DELFAMDOC

The official journal of the Delaware Academy of Family Physicians
Instructions for Authors

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Introduction

Thank you for considering submitting an article for publication in DELFAMDOC!

About DELFAMDOC

DELFAMDOC is the official quarterly peer-reviewed journal of the Delaware Academy of Family Physicians. DELFAMDOC's chief objective is to provide a medium for sharing updates about the Academy to it members along with high quality medical education for family physicians and primary care clinicians. The editors prefer original articles from (or in collaboration with) experienced clinicians who are able to write succinct, evidence-based, clinical reviews that will assist family physicians in patient care. DELFAMDOC only considers original manuscripts not previously published or under consideration for publication elsewhere. Case reports and original research may be considered if the editors agree the subject matter is practical and applicable to practicing family physicians. We are looking for articles that present the family medicine perspective and approach to common clinical conditions, teaching and practice management challenges.

Publication Deadlines

	Submitted manuscript deadlines	Publisher final deadline
October issue	July 1st	September 1st
January issue	October 1st	December 1st
April issue	January 1st	March 1st
July issue	April 1st	June 1st

Manuscript Proposals

Authors are encouraged to discuss their manuscript ideas with the editor before beginning work. Authors will be expected to demonstrate expertise in the area of interest of manuscript topics. Clinical reviews by medical students or residents require work with an experienced attending physician. Topic proposals should be submitted via electronic mail to margotlsavoy@gmail.com with the words “Article Proposal for DELFAMDOC editor” in the subject heading.

All authors are required to disclose conflicts of interest.

Statement of Conflict of Interest

The DAFP requires all authors to disclose any commercial association that might pose a conflict of interest in connection with the submitted manuscript. To avoid bias or the perception of bias, DELFAMDOC will not consider manuscripts sponsored directly or indirectly by a pharmaceutical company, public relations firm, or other commercial entity, or written by an author with a financial interest in a company that makes a product discussed in the manuscript or a competing product. If you have any questions about this policy, please contact us first, so as to a avoid writing an article that we will not be able to consider.

All funding sources supporting a work should be acknowledged on the title page of the manuscript. The editorial staff may inquire further about financial disclosure after the manuscript is submitted. If the manuscript is accepted for publication, any non-disqualifying financial disclosure or potential conflict of interest will be acknowledged at the end of the manuscript text.

Statement of Informed Consent

Patients have a right to privacy that should not be infringed without informed consent. Identifying information, including patients' names, initials, or hospital numbers, should not be published in written descriptions, photographs, and pedigrees unless the information is essential for scientific purposes and the patient (or parent or guardian) gives written informed consent for publication. Informed consent for this purpose requires that a patient who is identifiable be shown the manuscript to be published. Authors should identify Individuals who provide writing assistance and disclose the funding source for this assistance.

Identifying details should be omitted if they are not essential. Complete anonymity is difficult to achieve, however, and informed consent should be obtained if there is any doubt. For example, masking the eye region in photographs of patients is inadequate protection of anonymity. If identifying characteristics are altered to protect anonymity, such as in genetic pedigrees, authors should provide assurance that alterations do not distort scientific meaning and editors should so note.

Statement of Human and Animal Rights

When reporting experiments on human subjects, authors should indicate whether the procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional and national) and with the Helsinki Declaration of 1975, as revised in 2000. If doubt exists whether the research was conducted in accordance with the Helsinki Declaration, the authors must explain the rationale for their approach, and demonstrate that the institutional review body explicitly approved the doubtful aspects of the study. When reporting experiments on animals, authors should be asked to indicate whether the institutional and national guide for the care and use of laboratory animals was followed.

Manuscript Types

DELFAMDOC accepts submissions for the following article types:

Article Type	Word Count	Abstract	Table/Graphics	Example Topics
Letter to the Editor	100-250 words	no	no	Comments or reflections on previously published articles.
Clinical Review	750-1500 words	yes	yes	Evidence-based reviews of clinical topics relevant to family physicians.
Practice Pearls	750-1000 words	yes	yes	Practical practice management topic reviews relevant to practicing family physicians.
Teaching Tips	250-500 words	yes	yes	Teaching tips and advice for community preceptors and medical educators.
From My Point of View	250-500 words	no	yes	Personal opinions and reflections about the art of family medicine, patient-care, or other topics of interest to family physicians.

