

JGIM Article Types and Instructions for Authors

October 2009

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. Submissions must be original and not currently under consideration for publication in another peer-reviewed medium (paper or electronic).

To speed the processing of manuscripts, *JGIM* only accepts manuscripts online via the following website: <http://jgim.iusm.iu.edu/>. This site contains full instructions for authors and step-by-step instructions for submitting manuscripts, cover letters, and supporting materials (if necessary). Questions concerning JGIM or the submission process should be referred to the journal's editorial office:

Cindy Byrne, Managing Editor
Regenstrief Institute
6th Floor, Regenstrief Health Center
1050 Wishard Boulevard
Indianapolis, IN 46202
Voice: 317-630-6923
Fax: 317-287-3798
Email: jgim@iupui.edu

Questions concerning JGIM's policies should be referred to the journal's Co-Editors-in-Chief:

Richard L. Kravitz, MD, MSPH	Mitchell D. Feldman, MD, MPhil
UC Davis Division of General Medicine	UCSF Division of General Internal Medicine
4150 V. Street, Suite 2400 PSSB	400 Parnassus Ave., 4 th Floor
Sacramento, CA 95817	San Francisco, CA 94143-0320
Voice: 916-734-7005	Voice: 415-502-4589
Email: rlkravitz@ucdavis.edu	Email: Mitchell.feldman@ucsf.edu

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. 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.trend-statement.org/>. 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/>)
- Qualitative research should heed the suggestions of Inui and Frankel (J Gen Intern Med 1991;6:485-6)

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 3,500 words of text. Each article should have a structured abstract of 300 words or less with the following recommended headings: Background, Objective, Design, Participants (or Patients or Subjects), Interventions (if

applicable), Main Measures, Key Results, and Conclusions. Reports of qualitative research 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 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.

In some cases, the Editors may ask authors of Original Research Articles to convert them to a Brief Report. These are short descriptions of original research relevant to clinical care or teaching in general internal medicine. They should have an appropriate study design and analysis plan and be no more than 1,500 words with a maximum of two tables or figures. They must have a structured abstract of 250 words or less with the same headings as for Original Articles and no more than 20 references. Additional material can be published online.

Clinical Trials: *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.

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 format of original articles, not exceed 3,500 words, and include an abstract of 300 words or less.

Reports of 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.

- Authors are encouraged to submit evidence based narrative reviews of *clinical, educational* or *methodological* topics of important and/or common problems of interest to general internists.

After the presentation of a case or educational or methodological challenge, the author should include the following sections: statement of the question, search strategy for the best evidence available (best evidence can be data from a single randomized control trial, meta-analysis of a series of trials, systematic review of observational studies or review of guidelines from professional societies), critical appraisal of the literature, and interpretation of the best data to solve the problem for the reader. The text is limited to 3,500 words, plus an abstract of 300 words or less and appropriate figures and tables.

• **Narrative reviews** of broader *educational, clinical* or *methodological* topics are also encouraged and will be considered if the topics and the approach are relevant and accessible to academic general internists. These reviews should be informed by available evidence but do not have to adhere to the format discussed above. Text is limited to 3,500 words, plus appropriate figures and tables. Authors should include an abstract not exceeding 300 words.

Authors of all reviews are encouraged to submit additional supporting material for publication on the *JGIM* website (for example, a new curriculum or survey). The Editors will not consider narrative (i.e., non-systematic) reviews that are either (a) written by or with editorial support from a medical communication company under contract with the manufacturer of a product related in any way to the topic of the review, or (b) written by an author or authors who have a financial relationship with the manufacturer of a product related to the topic of the review.

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.

2. Letters

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://jgim.iusm.iu.edu> 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. The running title of the article your letter references should be the title of your letter.

5. Clinical Vignettes and Images

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.

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, each image/figure should be embedded directly into the manuscript document at the end of the text. If accepted for publication, additional required formatting instructions will be provided.

