

JGIM INSTRUCTIONS FOR AUTHORS

DECEMBER 1, 2011

As the official journal of the Society of General Internal Medicine, *JGIM* encourages submission of articles aimed at improving patient care, education, and research in primary care and general internal medicine in all settings. Submissions must be original and not currently under consideration for publication in another peer-reviewed medium (paper or electronic). *JGIM* is committed to making the review process as timely and useful as possible for authors.

To speed the processing of manuscripts, *JGIM* only accepts manuscripts online via the following website: www.jgimed.org. This site contains full instructions for authors and step-by-step instructions for submitting manuscripts, cover letters, and supporting materials (if necessary).

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MANUSCRIPT CATEGORIES

Submitted manuscripts must fit into one of the following categories:

1. ORIGINAL RESEARCH

These articles describe original observational or interventional research concerning clinical care, education, or health policy relevant to general internal medicine, including hospital medicine, innovation and improvement, and health disparities. Organize manuscript text into Introduction, Methods, Results and Discussion, generally following relevant Abstract headings. To assure that studies with various methods have the highest quality reporting, *JGIM* strongly suggests authors' use the following standard formats:

- Reports of randomized, controlled trials should follow the recommendations of the Consolidated Standards of Reporting Trials (CONSORT) statement. See <http://www.consort-statement.org/index.aspx?o=1065> for the current CONSORT guidelines and checklist.
- Reports of studies of the accuracy and use of diagnostic tests should follow the recommendations of the Standards for Reporting of Diagnostic Accuracy (STARD) statement. See the original article (Ann Intern Med 2003; 138:W1-12) or <http://www.consort-statement.org/index.aspx?o=1065>.
- Reports of non-randomized educational, behavioral, and public health interventions should follow the recommendations of the Transparent Reporting of Evaluations with Non-randomized Designs (TREND) statement. See the original article (Am J Public Health 2004; 94:361-366) or <http://www.cdc.gov/trendstatement>. Additional suggestions for reporting of educational research are contained in Cook DA, Bowen JL, Gerrity MS, et al. Proposed standards for medical education submissions to the Journal of General Internal Medicine. J Gen Intern Med. 2008 July; 23(7): 908–913.
- Reports of observational studies should follow the STROBE guidelines (Elm E, Altman DG, Egger M, Pocock SJ, Gøtzsche PC, et al. (2007) The Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) Statement: Guidelines for Reporting Observational Studies. PLoS Med 4(10): e296. doi:10.1371/journal.pmed.0040296
- Reports of evaluations of quality improvement interventions or programs should follow the Standards for Quality Improvement Reporting Excellence (SQUIRE) guidelines (<http://www.squire-statement.org/>)
- Authors may wish to refer to the COREQ checklist (Tong A, et al. Int J Qual Health Care 2007 19(6):349-357) and to Inui T and Frankel R (J Gen Intern Med 1991(6):485-6) for guidance when submitting reports of qualitative research.

Original research articles should have a detailed description of the study's design and analysis. They should not exceed 3,000 words of text (not including title page, abstract, references, tables, figures, figure legends, or appendices) except for reports of qualitative

research, which may be as long as 4,000 words, including text, quotes, and tables containing quotes.

Abstracts: Original research articles should have a structured abstract of 300 words or less. Use the following headings: Background, Objective, Design, Participants (or Patients or Subjects), Interventions (if applicable), Main Measures, Key Results, and Conclusions. Qualitative research articles may substitute “Approach” for “Main Measures.” Articles describing innovations in education or clinical practice may use the following headings: Introduction, Aim, Setting, Program Description, Program Evaluation, and Discussion.

Tables and Figures: Tables and figures should be used as needed to convey the data; however, the number of combined tables plus figures in the main body of the article should not generally exceed 6. Authors will be asked to delete or combine tables and figures felt to be excessive, or optionally, they may be published online as a supplementary appendix. Authors are encouraged to make liberal use of electronic appendices (including textual, tabular, and audiovisual materials which help to inform the research but are not essential to understanding the main arguments); these will be published online.

Clinical Trials Registration: *JGIM*'s Editors ascribe to the registration policies of the International Committee of Medical Journal Editors (ICMJE) that can be found at http://www.icmje.org/clin_trialup.htm. Appropriate registries (such as www.clinicaltrials.gov) must be accessible to the public at no charge and must be open to all prospective registrants and managed by a not-for-profit organization. There must be a mechanism to ensure the validity of the registration data, and the registry should be electronically searchable. Please include the appropriate Trial Registration Number on the Title Page of the submitted manuscript.