Preparing Your Manuscript (adapted from www.aafp.org)

Manuscripts formatted to conform to the "Uniform requirements for manuscripts submitted to biomedical journals(www.icmje.org)"[1] are acceptable for submission. DELFAMDOC endorses these guidelines. Format the manuscript with margins of 1 1/2 inches on all sides. Double-space the entire

manuscript, including components, and arrange the manuscript in the following sequence, with each section beginning on a new page:

- Title page
- Abstract
- Text
- Literature Search and Data Sources
- References
- Tables, including an Evidence Table (each table begins on a new page)
- Figures
- Acknowledgments

The title page, abstract, text, references, and tables should be contained in a single word processor document, ideally in Microsoft Word (DOC) or Rich Text Format (RTF). Each figure should be submitted as a separate computer file as described in this document under Figures.

Number pages consecutively in the upper right-hand corner, beginning with the title page. To accommodate blinded peer review, place the names of authors only in the title page.

Please carefully review the detailed instructions for each section that follows:

Title Page

This page should contain the names of authors, institutional affiliation, and contact information, title of the manuscript and the word counts (word count for the entire manuscript and word count for text only--excluding abstract, references, tables, figures). .

Sources of support in the form of grants, equipment, or drugs should be mentioned as a Conflict of Interest; this information will be included as a footnote to the article.

Abstract

Include an abstract of 100 to 250 words, depending on the length of the text. The abstract should provide factual and specific (rather than general and nonspecific) information summarizing the main points of the manuscript. For example, instead of saying, “This article will describe the differential diagnosis of chest pain in adolescents,” say, “The most common causes of chest pain in adolescents include musculoskeletal strain, hyperventilation syndrome, and anxiety.” For clinical reviews, highlight key points in the diagnosis and treatment of the condition discussed.

Text

Article length should conform limits listed in the table above, not including the title page, abstract, tables, reference list, etc. Manuscripts of more than 1,500 words of text are rarely accepted.

Do not include a summary or conclusion section in your manuscript; anything that you would ordinarily put in such a section should go into the abstract.

Provide appropriate reference citations to support key clinical recommendations, statistical information, reports of previous studies, controversial statements, etc. Use the following guidelines in choosing references:

- Avoid citing other clinical review articles—you should emphasize original research articles, systematic reviews, Cochrane Library reviews, citations from BMJ's *Clinical Evidence*, validated clinical decision rules, randomized trials, and evidence-based practice guidelines where possible. Clinical review articles may be cited as sources for tables, figures, or general background information.
- Emphasize recent references (within the past 10 years); in general, avoid letters to the editor, editorials, and references that are older than 10 years or of historic interest only.
- Avoid references from obscure or non–English-language journals.
- Do not cite abstracts, unpublished observations, manuscripts in preparation or submitted for publication, or personal communications.
- To avoid plagiarism, do not to use the language, content, or concepts of another source without an appropriate reference. Do not use extensive verbatim or near-verbatim portions of text from another source, even with appropriate citation.

Begin the writing process by identifying key clinical questions and controversies related to your topic, and then answer them with the best available evidence. Do not write the article and then find selected references to support your opinions!

References

Please number references in the text in the order of citation. Use double-line spacing in your reference list; arrange references numerically, not alphabetically. Do **NOT** use "Endnotes" or any other automated reference function in any word processor.

Titles of journals should be abbreviated according to the style used in PubMed(www.pubmed.gov). List the first six authors followed by "et al."; if there are fewer than six authors, list them all. The average number of references for a full-length article ranges from 15 to 30. Most articles will not exceed 35 references.

References first cited in tables or figure legends must be numbered to remain in sequence with references cited in the text. Note the following examples of reference style:

Standard Journal Article

1. Weiss BD. Nonpharmacologic treatment of urinary incontinence. Am Fam Physician 1991;44:579-586.
2. Gold D, Bowden R, Sixbey J, Riggs R, Katon WJ, Ashley R, et al. Chronic fatigue. A prospective clinical and virologic study. JAMA 1990;264:48-53.

Chapter in a Book

1. Murray JL. Care of the elderly. In: Taylor RB, ed. Family medicine: principles and practice. 3d ed. New York: Springer-Verlag, 1988:521-532.

Web Site

1. Clinical evidence on tinnitus. BMJ Publishing Group. Accessed November 12, 2003, at http://www.clinicalevidence.com.

Please note that no periods are used after the authors' initials or after journal abbreviations. List all authors if there are six or fewer; if there are seven or more, list three followed by "et al." Include beginning and ending page numbers for journal and book references.