6. Exercises in Clinical Reasoning

These articles generally are solicited by the editors, but JGIM will occasionally consider unsolicited submissions. Submissions contain short presentations of clinical cases followed by the expert's discussion. These submissions should not exceed 3,000 words with no more than 30 references. No abstract is needed. Appropriate images and laboratory tests should be submitted to support the presentation of the case. A discussion section follows the case to highlight the key teaching points brought out by the discussant.

7. Health Policy

Health policy articles can be submitted under original research, scholarly reviews, and perspectives on health policy issues. 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). Articles must be submitted in the format of an original article, brief report, review, or perspective, and should follow the corresponding instructions.

8. Innovation and Improvement

JGIM encourages submission of original Research, Reviews, and Perspectives pertaining to innovation and improvement in clinical care, education and research (see pertinent instructions, above).

In addition, JGIM will publish articles in two special categories:

In *Improvement Happens*, 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,

In *Interval Examination*, 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.

Both of these special categories are limited to 3,000 words; an abstract is not required.

9. Healing Arts

JGIM encourages creative and educational submissions to Healing Arts of two article types:

- *Text and Context* consists of excerpts from literature (novels, short stories, poetry, plays or creative non-fiction) of 200-800 words and an accompanying essay of up to 1000 words discussing the meaning of the work and linking it to the clinical or medical education literature. May include up to 3 learning objectives/discussion questions and up to 5 references, including an appropriately detailed reference of the creative work. **Please note that authors are responsible for obtaining copyright permission for use of published works excerpted in Text and Context. Permission must be obtained prior to publication.**
- *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. These pieces should focus on a given experience, person or event which informs or illuminates the practice or teaching of medicine. Submissions may be written by or from the point of view of the patient, health care provider, family member, teacher, investigator, or trainee. If non-fiction, please either mask the subject's identity or gain their permission prior to submission.

10. Careers

JGIM will publish occasional papers on career development, mentoring, personal-professional balance, part-time work, professionalism, and women and minorities in medicine. Articles submitted for the Careers section must be no longer than 3,000 words and should follow the corresponding instructions for an original research article, review, or perspective.

11. Editorials

Editorials are solicited by the editors and provide commentary on articles selected for publication; they are generally 1200-1500 words in length. Authors of unsolicited editorials will be encouraged to submit the manuscript as a Perspective. Editorials should be submitted by e-mail to the JGIM editorial office at JGIM@iupui.edu.

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. 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 Orig Research	3500	300
Brief Report	1500	250
Reviews	3500	300
Perspectives	2000	200 (unstructured)
Vignettes	2000	200 (unstructured)
Clinical Case Conference of UC	3000	None needed
Innovation and Improvement	3000	None needed
Healing Arts	200-800 (Text &Context) 1500 (Materia Medica)	None needed
Careers	3000	200 - 300 (depends on article type)
Letters	400	None needed
Editorials	1500	None needed

THE REVIEW PROCESS

All manuscripts will undergo two levels of review: first by the Editors to assess their appropriateness for *JGIM*, scientific merit, adherence to submission guidelines, etc; and second by external peer reviewers. Manuscripts will be rated according to importance of the question, originality/innovation, quality of methods, quality of presentation, relevance to *JGIM* readers, appropriateness of conclusions, and potential impact on patient care, education or research in general internal medicine or primary care.

Our goal for the time from receipt of a manuscript to an initial decision about acceptance, rejection, or revision is two months or less; decisions to reject without peer review are generally made within 3 weeks of submission. Manuscripts accepted for publication should adhere to the AMA style guidelines (see *Uniform Requirements for Manuscripts Submitted to Biomedical Journals* at <http://www.icmje.org>). **Additional required style and formatting instructions will be provided, if necessary, to authors of manuscripts accepted for publication.** The final manuscript will be edited for clarity, spelling, and grammar. Electronic proofs will be sent to the corresponding author for approval before publication.

SPECIFIC DIRECTIONS FOR SUBMISSION

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>). Honorary authorship (e.g., listing as a co-author the director of a research unit) is not appropriate. “Author inflation” – expanding the number of authors on a peer-reviewed journal article with persons who have not significantly contributed to a work – cheapens that work. The contribution of such persons should be included in the Acknowledgments. *JGIM* reserves the right to question the role that coauthors have played on the work being reported. This will be especially true for papers with long lists of coauthors. 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.

