

# *Family Medicine* Instructions for Authors

## CATEGORIES OF MANUSCRIPTS

Manuscripts submitted to *Family Medicine* should fall into four general categories: (1) original articles, (2) brief reports, (3) narrative essays, (4) letters to the editor. *Family Medicine* publishes original research, commentaries, narrative essays, and policy analyses relevant to the discipline of family medicine, particularly focusing on primary care medical education, health policy, and health services research. *Family Medicine* seeks to promote and publish peer-reviewed scholarly papers that advance understanding of how to create a workforce to provide cost effective care to populations of people. The journal does not publish clinical review articles.

**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. Original articles are generally limited to 3,000 words and are considered under the general categories shown below (listed alphabetically). This information is provided to guide authors in the types of manuscripts published; it is not necessary for the author to specify a category at the time of manuscript submission. In general, manuscripts offering opinion only will not be published as original articles.

1. **Clinical Research and Methods:** This category includes manuscripts reporting clinical, epidemiologic, or health services research, or describing new or important clinical interventions, patient education methods, treatments, practice management innovations, etc.
2. **Continuing Education, Faculty Development, and Continuous Professional Development:** Articles in this category 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:** Core Concepts articles are scholarly reviews of fundamental methods and skills involved in family medicine and primary care education in the US or in other nations. These articles can review new or established educational methods, but they should be extensively referenced and should provide new or original insight into the educational process.
4. **Educational Research and Methods:** Articles describing original research 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. To be published as original articles, such articles should describe ideas that might be generalized to multiple institutions or programs and should include a rigorous evaluation process.
5. **Health Policy Analyses:** This category includes scholarly reviews, essays, original research, and theoretical papers 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 welcome.

## Brief Reports

Brief reports are limited to 1,000 words and may represent works in progress, conceptual ideas, or concise summaries of projects that are not sufficiently developed to be published as original articles. In general, they will be considered under the same categories listed above for original articles.

## Narrative Essays

Family medicine is a discipline defined as much by our stories as by our science. Narrative essays published in

*Family Medicine* will be stories from clinical practice or from the educational setting and may be submitted by teachers, learners, patients, or professionals practicing in the primary care disciplines. These papers will generally be limited to 1000 words and should present a creative perspective both in their content and in their story-telling style. Narrative essays published in the journal will be legitimate scholarly articles and will peer-reviewed as carefully as original articles and brief reports. In general, these essays should illuminate the unique complexity and genuine personal dimensions of patient care and education in family medicine, primary care, or community medicine.

### **Letters to the Editor**

Letters to the editor can comment on articles that were recently published in the journal, and to discuss issues pertinent to family medicine education or practice. They will be published as space is available and preference will be given to letters that contribute to ongoing debate and discussion of issues important to family physicians and educators. Letters to the editor should be limited to 600 words.

**Book and Media Reviews** comment on recently published books and media that are pertinent to readers of the journal. Most book reviews are invited. Individuals interested in writing book reviews should contact the book review editor, Cathleen Morrow, MD, at [cathleen.morrow@dartmouth.edu](mailto:cathleen.morrow@dartmouth.edu).

### **SUBMISSION OF MANUSCRIPTS**

Electronic submission of all manuscripts and letters is required. Visit [www.stfm.org/fammed](http://www.stfm.org/fammed) to access our online manuscript submission system. The editors will review all submissions initially to ensure their suitability for *Family Medicine*'s readers. 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." Links to this document can be found at [www.stfm.org/fammed](http://www.stfm.org/fammed) and can be found under Author Instructions. Authors should assure that all "track changes" notations have been removed from the document file. All authors are responsible for the entire contents of each article or letter.

Submissions to *Family Medicine* should identify all authors and their affiliations on the title page and all conflicts of interest must be disclosed at the time of submission. All reports of original research must have approval by an appropriate institutional review board, and this approval must be explicitly confirmed in the paper.

Letters to the editor should include references only if essential. In general, tables and figures will not be published with letters to the editor. The names and addresses of all authors should appear on the letter.

### **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 publication office to the lead author.

### **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.

## RECOMMENDED STYLE AND FORMAT FOR REGULAR ARTICLES

Manuscripts should be clear, succinct, well documented, and conform to the “Uniform Requirements for Manuscripts Submitted to Biomedical Journals,” which is available from links located at <http://www.stfm.org/publications/familymedicine/author.cfm>. *Family Medicine* is edited to conform to the American Medical Association’s *Manual of Style*. For questions about style in text, references, tables, and figures, consult the AMA style manual, available in most medical libraries.

Manuscripts must reflect writing proficiency and correct use of syntax, grammar, spelling, and symbols to assure transmission of accurate information. Abbreviations and acronyms should be kept to a minimum and spelled out on first reference. All drug names should be generic.

Use all capital letters, centered and underlined, for major section headings. Subheadings are encouraged and should be left justified and underlined. Text should avoid sexual and racial bias and use gender-inclusive language whenever possible.

Manuscripts should be formatted to the specifications outlined below. Manuscripts that deviate significantly from the specified format will be returned to authors without review. Preparation of a manuscript in the format described below will improve the likelihood that peer reviewers will rate the manuscript favorably. In general, authors should avoid having their manuscripts stand out as different by preparing them in unusual or unconventional formats.

The entire manuscript, including title page, reference list, tables, legends, and text, should be double-spaced to fit on one side of 8-1/2 x 11-in paper. Pages should be numbered. 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, and the name of the author(s) should not appear on the manuscript anywhere but on the title page.