2. REVIEWS

The Editors encourage reviews of clinical, educational, or methodological topics important to practice, teaching, or research in general internal medicine and/or primary care. Reviews include meta-analyses of randomized trials, systematic reviews (without quantitative meta-analysis), and narrative reviews. Reviews of clinical topics should include references to relevant practice guidelines. Reviews should follow the general format of original articles, not exceed 3,500 words, and include an abstract (see below for specific instructions). Authors are encouraged to submit additional supporting material for publication on the *JGIM* website (for example, a new curriculum or survey). Due to perceived conflicts of interest, *JGIM* cannot accept review articles sponsored by commercial interests or written by freelance or commercial writers (including writers from communication and education companies).

Systematic reviews or meta-analyses should follow the guidelines in the PRISMA statement which can be found at <http://www.prisma-statement.org/>. PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) provides an evidence-based

minimum set of items for reporting systematic reviews and meta-analyses, and is an update and expansion of the QUOROM Statement. Although it focuses on randomized trials, the PRISMA Statement can also be used as a basis for reporting systematic reviews of other types of research, particularly evaluations of interventions. Systematic reviews or meta-analyses should include a structured abstract with the following headings: objectives; data sources; study eligibility criteria, participants, and interventions; study appraisal and synthesis methods; results; limitations; conclusions and implications of key findings; systematic review registration number.

Narrative (non-systematic) reviews should address a clinical, educational or methodological problem by melding expert opinion with a thorough and balanced review of available evidence. Narrative reviews are appropriate when the question of interest is too broad, the body of evidence too sparse, or the topic too new or controversial for a systematic review. Otherwise, systematic reviews are preferred. Structurally, authors should consider starting off narrative reviews with an illustrative case or example. The review should put the topic into the context of the literature, and interpret the evidence to help solve the problem for the reader. Narrative reviews should include an unstructured abstract of 300 words or less.

3. PERSPECTIVES

These articles should provide views and opinions on issues of importance to generalists. The Editors are particularly interested in publishing well-referenced, evidence-based perspectives on clinical, educational, or policy issues. Perspectives should be 2,000 words or less with an unstructured abstract of up to 200 words, and the minimum necessary number of tables and figures.

4. CLINICAL VIGNETTES

Clinical vignettes are reports of clinical cases that provide insight into clinical practice and generate hypotheses for innovations in clinical practice, education, and research. They should have an unstructured abstract of 200 words or less and text of up to 2,000 words. The manuscript should include a review of past published relevant cases, a detailed description of the case or vignette, a discussion of why the case or vignette is unique and how it adds to past published literature, and implications for subsequent developments in clinical practice, teaching, or research. **The first or senior author of the clinical vignette must be a current SGIM member at the time of submission.**

5. CLINICAL IMAGES

Clinical images report on visual findings in clinical medicine that have educational value. They can include radiology results, high quality clinical images or electrocardiograms. Images should have a text description that does not exceed 200 words and there can be no more than three authors listed. **In the initial submission (for clinical images ONLY), each image should be sent as a separate file with the submitted text.** Images should either have individually identifying information removed or masked at submission, or

specific written consent to include identifying information. **The first or senior author of the clinical image must be a current SGIM member at the time of submission.**

Care should be taken to follow these graphics formatting guidelines when submitting images:

- **RESOLUTION:** Graphics must have a resolution of at least 300 dots per inch (dpi).
- **DIMENSIONS:** The dimensions of the graphic(s) should be close to the final desired size in print.
- **FILE FORMAT:** Save line artwork, vector graphics, halftone artwork or photographic images as either Tagged Image File Format (.TIF) or Encapsulated PostScript (.EPS) files.
- **DO NOT:** Don't use TIF files created by PowerPoint. They are not sufficiently dense.
- **DO NOT:** Don't send native graphics file formats, because our typesetters cannot use them.