Tables

Authors should maximize the educational value of tables. Give complete reference data for each item in a table. For all tables that are borrowed or adapted from other sources, include scanned photocopies of the tables as they appeared in the original source, making sure that complete reference data are included for the original source.

Do NOT attempt to obtain reprint permission from the original publisher. *DELFAMDOC* will seek permission from the copyright owner to publish the material in print and other formats. However, it is possible that the rightsholder will not grant permission for use of copyrighted materials, and *DELFAMDOC* reserves the right to withhold tables or figures from print and other formats based on the rightsholder's terms. **Due to the increasing difficulty with obtaining permission to adapt previously published material, we strongly encourage authors to create original tables and figures.**

Tables should be interpretable without reference to the text. Each table should have a title and be numbered sequentially with Arabic numerals. Put each table with double-line spacing on a separate page. Use the "Tables" function of your word processor to create the table rather than just using spaces and tabs (which quickly get out of alignment as the manuscript is transferred into other computer formats). In general, make tables part of your main document rather than creating a separate file for each table.

SORT Evidence Table of Key Clinical Recommendations

We would like each article to consider including an Evidence Table (also called a "SORT" or "Strength of Recommendations Table") as shown below. This table will help readers understand the main points of your article, and the strength of evidence that supports its recommendations. The table should contain the key clinical recommendations and strength of recommendation ratings for your article as shown in the sample below:

KEY CLINICAL RECOMMENDATION	STRENGTH OF RECOMMENDATION	REFERENCES	COMMENTS (OPTIONAL)

Ambulatory blood pressure monitoring is recommended for patients with labile blood pressure and suspected white coat hypertension.	B	2	Recommendation from consensus guideline based on observational studies
Diuretics and beta-blockers are first-line agents for hypertension.	A	3	Meta-analysis of randomized trials
Angiotensin receptor blockers provide similar clinical outcomes to ACE inhibitors A.	A	4,5,6	Consistent findings from randomized controlled trials and recommendation from evidence-based practice guideline
Terazosin is not recommended as a first or second line agent, particularly for African-American patients.	A	7	Randomized controlled trial

In general, you should choose approximately three to seven key recommendations for your article. Do not choose statements that merely summarize research findings or represent statements of fact; choose important clinical recommendations that reflect the best available evidence. Comments to justify your choice of references are helpful to the editors. If you are not comfortable assigning the Strength of Recommendation (below), our medical editors will do that for you.

To rate the strength of evidence supporting key clinical recommendations, please use the following guidelines:

In general, only key recommendations for readers require a grade of the "Strength of Recommendation." Recommendations should be based on the highest quality evidence available. For example, Vitamin E was found in some cohort studies (Level 2 study quality) to have benefit for cardiovascular protection, but good-quality randomized trials (Level 1) have not confirmed this effect. It is therefore preferable to base clinical recommendations in a manuscript on the level 1 studies.

STRENGTH OF RECOMMENDATION	DEFINITION

A	Recommendation based on consistent and good quality patient-oriented evidence*
B	Recommendation based on inconsistent or limited quality patient-oriented evidence*
C	Recommendation based on consensus, usual practice, expert opinion, disease-oriented evidence,** and case series for studies of diagnosis, treatment, prevention, or screening

** Patient-oriented evidence measures outcomes that matter to patients: morbidity, mortality, symptom improvement, cost reduction, quality of life.*
*** Disease-oriented evidence measures intermediate, physiologic, or surrogate endpoints that may or may not reflect improvements in patient outcomes (i.e., blood pressure, blood chemistry, physiological function, and pathological findings).*

Use the table below to determine whether a study measuring patient-oriented outcomes is of good or limited quality, and whether the results are consistent or inconsistent between studies:

