

# Family Medicine

THE OFFICIAL JOURNAL OF THE SOCIETY OF TEACHERS OF FAMILY MEDICINE

## **INSTRUCTIONS FOR AUTHORS**

**Revised, January 2021  
Updated September 2022**

*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 primary 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 education in the primary care disciplines in the United States or internationally. Original research papers about education in family medicine 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. Original articles should describe ideas that might be generalized to multiple institutions or programs and must describe a rigorous evaluation process.

Systematic scholarly reviews of fundamental methods and skills involved in family medicine and primary care education in the United States or in other nations should be submitted as original articles. These should be extensively referenced and should provide new or original insight. In addition, scholarly reviews or original research addressing health policy issues related to the health professions workforce needed to care for patient populations in the United States or internationally are particularly welcomed.

### **Brief Reports:**

In general, brief reports will be considered using the same criteria as listed above for original articles. Brief reports can be smaller in scope and may be less generalizable to other settings 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

an 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. Opinion essays and clinical case reports should not be submitted in this category.

### **Letters 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. Preference will be given to letters contributing to ongoing debate and discussion of issues important to family physicians and educators. Research reports of very limited scope can be submitted as letters to the editor but must conform to the 500-word limit for this submission category.

**Special Articles:** Special articles may be submitted with permission from the editor. This category is reserved for scholarly 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. Carefully doing so will 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 (these instructions are in this format). Tables and Figures may be single-spaced.
- ☐ For all **new submissions**, authors should assure that all “**track changes**” notations have been removed from the document.
- ☐ All **revised manuscripts** should be submitted with “track changes” turned on to allow reviewers to evaluate the revisions.
- ☐ 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 submission. Author names should only appear on the title page if the authors meet the International Committee of Medical Journal Editors definition of authors, as outlined here:

<https://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html>. Contributors not meeting the ICMJE criteria for authorship may be mentioned within an Acknowledgments section of the manuscript.

- ☐ **Authors' names** should appear only on the title pages or in references.
- ☐ All reports of original research must have **approval or exemption by an appropriate institutional review board (IRB)**, and this must be explicitly stated in the Methods section of the paper.
- ☐ **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. In general, authors should avoid passive construction.
- ☐ **Manuscripts should avoid sexual and racial bias and use gender-inclusive language.** When describing under-represented racial and ethnic categories, authors should use the same language that research subjects used to define themselves whenever possible. We recognize that some studies are limited by the demographic data sources that are available to them. The sources and limitations of data describing race, ethnicity, and gender, should be clearly described in the research methods. Authors should also explain in the methods section how and why they used the demographic variables in their study.

Terms such as “persons of color”, “non-white persons”, and “ethnic minorities” should be avoided, but if they are used, authors should specifically list which groups were included in their definitions of these terms. The term **under-represented in medicine** can be used in papers addressing disparities in the health workforce, but authors should specify which groups were included in the study’s definition of this term.

- ☐ **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.
- ☐ The **main text document** should include the title page, abstract, and references and all pages should be numbered.

- ☐ **Tables and figures** to be uploaded in separate files from the main text. All tables and figures should be referred to in the text of the article and should have titles and labels that clearly explain their contents.

## **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.** Only contributors who fulfill the [ICMJE definition for authors](#) should be listed on the manuscript title page. Other contributors may be listed in an Acknowledgments section
- ☐ 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, appendices, 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 main document on a separate page following the title pages, and before the main text. It should be labeled **ABSTRACT**. The name(s) of the author(s) should not appear on the abstract. Original articles and brief reports should include an abstract in structured format, consisting of five sections, labeled Title, Background and Objectives, Methods, Results, and Conclusions. This structure is not required for special articles. Narrative essay submissions should not include an abstract.

The abstract should carefully reflect the content of the article. Rather than stating what will be described in the paper, abstracts should actually summarize the main points of the paper.

### **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 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? What is the research question?
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. 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.
6. What were your study's objectives and hypotheses?

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 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 or appendices. In selected cases, the editorial staff may request a copy of such documents before a decision is made on a manuscript.

All manuscripts reporting research that involves human subjects 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 new curricular or educational interventions should include a description of the intervention in sufficient detail to permit readers to understand how the activity might be reproduced at their own institutions. Programs that are 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 interventions must include a detailed description of the techniques used for evaluating the intervention. Several methods may be used for evaluating the effect of an educational method, curriculum, or intervention. In general, educational evaluation can be classified by four levels of sophistication (Kirkpatrick Levels) as follows:

1. Level 1: Evaluates learner reaction to the innovation such as attendance, participation, and learner opinion.
2. Level 2: Evaluates learner acquisition of knowledge or skills by methods such as learner pre- and post-testing.
3. Level 3: Evaluates learner behavior change as a result of completing the educational program.
4. Level 4: Evaluates the impact of the educational program on specific clinical outcomes.

*Family Medicine* does not publish papers that use only Kirkpatrick level 1 evaluations. Preference is given to papers describing higher levels of program evaluation.

If the research project involves survey methods, authors should consider the following issues:

1. What target population is the study trying to assess and how does this population align with your research question?
2. What strategy did you use to select a sample of subjects from this population?
3. We assume you have searched the literature for a previously validated survey instrument. If you used one, please cite it. If not, why was it necessary to develop a new instrument, how were your questions developed and pilot tested, and how was your instrument's validity established?
4. How were racial ethnic and gender demographic variables selected and used?
5. When and how did you conduct the survey?
6. How did you conduct follow-up with non-responders and how was the effective response rate calculated? This response rate should be reported in the abstract and in the results section.
7. What was done to assure that survey responders were representative of the target population?
8. How did you analyze and categorize survey results?