6. EXERCISES IN CLINICAL REASONING

In this series, a clinician discusses the diagnostic approach to sequentially presented clinical information. Commentary on the diagnostic reasoning process is integrated throughout the case presentation. The relevant images and laboratory studies should accompany the case. The Exercise concludes with a brief "Discussion" section highlighting the key clinical reasoning points (3-5 paragraphs) and a "Clinical Teaching Points" section (3-5 bullet clinical points). Submissions should not exceed 3,000 words and have a maximum of 15 references. No abstract is needed.

The manuscript review process for this series often involves several diagnostic reasoning experts and is a collaborative process between authors and reviewers. As such, appropriate submissions generally go through multiple reviews prior to acceptance. Authorship should be limited to five authors unless prospectively approved by the *JGIM* deputy editor. The editorial staff may add an additional author if necessary after evaluation of the manuscript.

A representative article illustrating the required format is: Henderson MC et al. Doing What Comes Naturally. *Journal of General Internal Medicine* 2010 Jan;25(1):84-7. For further information, please see the editorial introducing the *Exercises* at <http://www.springerlink.com/openurl.asp?genre=article&id=doi:10.1007/s11606-009-1185-4>

7. HEALING ARTS

We seek two types of high quality creative writing related to medicine and health.

Materia Medica consists of well-crafted, highly readable and engaging personal narratives, essays or short stories of up to 1500 words and poetry of up to 100 lines. If more than 1 poem is being submitted, they must be submitted separately to generate separate manuscript tracking numbers. These pieces should focus on a given experience, person or event that informs or illuminates the practice or teaching of medicine. We are interested in narratives that “show” through story (scene, dialogue, etc.; i.e., “Mr. Hernandez’ skin color matched the white sheets. I leaned over to see if he was breathing and he opened his eyes. ‘I’m dying, doc,’ he said. ‘You don’t need to lie no more.’) rather than either narratives which tell the reader what happened and what to think (“this patient taught me so much about professionalism”) or case reports focused on medical details. If non-fiction, please either mask the subject's identity or gain their permission prior to submission.

Text and Context consists of excerpts from literature (novels, short stories, poetry, plays or creative non-fiction) of 200-800 words followed by an accompanying essay of up to 1000 words discussing the significance of the work for clinical practice or medical education and, where appropriate, linking it to the clinical or medical education literature. Essays should include up to 3 learning objectives/discussion questions and may include up to 5 references. Please consult the January 2010 *JGIM* for an example of this type of submission. The author is responsible for submitting a detailed reference of the creative work and obtaining copyright permission for its use in *JGIM*.

8. Special topics: INNOVATIONS AND IMPROVEMENT

JGIM encourages submission of reports of innovations and improvement in clinical care or the research process. Such reports may be formatted as Original Research, Reviews, and Perspectives articles. In addition, *JGIM* will publish submissions under three special Innovation and Improvement categories:

Innovations in Medical Education (unsolicited): These articles provide succinct descriptions of innovative approaches to improving medical education. (See the comments in *J Gen Intern Med.* 1999;14:775-6, *J Gen Intern Med.* 2008;23:908-13, and *J Gen Intern Med.* 2010;25:887-88.) The hallmark of an innovation is that the idea is new and fills an important gap in medical education. Manuscripts should be 2,000 words or less and have no more than two tables or figures. Additional material (e.g., detailed curricula or evaluation tools) can be published as online appendices. A structured abstract of no more than 200 words should have the following headings: Background, Aim, Setting, Participants, Program Description, Program Evaluation, and Discussion. Manuscripts should have headings of Introduction, Setting and Participants, Program Description, Program Evaluation, and Discussion. The Introduction should succinctly describe the problem, prior evidence addressing solutions to this problem, and the aims of the innovation (for example, the instructional objectives). The Setting and Participants

section should describe the learners/participants and the learning environment. The Program Description should include the conceptual, evidence-based, or theoretical rationale for the innovation, and a description of the innovation and its implementation with enough detail to address feasibility. Program Evaluation should include the evaluation methods, quantitative and/or qualitative data informing judgments regarding success or effectiveness, and suggestions for improving the innovation. The Discussion should comment on study limitations, the relationship of the innovation to previous work, and the implications for improving this innovation specifically, medical education generally, and patient care.

Improvement Happens (solicited only): a *JGIM* editor will examine the human and technical side of quality breakthroughs *through interviews* with health care leaders who are creating clinical or educational change on the ground; in hospitals, clinics, long term care facilities, and in the community.

