



JGIM INSTRUCTIONS FOR AUTHORS

October 2020

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.editorialmanager.com/jgim/default.aspx). This site contains full instructions for authors (<https://www.springer.com/journal/11606/submission-guidelines>) as well as conflict of interest (COI) forms.

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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. **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. Research and Reporting Methods

These articles are original submissions that focus on research methods or reporting standards. These articles should have a detailed description of the proposed approach and should not exceed 3,500 words of text (not including title page, abstract, references, tables, figures, figure legends, or appendices). The editors may request that the article be shorter, despite these limits, so aim to be concise. Research and reporting methods articles may include results from original research or systematic reviews supporting the proposed method. In that case, structure the article according to our guidance for the pertinent article type. Limit the number of references to 75 or fewer.

Abstracts: Research and reporting methods articles abstract structure will depend on the nature of the article. If the article includes original research or systematic reviews, follow those guidelines for a structured abstract. If instead the article proposes a new method without data, an unstructured abstract of 300 words or less is acceptable.

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 4. 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).

3. Concise Research Report

These are concise, focused reports of 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. These are limited to 700 words, with no more than 7 authors, 6 references and a total of 2 tables or figures. These reports would not include online-only material and would not include an abstract. Organize manuscript text into Introduction, Methods, Results and Discussion. 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). Authors are strongly encouraged to use checklists offered for these guidelines and those checklists may be requested during manuscript review.

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.

3. 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.

4. 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.

5. VIEWPOINTS

Viewpoints 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. Viewpoints are limited to no more than three authors. Comments may be solicited by the Editors, but *JGIM* also welcomes unsolicited submissions, which may be submitted on the *JGIM* submission site. Viewpoints should have a maximum of 1,200 words and have no more than 7 references.

6. BOTTOM LINE SUMMARIES

The Bottom Line Summaries are succinct reviews of topical, practice-changing studies to help clinicians integrate new developments in medicine into their practice. Their defining feature is patient-centered representations of data with practical strategies to efficiently communicate the data to patients during clinical encounters. Bottom Line Summaries should focus on a single study (trial, observational study, or systematic review/meta-analysis) that has been recently published and is likely to be of broad interest to primary care providers and/or hospitalists. The structure of Bottom Line Summaries (400-600 total words not including references) is as follows:

Why Is This Important? (50-100 words) - Provide context for the current study and its importance. Include one or more relevant citations.

Facts (200-400 words) - Summarize important aspects of study design and results. Key points are displayed using bullet points to enhance readability and usability in clinical practice. Include any significant risk of bias or other weaknesses of trial design.

Figure - A graphical representation of the study's primary outcome. Suggested formats include bar graphs or icon arrays.

Tips for Discussion with Patients (100-150 words) - Provide 3-4 bullet points of what the findings mean for patients. These should be written in patient-friendly language (i.e. jargon free, approximately 6th grade reading level).

Study Quality and Application to Patients - describe any methodologic issues including risk of bias and design weaknesses that impact study quality or generalizability. Authors should consult the USPSTF criteria for assessing internal validity to rate study quality as good/fair/poor. The editors will work with you on refining assessment of study quality as necessary. Authors should describe patient populations to which the evidence applies best based on study inclusion/exclusion criteria and enrollment populations.

Please include no more than three authors, and no more than four references.

Prior to submission, interested parties should submit a desired topic or study to ensure appropriateness of subject matter to jgimbottomline@gmail.com.

7. 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.**

8. 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.

9. 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://link.springer.com/article/10.1007/s11606-009-1185-4/fulltext.html>

10. HEALING ARTS

JGIM seeks high-quality creative writing related to medicine and health, especially general internal medicine and primary care. 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 1,000 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 1,000 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.

11. Special topics: INNOVATION AND IMPROVEMENT

JGIM seeks high quality and succinct descriptions of innovative approaches to improving programs, including medical education, systems redesign and practice management. The hallmark of an innovation is that the idea is new and fills an important gap. 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.

12. 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).

13. Special topics: IMPLEMENTATION SCIENCE AND HEALTHCARE IMPROVEMENT

JGIM also encourages submission of articles addressing dissemination of best practices, implementation science, and healthcare improvement. They may be formatted as Original Research (including Concise Research Reports), Reviews, or Perspectives articles. Research articles should consider the Standards for Reporting Implementation Studies (StaRI, <http://www.equator-network.org/reporting-guidelines/stari-statement/>) Statement as guide, and quality improvement reports should consider the Standards for Quality Improvement Reporting (SQUIRE), both available at (<http://www.equator-network.org/reporting-guideliens/squire>). Topics should appeal to general internists and examination of efforts to disseminate best primary care practices are of special interest.

14. EDITORIALS AND CAPSULE COMMENTARIES

Editorials and Capsule Commentaries are *solicited* by the Editors and provide commentary on articles selected for publication. Editorials should be 1,200-1,500 words in length and be accompanied by **no more than 10 references**.

Capsule Commentaries are brief (≤ 350 words with up to 5 references, including the reviewed article) companions to Original Research articles that place the work in the context of other theoretical and/or empirical literature, comment upon methodological strengths and weaknesses, and consider the implications of the results for clinical care, education, or research in general internal medicine or primary care. Capsule Commentaries are solicited by the Editors, with the right of first refusal generally accorded to a peer reviewer of the target Original Research Article. Owing to the need for rapid turn-around, Capsule Commentaries will be peer reviewed by the Capsule Commentary Editor.

15. 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.editorialmanager.com/jgim/default.aspx) 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, 1,500 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
Research and Reporting Methods	3500	275
Concise Research Report	700 (max. 6 references)	None Needed
Qualitative Original Research	4000 (incl. quotes/tables)	300
Reviews (Systematic)	3500	300
Reviews (Narrative)	3500	300 (unstructured)
Perspectives	2000	200 (unstructured)
Clinical Vignettes	2000	None Needed
Clinical Images	200	None Needed
Exercises in Clinical Reasoning	3000	None Needed
Healing Arts: Materia Medica	1000	None Needed
Healing Arts: Text and Context	1000	None Needed
Innovations	2000	200
Editorials	1500	None Needed
Viewpoint	1200 (max. 7 references)	None
Capsule Commentary	350 (max. 5 references)	None
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 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.

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 in *JGIM*. The copyright form is now integrated into Springer Science Publishing's online form, which is required before the manuscript can be sent for typesetting. Thus, the Editorial Office no longer handles copyright transfer forms, but rather the copyright form is entirely managed by Springer Science.

SUBMISSION

ALL MANUSCRIPTS MUST BE SUBMITTED ELECTRONICALLY at www.jgim.org

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 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

JGIM now uses the conflict of interest form of the ICMJE (International Committee of Medical Journal Editors). The form may be found at <http://www.icmje.org/conflicts-of-interest/> and must be completed by each author. Include a form 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.

Completed forms should be [uploaded](#) to the Editorial Manager system with submission.

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:

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.

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- 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]).
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Journal of General Internal Medicine

Co-Editors-in-Chief: Asch, S.; Bates, C.; Jackson, J.

ISSN: 0884-8734 (print version)

ISSN: 1525-1497 (electronic version)

Journal no. 11606