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.jgim.org](http://www.jgim.org). This site contains full instructions for authors and step-by-step instructions for submitting manuscripts, cover letters, and supporting materials (if necessary).
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. Please proofread the Abstract carefully to assure that all results and conclusions mentioned in the Abstract are also reported in the main body of the text, figures or tables of the manuscript.

To assure that studies with various methods have the highest quality reporting, JGIM strongly suggests authors use standard formats as described at http://www.equator-network.org (i.e. CONSORT for randomized trials, STROBE for observational studies, and SQUIRE for quality improvement studies, etc.). Authors are strongly encouraged to use checklists offered for these guidelines and those checklists may be requested during manuscript review.

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/recommendations/browse/publishing-and-editorial-issues/clinical-trial-registration.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. The PRISMA Statement consists of a 27-item checklist and a four-phase flow diagram. Authors will be required to submit the PRISMA checklist and flow diagram along with their manuscript. Although PRISMA 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, in accord with PRISMA Guidelines (http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1001419), include a structured abstract with the following headings: Background, Methods, Results, Discussion. The Background section should describe study objectives. Methods should include eligibility criteria, information sources, and methods of assessing risk of bias. The Results section should report included studies, synthesis of results, and description of the effect. Finally, the Discussion should include strengths and limitations of the evidence. Also include the systematic review registration number and funding source.

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. Please either mask the subject's identity or gain their permission prior to submission; such permission should be confirmed by completion of the *JGIM* Statement of Patient Consent. 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. No more than three authors may be 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. Please either mask the subject's identity or gain their permission prior to submission; such permission should be confirmed by completion of the *JGIM* Statement of Patient Consent.

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: Resolution must be at least 300 dots per inch (dpi).
DIMENSIONS: Graphic(s) should be close to the final desired size in print (approximately 4 x 4 inches).
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: Use .TIF files created by PowerPoint because they are not sufficiently dense.
DO NOT: send native graphics file formats or RAW files 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.


7. **HEALING ARTS**

*JGIM* seeks high-quality creative writing related to medicine and health, especially general internal medicine and primary care. In 2015-16, we are also soliciting submissions related to global health themes. While Healing Arts seeks manuscripts that speak to a readership of academic general internists, authors may include physicians, other healthcare professionals, patients, and family members. Authors should identify their manuscripts as one of the following formats:

**A. Materia Medica:** Well-crafted and engaging personal narratives, essays, or short stories of up to 1000 words or poetry of up to 40 lines. Works should tell a story that informs and illuminates the practice and teaching of medicine. Non-fiction manuscripts must either disguise or protect persons’ identities, or permission must be obtained from the individual and confirmed by completion of the *JGIM* Statement of Patient Consent. Multiple poems should be submitted separately, generating individual manuscript tracking numbers.

**B. Text and Context:** Medical humanities teaching modules that include a 200-800 word excerpt from the humanities (novels, short stories, historiography, drama, visual art, or creative non-fiction) with an accompanying essay of up to 1000 words discussing the significance of the work for clinical practice or medical education. Submissions should include 1-3 learning objectives or discussion questions and may include up to 5 references. Please consult the January 2010 *JGIM* for an example of Text and Context. Authors must provide a detailed reference of the cited excerpt and obtain any needed copyright permission if the submission is accepted.

**C. The Spark:** This new column features stories of powerful patient experiences that have influenced non-clinical career work such as research, advocacy, or policy. In 750 words or fewer,
authors relate the story of a patient or clinical experience and explain how that experience shaped their non-clinical endeavors.

D. Sketchbook: Sketches, drawings, and comics on topics illuminating health and medicine. Black/white/grayscale only. Graphic memoir (sometimes called graphic narrative) will be considered but must fit onto a single page of the print JGIM. Provide a title for the Sketchbook submission. Submit two versions: one PDF, and one TIFF file 300 DPI.

8. Special topics: INNOVATION AND IMPROVEMENT

*JGIM* encourages submission of reports of innovation 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 four special Innovation and Improvement categories:

**Innovation 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 JGen 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.

**Frontline Account (solicited only):** This is a series on innovation in primary care training and delivery. The articles use narrative to highlight a primary care problem and how to fix it at the level of the individual patient, practice, hospital, or residency program. We are more interested in
ongoing innovations than in hypothetical ones. The articles should address the following questions when relevant: What is the historical context for this approach? What were the challenges in implementing the innovation? What were the social and financial costs involved? What role do federal or state policies play and how might the outcomes of this effort inform future policies? What broader insights can we derive from this effort about the practice of medicine or medical training? The articles may be written in first or third person; they must be well-written and engaging to read. Manuscripts should be 1,500 words or less and should have no more than five references from the academic literature or lay press. An abstract is not required. They should have no more than two tables or figures. Additional material (e.g., detailed curricula or evaluation tools) can be published as online appendices. If patients are mentioned, please obscure key identifying details or obtain their permission prior to submission; such permission should be confirmed by completion of the JGIM Statement of Patient Consent.