Interval Examination (solicited only): invited authors (e.g. practicing clinicians, clinic directors, hospital QI directors, residency and educational program directors and others) will describe their own experiences in implementing innovative approaches to organizing, delivering or teaching about clinical practice. Limited to 3000 words; abstract not required.

9. Special topics: HEALTH POLICY

JGIM encourages submission of health policy articles formatted as Original Research, Reviews, or Perspectives articles. Submissions should be relevant to general internists and should help readers understand more about health policy and its effects on patients, physicians, medical institutions, or populations. Articles examining how alternative strategies foster or impede the delivery of high-quality primary care are of special interest (see editorial in *J Gen Intern Med.* 2000; 15: 519-20).

10. Special Topics: CAREERS

JGIM occasionally publishes articles on career development, mentoring, personal-professional balance, part-time work, professionalism, and women and minorities in medicine. Career articles should be formatted as Original Research, Reviews, and Perspectives articles.

11. EDITORIALS

Editorials are solicited by the Editors and provide commentary on articles selected for publication or on a topical issue of interest to *JGIM* readers. Editorials should be 1200-1500 words in length. Editorials should be submitted by e-mail to the *JGIM* editorial office at JGIM@iupui.edu.

12. LETTERS TO THE EDITOR

Science, education, and clinical care depend on an active dialogue between developers, assessors, and users of knowledge. We encourage letters of up to 400 words that comment on material published in *JGIM*. Letters should be submitted via the website <http://www.jgimed.org> within one month of print publication of the *JGIM* material. Be certain the letter includes your name and complete contact information. Letters should be formatted as they appear in the journal and contain a maximum of five references. The running title of the article your letter references should be the title of your letter.

A WORD ON WORD LENGTH

JGIM encourages brevity, particularly in the print version of the journal. Word length limitations are limits, not targets; each published article should be no longer than required to convey why the research was conducted, how it was done, what it showed, and what it means. For instance, 1500 words may suffice for some innovations or original articles. When at all possible, authors are urged to aim for compactness of expression in print, providing critical supplemental material as appendices for electronic publication via SpringerLink. See Table below for a summary of word length limitations.

WORD LENGTH LIMITATIONS: SUMMARY

Article Type	Article Limit	Abstract Limit (if applicable)
Original Research	3000	300
Qualitative Original Research	4000 (incl. quotes/tables)	300
Reviews (Systematic)	3500	300
Reviews (Narrative)	3500	300 (unstructured)
Perspectives	2000	200 (unstructured)
Clinical Vignettes	2000	200 (unstructured)
Clinical Images	200	None needed
Exercises in Clinical Reasoning	3000	None needed
Healing Arts: Materia Medica	1500	None needed
Healing Arts: Text and Context	200-800	None needed
Editorials	1500	None needed
Letters	400 (max. 5 references)	None needed

SPECIFIC DIRECTIONS FOR SUBMISSION

AUTHORSHIP

Appropriate authorship: It is important for the integrity of science and the appropriate attribution of effort that only persons who have had an active role and significant impact on conceptualizing, funding, performing, analyzing, or writing up research be included as authors (<http://www.icmje.org/#author>). Every person who contributed to the writing of a manuscript must be listed as an author. *JGIM* reserves the right to question the role that co-authors have played on the work being reported.

Research group authorship: Where there are a large number of investigators, they can be listed as part of a named research group, and the entire list can be included at the end of the text. For the purpose of promotion and other attribution of the work, individual authors can be listed as follows:

The TRIAD Study Group [Marrero DG]. Translating Research into Action for Diabetes (TRIAD): A multi-center study of diabetes in managed care. *Diab Care* 2002; 25:386-389.

Inappropriate authorship: “Honorary authorship” is not appropriate. For instance, one should not list as co-authors, research unit directors who were not actively and significantly involved in the research or resultant manuscript. “Author inflation” expands the number of authors on a peer-reviewed journal article with persons who have not significantly contributed to a work. This cheapens the work of the other authors, and is misleading. The contribution of individuals contributing to the manuscript, but not meeting authorship criteria, should be included in the Acknowledgments.