**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: 3,000 Words Maximum
Title Page(s)	References: 75 Maximum
Abstract: 250 Words Maximum	Tables/Figures: 5 Maximum (Combined)

Brief Report Manuscript Requirements:

Cover Letter	Main Text: 1,200 Words Maximum
Title Page(s)	References: 50 Maximum
Abstract: 250 Words Maximum	Tables/Figures: 3 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. Tables and figures are discouraged. 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 should accompany the manuscript.

*Family Medicine* occasionally publishes original poems in this section of the journal. Such poems should adhere to the same manuscript restrictions as other narrative essay submissions.

Narrative Essay Manuscript Requirements:

Cover Letter	Main Text: 1,000 Words Maximum
Title Page(s)	References: 5 or fewer
Abstract: <u>None</u>	Tables & Figures: None

**Letter to the Editor:** Letters to the Editor should be addressed to the 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 but must include a citation for papers referred to in the letter. A single table or figure will be considered if essential to the content. Research letters should have a title and four subheadings: **Background and Objectives**, **Methods**, **Results**, and **Conclusions**.

Letters to the Editor Manuscript Requirements:

Cover Letter (Optional)	Main Text: 500 Words Maximum
Title Page(s)	References: 10 Maximum
Abstract: <u>None</u>	Tables/Figures: 1 Maximum (Combined)

7. **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. Citation of Internet Websites should cite the specific webpage on which the pertinent material is located and the date the material was accessed.

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, 2019.

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

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

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

A table is meant to display information in columns and rows to support the main text but should not duplicate material presented in the text. Although tables are used to present many quantitative values, tabulating all collected study data is not always necessary and actually may distract and overwhelm the reader. Data included in tables should be pertinent to the study and meaningful. *Family Medicine* follows the *AMA Manual of Style, 11<sup>th</sup> Edition*, for table formatting (section 4.1).

All tables must be submitted as individual Word files, separate from the main body text, and must be created in Word format with editable, selectable text. Submitting a graphic image of a table is not acceptable. All tables should have a title beginning with the word “Table” and the table number in bold, followed by a brief, specific, and descriptive title written as a phrase, in the same capitalization style used in article titles (Title Case). All tables included in a submission must be cited within the manuscript body.

The main categories of information within the table should be presented as column headings, centered over each column. The left-most column contains the row headings which label the information for each row and should be flush left. The unit of measure should be in either the row or column heading, whichever is most appropriate. Data in the body of the table should be centered unless the cells contain a large amount of text, in which case they can be flush left. Table rows must be formatted as actual table rows, and not paragraph returns within a table row. Table columns must likewise be formatted as actual table columns, and not multiple tab spaces or character spaces giving the appearance of columns. Shading and use of colored fonts to convey meaning should be avoided, since *Family Medicine* articles print in grayscale.

Footnotes should be indicated with a superscript lowercase letter in alphabetical order. All footnotes and abbreviates used within the table should be addressed at the bottom of the table. When reporting on racial and ethnic differences, be as specific as possible and define who is included in an “Other” category

The total number of figures and tables in a manuscript may not total more than five, for any submission category.

#### **10. 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 as a separate file not within the main text, and number them consecutively in the order cited in the text. All figures should be formatted to read top to bottom on one 8.5” x 11” journal page with one-inch (1”) page margins.

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.

#### **11. 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 online 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 discouraged. If these are essential to the article, the author may provide a web-link accessible by readers.

### **SUBMISSION OF MANUSCRIPTS**

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.

All manuscripts must be submitted into the journal’s electronic submissions system which can be found at the following web address: <https://mc.manuscriptcentral.com/fammed>

When submitting, authors must truthfully answer a series of questions including:

- Number of Figures
- Number of Tables
- Number of Words
- Number of References
- Has this manuscript been submitted previously to this journal? (Yes/ No)
- If yes, what is the manuscript ID of the previous submission?
- Confirm that the manuscript has been submitted solely to this journal and is not published, in press, or submitted elsewhere.
- Confirm that all the research meets the ethical guidelines, including adherence to the legal requirements of the study country.
- 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.
- Confirm that the manuscript has been read and approved by all the authors, that the requirements for authorship have been met, and that each author believes that the manuscript represents honest work.
- Is this article based on research that was funded entirely or partially by an outside source? (Yes/No)
- If yes, please list the funding source(s) below

#### **Cover Letter:**

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

- The type of article being submitted and any additional information about the manuscript that may be helpful to the editor.
- 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.
- A statement of financial or other relationships that might lead to a conflict of interest.
- 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.

#### **Electronic Submission:**

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

1. Manuscript category (Original Article, Brief Report, Letter to the Editor, Narrative Essay, Book Review).
2. Complete information about all authors: email address, salutation, first (given) and last (family) name, institution, department, country, state/province, city.
3. Title of the Manuscript (must be consistent with title as listed on title page).
4. Abstract (cut and paste here). The abstract must also be included in the manuscript files.

5. Main file document including title page, abstract, main text, and references: MS Word documents preferred.
6. A separate file for each Table and Figure.
7. Keywords (from a search list).
8. Cover letter (cut and paste and/or attach).

## **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 submissions will be sent to peer reviewers after the editor 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:** <https://journals.stfm.org/familymedicine/authors/>
- ☐ 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: Sarina Schrager, MD, MS, Editor of *Family Medicine*, at [FMEDITOR@stfm.org](mailto:FMEDITOR@stfm.org).**