manuscripts):**

Figures and Illustrations should include brief titles and should be concise illustrations but should not duplicate material presented in the text. All figures and illustrations should be accompanied by a legend, printed on a separate page preceding the illustration or figure in the manuscript. Legends should include sufficient explanatory information to permit readers



to understand the illustration or figure without reference to the text. Reference the Figure within the text, i.e., Figure 1. Submit each figure on a separate page (not within the main text), numbered consecutively in the order of its citation in the text. Although it is preferred for the tables and figures to be uploaded in a file separate from the main text, the table and figure page numbers should coincide with their approximate placement within the manuscript, if possible. All figures should be formatted to read top to bottom on one 8.5" x 11" journal page with one-inch (1") page margins. As a general rule, the total number of figures and tables in a manuscript should not total more than five.

If a manuscript is accepted for publication, the author may need to provide new copies of illustrations and figures (including charts and graphs) in high-quality, camera-ready, reproducible form. The following are acceptable: high resolution digital images saved in a PDF, jpeg, TIFF, or eps format, with a minimum 300 dpi resolution; photographs; computer-generated laser graphics; and professionally drawn illustrations. Digital images or black and white prints are preferred; however, color prints (but not slides) are also acceptable.

#### **8. Appendices (All Manuscripts):**

The use of appendices is discouraged. If the material in question is essential to understanding the article, it may be handled as a table or figure or be integrated into the text. Appendices may be published (either in print or online only) on rare occasions when they contain helpful information for the reader not covered in the manuscript, i.e., additional reading materials, addresses and telephone numbers for national organizations, etc. Survey instruments provided by the author as an appendix are highly discouraged and will not be published. If these are essential to the article, the author may provide a web-link accessible by readers.

### **SUBMISSION OF MANUSCRIPTS**

#### **Cover Letter:**

Original articles, brief reports, and narrative essays should all be accompanied by a cover letter addressed to John Saultz, MD, Editor, *Family Medicine*, with the following information:

1. The type of article being submitted and any additional information about the manuscript that may be helpful to the editor.
2. A full statement to the editor about all submissions and previous reports that might be regarded as redundant publication of the same or very similar work. Any such work should be referred to specifically and referenced in the new paper.
3. A statement of financial or other relationships that might lead to a conflict of interest.
4. A statement that the manuscript has been read and approved by all the authors, that the requirements for authorship (as stated below) have been met, and that each author believes that the manuscript represents honest work.
5. If applicable, the cover letter should also contain a statement that your study was IRB approved and that this is clearly stated in the manuscript (in the Methods section).
6. The name, address, telephone number and email address of the corresponding author, who is responsible for communicating with the other authors about revisions and final approval of the proofs.

**Authorship:**

All individuals listed as an author of a manuscript should have participated in conceptualizing the research or content of the manuscript, in writing or critically editing the manuscript, and in analysis of data presented in the manuscript. All authors should be thoroughly familiar with the substance of the final manuscript and be able to defend its conclusions. Individuals who made subsidiary contributions can be listed in the “Acknowledgments” section.

**Electronic Submission:**

Online submission of all manuscripts and letters is required. You will need the following:

1. Manuscript Type (Original Article, Brief Report, Letter to the Editor, Narrative Essay, Book Review).
2. Title of the Manuscript (must be consistent with title as listed on title page).
3. Abstract (cut and paste here). The abstract must also be included in the manuscript files.
4. Keywords (from a search list).
5. Complete information about all authors: email address, salutation, first (given) and last (family) name, institution, department, country, state/province, city.
6. Cover letter (cut and paste and/or attach here).
7. Number of Figures.
8. Number of Tables.
9. Number of Words.
10. Has this manuscript been submitted previously to this journal?
11. Confirm that the manuscript has been submitted solely to this journal and is not published, in press, or submitted elsewhere.
12. Confirm that all the research meets the ethical guidelines, including adherence to the legal requirements of the study country.
13. If your paper describes original research, it must be granted either an exception or approval from an institutional review board. Confirm that your paper either has such approval/exemption or that it is not original research.
14. Do you have any conflict of interest?
15. Is this article based on research that was funded entirely or partially by an outside source?
16. File Upload: MS Word documents preferred.
17. Review Files.
18. Submit.

To access author information and the ScholarOne online manuscript submission system, please visit <http://www.stfm.org/publications/familymedicine/author.cfm>

**MANUSCRIPT REVIEW PROCESS****Peer Review:**

The selection of manuscripts for publication is based on review by members of the editorial staff, independent expert peer reviewers, and statistics consultants, as appropriate. All submitted manuscripts will be sent to peer reviewers after the editorial staff has deemed their content appropriate for possible publication in *Family Medicine*. Manuscripts will not be blinded for the

peer review process and peer review comments will be provided to authors regardless of whether or not the paper is ultimately published.

### **Timing of Decisions:**

A decision about acceptance, revision, or rejection is sent to the corresponding author, generally within 2 months of receipt of the manuscript by the editorial office. Occasionally, the review process for selected manuscripts requires longer than 2 months.

### **Revisions:**

Manuscripts that are neither accepted nor rejected may be returned to the author(s) with suggestions for revision. Such manuscripts may require one or more revisions before a decision is made regarding acceptability for publication. All revisions should be made using “track changes” to highlight all changes in the manuscript.

### **Copy Editing:**

After an article is accepted, *Family Medicine*'s editorial and production staff will edit the manuscript to conform to *Family Medicine*'s publication style. Authors are responsible for all statements made in their published articles, including changes made in the process of copyediting. The edited manuscript will be sent to the corresponding author for review and approval prior to publication.

### **Copyright Transfer:**

For all accepted submissions, the lead author must facilitate the signing of a copyright release form by all authors. After the manuscript has been accepted for publication, a copyright release form will be e-mailed from the *Family Medicine* publication office to the lead author.

## **CHECKLIST FOR SUBMISSION OF MANUSCRIPTS**

- Format** text as specified in instructions for authors and **submit manuscripts electronically:** <http://www.stfm.org/publications/familymedicine/author.cfm>
- Include an **abstract** in all Original Article and Brief Report manuscripts (after the Title Page and before the Main Text).
- Include an **IRB statement** in all Original Article and Brief Report manuscripts (in the Methods section).
- Include complete **title pages** for all manuscripts.
- Include a **cover letter** for all manuscripts (except Letters to the Editor).
- Carefully check your manuscript for **spelling, grammar, punctuation, and meaning.**
- Number and format **references** in the appropriate style.
- Number and label** all tables and figures.

**For additional information, contact: John Saultz, Editor of *Family Medicine*, at [FMEDITOR@ohsu.edu](mailto:FMEDITOR@ohsu.edu)**