Freelance and commercial writers: Anyone, including freelance writers and writers from communication and education companies, who contributes to reviewing the literature or drafting a manuscript must be listed as an author and complete a conflict of interest statement. Alternatively, such persons can be listed in the Acknowledgments. Commissioning of manuscripts (except for review articles) by for-profit companies is allowed, but again, persons contributing to the manuscript content must be listed as authors or be acknowledged. Regardless, all these persons must always disclose and be included in conflict of interest information. Precise financial relationships, direct and indirect, between the parties involved must be explicitly described. Failing to do this will result in rejection of the manuscript. (World Association of Medical Editors. Ghost writing initiated by commercial companies. *J Gen Intern Med* 2005;20:549.)

If we learn that authors have violated these authorship principles during manuscript review, we will notify the authors, their institutions, and their sponsors about the breach of ethical conduct. If we become aware of the breach of ethical conduct after manuscript publication, we will conduct the same notification AND publish a correction to clarify the authors’ contributions and conflicts of interest. This requirement for acknowledging contributions does not apply to writers who edit a manuscript solely for the purpose of improving the clarity, style, or grammar.

COPYRIGHT FORM

All authors publishing manuscripts in *JGIM* must complete a copyright form giving exclusive license to publish the manuscript to the Society of General Internal Medicine. The copyright form will be required for all manuscripts accepted for publication and all revised manuscripts submitted to *JGIM* and must be received before revised manuscripts can be reviewed. The copyright form is available on the *JGIM* editorial office website: www.jgimed.org. The completed form can be signed by the Corresponding Author (for all authors) and sent **by fax** to (317) 287-3798 or as a PDF to the editorial office (jgim@iupui.edu).

COVER LETTER

Submit a cover letter addressed to the Editors with each manuscript. Please review our suggested cover letter format (on the *JGIM* website). Include a *brief* manuscript overview (manuscript title, type, design, major finding) and illustrate the importance of the manuscript for *JGIM*. Where relevant, include additional context to help the Editors adjudicate this work. Include corresponding author contact information (name, title, affiliation, address, email, phone/fax), and a back-up contact. Proofs will be sent electronically, so include valid author email address. Please indicate that the work has not been published in any peer-reviewed media (other than in abstract form). Include a statement that all authors listed on the manuscript have contributed sufficiently to the project to be included as authors. If all or part of the manuscript information has been published previously, please indicate where it was published, and the extent of overlap with this manuscript. Attach a copy of the articles (or manuscripts) in question. Where relevant, include your NIH study registry number. We encourage authors to **provide the names and contact information for 3-5 appropriate potential reviewers who have no conflicts of interest with the manuscript.**

SUBMISSION

ALL MANUSCRIPTS MUST BE SUBMITTED ELECTRONICALLY at www.jgimed.org except for Editorials, which should be e-mailed to the Managing Editor at jgim@iupui.edu. Each manuscript must be in a single Microsoft Word file (including tables and figures) with the first and last name of the corresponding author in the filename. All communication among the Editors and reviewers will be done via e-mail.

File size: Because some reviewers' e-mail systems cannot accept files larger than 2MB, please keep the initial manuscript (including tables and figures) under 2MB in size. If this means making less dense figures than you would like, you will have the option of submitting larger figure files if the manuscript is accepted for publication.

MANUSCRIPT

Component Order: The manuscript must be a single document, with components in this order: Title Page, Abstract, Text, References, and (if appropriate) Legends for Figures, Tables, Figures, and Appendices.

Format and Style: Except where overridden by specific requirements in this document, manuscripts should be prepared according to the "Uniform Requirements for Manuscripts

Submitted to Biomedical Journals." This document can be found at <http://www.icmje.org> or in the following publications:

- Ann Intern Med 1997; 126:36-47
- N Engl J Med 1997; 336:309-315
- JAMA 1997; 277:927-934

TITLE PAGE

This must be the first page of the manuscript. Start numbering from the Title page onward. Include the manuscript title (less than 15 words). Provide a running title of 5-6 words. Include full names, highest degree(s) awarded, and institutional affiliations of all authors. Use superscript numbers to designate institutional affiliations for each author. Provide the name and complete address, telephone and fax numbers, and **e-mail address of the corresponding author**. Also include the numbers of references, tables, and figures along with word length for the article's text (not including title page, abstract, references, tables, figures, or appendices). Please provide the word length of the abstract and up to five key words or terms for use in indexing.