It is also important that every person who contributed to the writing of a manuscript be listed as an author. 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. (See: World Association of Medical Editors. Ghost writing initiated by commercial companies. *J Gen Intern Med* 2005;20:549.) Alternatively, such persons can be listed in the Acknowledgments, including the conflict of interest information. Commissioning of manuscripts by for-profit companies is allowed, but persons contributing to the content of the manuscript must be listed as authors or be acknowledged, and the 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. If we learn that authors have violated this principle during the review of a manuscript, we will notify the authors and their institutions and sponsors about the breach of conduct. If we become aware of the breach of conduct after publication of a manuscript, we will 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: <http://jgim.iusm.iu.edu>. 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. Include in the letter the title of the manuscript and the name and contact information for the corresponding author (name, address, telephone number, fax number, and most importantly e-mail address, since proofs will be sent electronically). **We encourage authors to provide the names and contact information for 2-3 persons who have no conflict of interest with the manuscript and who would be appropriate peer reviewers.** Please indicate that the work has not been published in any other peer-reviewed media (other than in abstract form). Include a statement (signed by the corresponding author) that all authors listed on the manuscript have contributed sufficiently to the project to be included as authors. (See above under "Authorship.") If all or part of the information in the manuscript has been published previously, please indicate where it was published and the extent of overlap with information in this manuscript. Attach a copy of the article (or manuscript) in question. If there are questions about overlap, include the information and let the Editors decide if there are potential problems.

MANUSCRIPT

Except where overridden by specific requirements listed above and below, manuscripts generally should be prepared according to guidelines described in "Uniform Requirements for Manuscripts Submitted to Biomedical Journals" which can be found in the following locations: Ann Intern Med 1997; 126:36-47; N Engl J Med 1997; 336:309-315; JAMA 1997; 277:927-934; and www.icmje.org. All communication among the editors and reviewers will be done via e-mail. Because some e-mail systems cannot accept files larger than 1MB, please keep the initial manuscript (including tables and figures) under 1MB 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.

ALL MANUSCRIPTS MUST BE SUBMITTED ELECTRONICALLY VIA

JGIM'S MANUSCRIPT SUBMISSION WEBSITE: <http://jgim.iusm.iu.edu/> except for Editorials, which should be e-mailed to the Managing Editor at jgim@iupui.edu. Each manuscript must be in a Microsoft Word file with the first and last name of the corresponding author in the filename. The manuscript must be a single document and contain the following components in order: Title Page, Abstract, Text, References, and (if appropriate) Legends for Figures, Tables, Figures, and Appendices. Each of these is discussed in detail below.

Title Page

This must be the first page of the manuscript. Include the manuscript title (less than 15 words) and 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.** Provide a running title of 5-6 words. 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. Include in acknowledgments the name and date of any conference at which the paper was presented and all funding sources, grants, and other financial support received for the work reported, including the granting institution (required). 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).

Abstract

Structured abstracts should adhere to the formats outlined in the instructions for each particular type of article. Please refer to the details above. It is important to include sufficient **data** in the abstract to inform the reader of the most important quantitative results in the manuscripts. In most cases, 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." (This requirement can be ignored for qualitative research.) Please provide the word length of the abstract and up to five key words or terms for use in indexing. *Be sure to double-check the abstract for accuracy, making sure that it is consistent with the methods and results sections of the manuscript.*

Manuscript text

Double-space all text. Use a 12-point font for the abstract, text, references, legends, and tables. For all articles and brief reports, organize the text into sections generally matching those in the Abstract. 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 a statement about informed consent and institutional review board approval in the methods section. 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.

Acknowledgments

In an Acknowledgment section following the Discussion, 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. Please list all sources of funding for the work represented in the manuscript, both internal and external, in the Acknowledgment section.

Conflict of Interest

The corresponding author must submit as a Word document a Conflict of Interest Form (available on the JGIM editorial office website at www.jgim.iusm.iu.edu), including a line for each author even if there are no conflicts of interest. Then, in a section following the Acknowledgment and before the References, summarize in a paragraph the information in the Conflict of Interest Form.