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 internist 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. **EDITORIAL AND COMMENT**

Editorials are solicited by the Editors and provide commentary on articles selected for publication. Editorials should be 1200-1500 words in length and be accompanied by no more than 10 references. Solicited Editorials should be submitted as a MS Word document to the Editorial Office at jgim@iupui.edu.

Comments provide a novel perspective on an important topic of interest to _JGIM_ readers or make a conceptual contribution that advances thinking or debate in that area. Comments are limited to no more than two authors. Comments may be solicited by the Editors, but _JGIM_ also welcomes unsolicited submissions, which may be submitted on the JGIM submission site (at www.jgim.org). Comments should also be 1200-1500 words and have no more than 5 references.

11. **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 www.jgim.org within one month of print publication of the _JGIM_ material. Be certain the letter includes your name and complete contact information.
Letters are limited to no more than three authors. Letters should be formatted as they appear in the journal and contain a maximum of five references and no figures. The running title of the article your letter references should be the title of your letter.

**Ethical Responsibilities of Authors**

This journal is committed to upholding the integrity of the scientific record. As a member of the Committee on Publication Ethics (COPE) the journal will follow the COPE guidelines on how to deal with potential acts of misconduct.

Authors should refrain from misrepresenting research results which could damage the trust in the journal and ultimately the entire scientific endeavor. Maintaining integrity of the research and its presentation can be achieved by following the rules of good scientific practice, which includes:

- The manuscript has not been submitted to more than one journal for simultaneous consideration.
- The manuscript has not been published previously (partly or in full), unless the new work concerns an expansion of previous work (please provide transparency on the re-use of material to avoid the hint of text-recycling (“self-plagiarism”)).
- A single study is not split up into several parts to increase the quantity of submissions and submitted to various journals or to one journal over time (e.g. “salami-publishing”).
- No data have been fabricated or manipulated (including images) to support your conclusions.
- No data, text, or theories by others are presented as if they were the authors own (“plagiarism”). Proper acknowledgements to other works must be given (this includes material that is closely copied (near verbatim), summarized and/or paraphrased), quotation marks are used for verbatim copying of material, and permissions are secured for material that is copyrighted.
- Important note: the journal may use software to screen for plagiarism.
- Consent to submit has been received from all co-authors and responsible authorities at the institute/organization where the work has been carried out before the work is submitted.
- Authors whose names appear on the submission have contributed sufficiently to the scientific work and therefore share collective responsibility and accountability for the results.
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**

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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:


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 by for-profit companies is allowed for any category except Review articles. We will consider Pharma-sponsored Original research, but do not accept Pharma-sponsored Reviews. Again, persons contributing to the manuscript content must be listed as authors or be acknowledged. Regardless, all of these persons must always disclose and be included in the 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.

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COVER LETTER
Submit a cover letter addressed to the Editors with each manuscript. Please review our suggested cover letter format (at www.jgim.org). 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), 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.jgim.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. 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](http://www.icmje.org) or in the following publications:

- Ann Intern Med 1997; 126:36-47
- JAMA 1997; 277:927-934

**TITLE PAGE**
This must be the first page of the manuscript. Start page numbering from the Title page onward. Include the manuscript title (less than 18 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 numbers, and e-mail address of the corresponding author. Also include the numbers of references, tables, figures, and appendices 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 and references. Tables and table legends may be single spaced with the font size no smaller than 10-point. Tables should be formatted in portrait orientation unless the manuscript is a systematic review. 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.jgim.org). Include a line for each author, even if there are no conflicts of interest. Conflicts of interest are defined as all relationships or interests that could influence or bias the work. Although an author may not feel there are conflicts, disclosure of relationships and interests affords a more transparent process, leading to an accurate and objective assessment of the work. In addition, interests that go beyond financial interests and compensation (non-financial interests) that may be important to readers should be disclosed.

REFERENCES
Number references consecutively, using Arabic numbers, 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:**


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 an 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
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.
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Richard L. Kravitz, MD, MSPH
Division of General Medicine
UC Davis
4150 V. Street, Suite 2400 PSSB
Sacramento, CA 95817
Voice: 916-734-7005
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Mitchell D. Feldman, MD, MPhil
Division of General Internal Medicine
UC San Francisco
1545 Divisadero, Suite 315
San Francisco, CA 94143-0320
Voice: 415-502-4589
Email: Mitchell.feldman@ucsf.edu