ABSTRACT

Structured abstracts should adhere to the formats outlined in the instructions for each particular type of article. Include sufficient data in the abstract to inform the reader of the most important quantitative results in the manuscripts. Except for some qualitative papers, it will be unacceptable to include purely qualitative terms in the Abstract, such as "The intervention group had significantly more hospitalizations than the control group." **Ensure that the abstract and manuscript present consistent information.**

MANUSCRIPT TEXT

For all articles, organize manuscript text into sections generally matching Abstract sections. Double-space all text. Use a 12-point font for the abstract, text, references, legends, and tables. Abbreviations should be kept to a minimum and defined when first introduced. Standard medical abbreviations are allowed without being defined if commonly used instead of the full term, such as EKG, IV, etc. It is also not necessary to define standard statistical abbreviations such as N, SD (standard deviation), CI (confidence interval), and OR (odds ratio). Do not abbreviate diseases or conditions (e.g., MI). Use generic drug names. For studies involving human subjects, include documentation of informed consent and institutional review board approval (or exemption) in the methods section. If your study is exempt, please include documentation of that as well. All measurements should be expressed with Système International (SI) units. Other units may follow in parentheses if needed. Do not use footnotes, headers, or footers other than for page numbers. Do not use bulleted text or bolding except in table headings, which should be bolded. Italics may be used.

ACKNOWLEDGEMENTS

The Acknowledgment section should follow the Discussion, and has 3 components.
1) **Contributors:** List those who contributed to the manuscript but do not meet the criteria for authorship. The Editors reserve the right to request a letter of agreement from those listed in the Acknowledgment section. If you cite individuals (rather than groups) in

any Acknowledgement, you will be asked to provide written approval from each for including their name(s) when the manuscript is accepted for publication.

2) **Funders:** Include all funding sources, grants, and other financial support received for the work represented in the manuscript (both internal and external). Include the granting institution, and grant number (if relevant).

3) **Prior presentations:** Include the name and date of any conference at which the paper was presented.

CONFLICT OF INTEREST

Summarize and disclose all conflicts of interest by all authors in a paragraph, immediately following the Acknowledgements section, before the References section. Additionally, the corresponding author must submit as a Word document a Conflict of Interest Form (available at www.jgimed.org). Include a line for each author, even if there are no conflicts of interest.

REFERENCES

Number references consecutively as cited in the text. List all authors when there are six or fewer; when there are seven or more, list the first three and add "et al." Follow the format set forth in "Uniform Requirements for Manuscripts Submitted to Biomedical Journals" (see citation examples listed below). Use a text list for your references. *Authors must double-check the completeness and accuracy of all references* because errors in the references are a common cause of delays in publishing accepted manuscripts.

Examples:

Articles: Braddock CH, Fihn SD, Levinson W, Jonsen AR, Pearlman RA. How doctors and patients discuss routine clinical decisions - informed decision making in the outpatient setting. *J Gen Intern Med.* 1997;12:339-45.

Books: Fleiss JL. *Statistical Methods for Rates and Proportions.* New York: John Wiley and Sons; 1981:165-8.

Websites: Health Care Financing Administration. 1996 statistics at a glance. Available at: <http://www.hcfa.gov/stats/stathili.com>. Accessed December 2, 1996.

LEGENDS FOR FIGURES

Include a brief separate Legend for each figure. The title of the figure should appear in the Legend, not on the figure itself. Use the Legend to identify all abbreviations, lines, bars, etc. used in the figure.

TABLES

- Tables should follow the References and Figure Legends.
- Tables should be numbered with Arabic numerals, should have a short title that describes its contents, and have sufficient white space to be easily legible. If there is

only one table, then do not number it; refer to it as “Table” and do not include the designation “Table” in the table’s title.