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; do not use footnotes *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 (if any).
- 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 text of the manuscript. Instead, include data in the tables and comment upon it in the text. Make sure 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 be published online only 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. Nonsignificant *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.

Color photographs and figures will always be published in color in the online version of an article. Publishing in color in the paper journal will also be considered because at times color can add significantly to the understanding of an article's message and appearance. JGIM has the ability to publish a number of articles in color in the paper journal at no additional cost to the authors. The Editors will make the decision as to whether color is warranted in a manuscript accepted for publication that contains color figures, tables, etc. Authors should keep in mind that reproducing color in black and white can reduce the contrast between parts of a figure when colors are reproduced as shades of grey. Authors should therefore use colors with different densities (e.g., dark blue vs yellow) in adjacent bars, etc. so they can easily be distinguished in black and white.

Permissions

Previously published illustrations, tables, and text must be fully identified as to author and source. For all borrowed illustrations, tables and verbatim quotations of 200 words or more, authors must obtain written permission from both the previous publisher and the author and forward such permission with the manuscript. The author is responsible for fees associated with reprinting previously published materials.

The Editors encourage the submission of additional material if the authors believe it will aid the editors, reviewers, or journal readers in understanding their work. Appendices will be considered for publication in the online version of *JGIM*. They may contain additional tables, figures, data collection instruments, curricula, or details too lengthy to include in the main article. The Editors reserve the right to move to an online appendix any tables, figures, etc. not essential to the understanding of the text. The authors will be responsible for obtaining permission to include any copyrighted material.

Submission Checklist

Cover letter (as Word document – PDF files not accepted)

- Statement on no prior publication of manuscript contents
- Manuscript not currently under review elsewhere
- Suggested reviewers with contact information (optional)
- Authorship statement
- JGIM Conflict of Interest form (as Word document – PDF not accepted)

Title page:

- Title of manuscript
- Full names of authors, with highest degree(s) awarded and institutions (linked by superscript numbers to each author)
- Running title of six words or fewer
- Corresponding author with contact information (full address, telephone/fax, e-mail address)
- Acknowledgments, including grant or other extramural support, prior presentations, etc.
- Word length of article text, number of tables and figures

Abstract:

- Structured where indicated (see above for guidelines by article type)
- Word length, keywords (at least 3)

Manuscript:

- Number pages consecutively, beginning with Title Page
- Order of contents, each beginning on a new page: Text, References, Legends for Figures, Tables, Figures, Appendices
- Appropriate use of abbreviations
- No use of endnotes or footnotes
- No headers or footers other than page numbers
- No bulleted text or bolding of text (italics may be used)
- Documentation of ethics/IRB approval if human subjects involved
- Acknowledgments and funding following the Discussion
- Conflict of interest summary for all authors following Acknowledgments

References:

- Begin on a new page following text
- Number consecutively with Arabic numerals (1, 2, 3, etc.)
- Use proper format (see above)

Tables:

- Number tables consecutively with Arabic numerals (1, 2, 3, etc.)
- Title on each table
- Fit width-wise on an 8.5 X 11 inch page in portrait mode in no less than 10 -point font and one inch margins.

- Define all abbreviations in footnotes using appropriate superscripted characters

Text Boxes:

- Number text boxes consecutively with Arabic numerals (1,2,3, etc.)
- Use white space and bulleted or numbered lists for readability
- Follow all formatting rules for tables, where appropriate.
- Put a solid border around the entire text box.

Figures: (Must be included in text document – separate files not accepted)

- Number consecutively
- Avoid 3-dimensional graphs and charts
- Consider color if it adds to the presentation of results

Submission:

- Initial submission submit through the link on the JGIM editorial office website:
<http://jgim.iusm.iu.edu/>
- Attach cover letter
- Attach completed Conflict of Interest Statement
- Attach manuscript as a Microsoft Word file
- Attach any additional relevant files (e.g., permissions from persons in Acknowledgments or to reproduce prior published material, manuscripts under review or previously published with potential overlap with the current manuscript, etc. PDF files acceptable for relevant materials)