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

**Title Page:** Limit titles to 75 characters in length. Titles should be descriptive and summarize the most important point of the manuscript.

The title page should include the following information: manuscript title; name, professional degree, and institutional affiliation of each author; name, address, telephone number, fax number, and e-mail address of the corresponding author; the date on which the manuscript was submitted; a word count for the body of the text (ie, main text, excluding abstract, tables, legends, and references); financial support for the project being reported, if applicable; and a statement about the name, date, and location of any professional meetings at which the content of the manuscript has been presented. The title page should also include a disclosure of all conflicts of interest for any and all authors. Two to six key words, using standard Index Medicus terminology, should also be included on the title page.

**Abstract:** All regular manuscripts (ie, excluding letters to the editor and narrative essays) require an abstract of no more than 250 words. The abstract should appear on a separate page, following the title page. It should be labeled as the abstract and include the title of the manuscript. The name of the author(s) should not appear on the abstract.

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.

Articles reporting the results of research should be in structured format, consisting of four paragraphs, labeled Background and Objectives, Methods, Results, and Conclusions.

**Main Text:** The body of the text (excluding abstract, references, tables, and legends) should not exceed the word count limitations described above depending on the type of article.

### **Regular Articles and Brief Reports**

All regular articles and brief reports should be well referenced and should avoid anecdotal reports and personal opinions. Such 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 of particular relevance 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.

Regular articles reporting research (both qualitative and quantitative investigations) or educational interventions should generally be divided into four sections, titled (1) Introduction, (2) Methods, (3) Results, and (4) 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?
6. What remains to be done to address the issue?

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 or appendices. 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 the goals and objectives of the educational method, curricula, or intervention, along with a description in sufficient detail to permit readers to understand how the educational activity might be reproduced at their own institutions. Programs that are completely unique to a particular institution, without potential for reproduction elsewhere, 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 should generally 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. Manuscripts that merely describe an educational activity, without any evaluation of its effect, often receive lower priority for acceptance for publication because they offer no evidence that the proposed educational activity is beneficial. Several methods may be used for evaluating the effect of an educational method, curriculum, or intervention. Methods (both qualitative and/or quantitative) that convincingly demonstrate changes in learners' behaviors, competence, and attitudes (particularly over long time periods) are generally the most desirable.

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, and (4) provide an overall conclusion. Authors should be careful not to draw conclusions or make inferences that are not specifically supported by the data reported in the study. When the article reports a new educational intervention, the discussion should comment on what had to be deleted from an educational program to permit inclusion of the new intervention.

### **References**

References should be listed on a separate page(s) following the text. 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, ie, "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, ie, "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 Web sites is discouraged, other than sites of major organizations and government agencies, for

which maintenance of the site is likely to be durable over time. Web-site citations should be complete. That is, rather than citing the main home page of an organization, authors should cite the specific Web page on which the pertinent material is located.

References should be numbered in the order in which they appear in the text. 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 21st 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.

**Acknowledgments**

Acknowledgments should appear on a separate page, following the reference list. Acknowledgments should be brief.

**Appendices**

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 integrated into the text. Appendices may be published on rare occasions when they contain helpful information for the readers not covered in the manuscript, ie, additional reading materials, addresses and telephone numbers for national organizations, etc.

**Tables**

Tables should be self-explanatory, concise, and should not duplicate material presented in the text. Tables should include labels and explanatory notes sufficient to permit readers to understand them without reference to the text.

Submit each table on a separate page (not within body text) and reference the table within the text, ie: (Table 1.)

### **Figures and Illustrations**

On initial submission of a manuscript, all figures and illustrations (including charts and graphs) should be included in the single computer file along with the text and other components of the manuscript.

As a general rule, the total number of figures and tables in a manuscript should not total more than five. All tables must be formatted to read top to bottom on an 8.5 x 11 journal page.

If a manuscript is accepted for publication, the author will 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.

All figures and illustrations should be accompanied by a legend, printed on a separate page. The legend should be included in the manuscript on the page preceding the illustration or figure. Legends should include sufficient explanatory information to permit readers to understand the illustration or figure without reference to the text.

### **RECOMMENDED STYLE AND FORMAT FOR NARRATIVE ESSAYS**

Narrative essays should be less than 1,000 words. References should be kept to a minimum (generally less than 10). A single table or figure will be considered if it is essential to the content of the paper, but they are discouraged and rarely published with essays. A cover letter with narrative essays should identify the authors' perspectives and should provide a context for the work.

### **MANUSCRIPT DISPOSITION, COPY EDITING, AND AUTHOR RESPONSIBILITY**

#### **Peer Review**

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 regular articles, brief reports, and narrative essays 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.

Manuscripts not accepted for publication will not be returned to the author. Original artwork, photographs, or other illustrations will not be returned unless the author specifically requests that this occur at the time of manuscript submission.

#### **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.

### **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.

### **CHECKLIST FOR INITIAL SUBMISSION OF REGULAR MANUSCRIPTS**

- Format text as specified in instructions for authors.
- All manuscripts for original articles or brief reports should include an abstract.
- All manuscripts should be submitted electronically. Visit [www.stfm.org/fammed](http://www.stfm.org/fammed) to access our online manuscript submission system.

**For additional information, contact:  
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[fmeditor@ohsu.edu](mailto:fmeditor@ohsu.edu)**