- All tables must be cited in the text. In many instances, tables containing few data can be deleted and included as text in the manuscript instead.
- ***Do not repeat tabular information in the manuscript text.*** Instead, include data in the tables, and comment upon it in the text.
- Ensure that the tabular information agrees with that in the manuscript text and abstract.
- Use the table editor of your word processing software to build a table. Using a regular text with spaces or tabs to line up columns of data is not acceptable. Regardless of which program is used, each piece of data needs to be contained in its own cell in the table. Do not try to align cells with hard returns or extra spaces. Place each row of data in a separate row of cells. Construct the table so comparisons between groups are read horizontally. Use the table grid feature in your word processor to draw the outlines of each cell; do not draw lines by any other means.
- *JGIM* tries to fit tables into a single page column whenever possible and never more than the width of a journal page. Tables in manuscripts must be single spaced and submitted one to a page (may continue onto a second page if there are too many rows for one page). Each table width must fit onto a 8.5 X 11 inch page, in portrait layout (i.e., 8.5 inch width) and in no less than 10 point font. If a table does not fit into this format, consider shortening row or column labels, using more than one table or a figure to display the data, eliminating unnecessary data, or converting table data into a figure. Almost all tables will fit this format. Tables that cannot fit onto one journal page can only be published online, but in any format the author requires.
- Numbers and percentages should be presented in the same cell. Similarly, measures of variability (SD, 95% CI) should be in the same cell as their corresponding statistic: When presenting percentages, include the numbers from which they were calculated. For example, the number of subjects (denominator) can be included in a header – e.g., Control (N=130) – while the numerator and percentage can be displayed in the cell, e.g.: 83 (64). Include variability where applicable (e.g., mean [SD] or median [interquartile range]).
- Table rows should be top aligned. Use indentation to indicate the hierarchy for entries and subentries in tables. Use a single-space indent for the first level of subentry, and a double-space indent for the second level of subentry. Data must not fall into adjacent columns. Wrap the line(s) to avoid entries falling onto adjacent columns.
- For tables or Figures with 10 or fewer explanatory footnotes, the following symbols are set in the order shown: asterisk *, dagger †, double dagger ‡, section mark §, parallel mark ||, paragraph symbol ¶, number sign #, asterisk [repeated] **, dagger [repeated] ††, double dagger [repeated] ‡‡. For tables with more than 10 footnotes, use superscript lower case letters. Symbols and footnote letters should not be used in the same table. If an entry begins with a number or a symbol, the next word should be capitalized.

- For dichotomous variables (e.g., sex), only include data for one category (e.g., women).
- Use arithmetic operators (e.g., <, >, +, =) instead of words in footnotes.
- Units of measurement should be contained in the column or row headings, not the table's cells.
- Group similar data types together. Use an emdash (—) or double hyphen (--) rather than blanks to indicate cells that lack data. Use “N/A” for “not applicable” or “N/D” for “not determined,” where appropriate, for cells with missing contents. Use the numeral “0” to indicate that the value of the data in a cell is zero.
- For numbers between 0 and 1 with decimals, include a leading zero before the decimal point. For example, write 0.143 rather than .143. This pertains to both data and p-values (see below).
- It is seldom helpful (and often obfuscating) to use more than 2 significant digits. Laboratory data should be provided and rounded off according to the number of digits that reflects the precision of the reported results, and to eliminate reporting results beyond the sensitivity of the procedure performed. Exact *P* values are preferred whether statistically significant or not. *P* values should be expressed to 2 digits to the right of the decimal point unless the first 2 digits are zeros. *P* values less than 0.001 should be designated as “*P* < 0.001” rather than using exact values (e.g., *P* = 0.0002 or for *P* = 0.00006 use 3 digits to the right of the decimal place *P* < 0.001). For study outcomes, statistically significant values should not be expressed as “*P* < 0.05” either in the table or in the table footnote. Non-significant *P* values should not be expressed as “NS” (not significant). The number of digits for confidence intervals should correspond to the number of digits in the point estimate (e.g. if an odds ratio is reported as 2.45, the 95% confidence interval should be reported as 1.32 to 4.78, NOT as 1.322 to 4.784).

TEXT BOXES

Sometimes, authors need to present information that does not fit well into either a table or a figure. Examples include steps in a protocol or instructions for focus group participants. In such instances, use a text box. The best text boxes use white space and bulleted or numbered lists to make the information contained therein more easily readable. Text boxes should be numbered consecutively and included in the manuscript following tables and before figures. Formatting rules for tables should be used where appropriate. All text boxes should have a solid border around the entire box.

FIGURES

In the initial submission, **each figure should be embedded directly into the manuscript document after the references, tables and text boxes, if any.** Do not put the title on the figure itself; put it in the Legend. Figures with few data should add some visual value; otherwise, include the data in the manuscript text or table instead. For all line and bar charts, the lower bound for each scale should be either zero (preferable) or the lowest possible physiologic value. Do not truncate values in order to accentuate

differences between groups. Use symbols (defined in the Figure Legend) to define lines, groups, etc. as listed above for Tables.

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