Type of study

STUDY QUALITY	DIAGNOSIS	TREATMENT/PREVENTION/SCREENING	PROGNOSIS
Level 1 Good quality patient-oriented evidence	Validated clinical decision rule	SR/meta-analysis of randomized controlled trials (RCTs) with consistent findings	SR/meta-analysis of good quality cohort studies
	Systematic Review (SR)/meta-analysis of high quality studies	High quality individual RCT +	Prospective cohort study with good follow-up
	High quality diagnostic cohort study *	All or none study ++	
Level 2 Limited quality	Unvalidated clinical decision rule	SR/meta-analysis of lower quality clinical trials or of studies with inconsistent findings	SR/meta-analysis of lower quality cohort studies or

patient-oriented evidence			with inconsistent results
	SR/meta-analysis of lower quality studies or studies with inconsistent findings	Lower quality clinical trial +	Retrospective cohort study or prospective cohort study with poor follow-up
	Lower quality diagnostic cohort study or diagnostic case-control study *	Cohort study	Case-control study
		Case-control study	Case series
Level 3 Other evidence	Consensus guidelines, extrapolations from bench research, usual practice, opinion, disease-oriented evidence (intermediate or physiologic outcomes only), and case series for studies of diagnosis, treatment, prevention, or screening.		

* High quality diagnostic cohort study: cohort design, adequate size, adequate spectrum of patients, blinding, and a consistent, well-defined reference standard.
+ High quality RCT: allocation concealed, blinding if possible, intention-to-treat analysis, adequate statistical power, adequate follow-up (>80%).
++ An all-or-none study is one where the treatment causes a dramatic change in outcomes, such as antibiotics for meningitis or surgery for appendicitis, which precludes study in a controlled trial.

Consistency Across Studies

Consistent	Most studies found similar or at least coherent conclusions (coherence means that differences are explainable); or
	If high quality and up-to-date systematic reviews or meta-analyses exist; they support the recommendation.
Inconsistent	Considerable variation among study findings and lack of coherence; or
	If high quality and up-to-date systematic reviews or meta-analyses exist, they do not find consistent evidence in favor of the recommendation.

Please use the following algorithm for rating the strength of evidence. For more information on how to apply these ratings, please see the explanatory article published in the February 1, 2004, issue of

American Family Physician. Again, if you are unsure how to apply these ratings, the medical editors will assist you. At a minimum, though, you should create a summary table with recommendations and references for each recommendation.

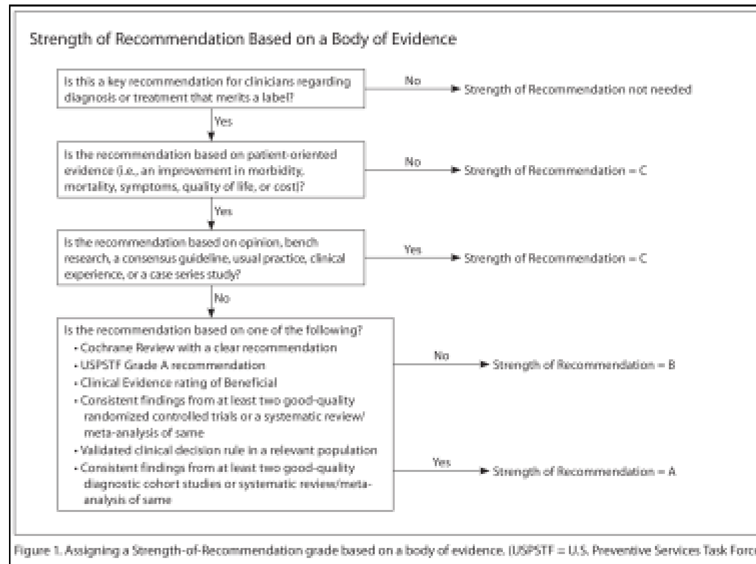

Figure 1. Assigning a Strength-of-Recommendation grade based on a body of evidence. (USPSTF = U.S. Preventive Services Task Force)

Figures

DELFAMDOC encourages the submission of original figures that clarify the text. The term "figures" refers to illustrations, photographs, radiographs, scans, sonograms, diagrams, graphs, flow charts, algorithms, etc. *DELFAMDOC* requires authors to transfer copyright ownership of original figures to the DAFP. For all figures that are borrowed or adapted from other sources, include scanned photocopies of the figures as they appeared in the original source, making sure that complete reference data for the original source are included. Clearly identify figures that have not been previously published and are supplied by a person other than the author and include complete contact information for the owner of the material.

Do NOT attempt to obtain reprint permission from the original publisher. *DELFAMDOC* will seek permission from the copyright owner to publish the material in print and other formats. However, it is possible that the rightsholder will not grant permission for use of copyrighted materials, and *DELFAMDOC* reserves the right to withhold tables or figures from print and other formats based on the rightsholder's terms. **Due to the increasing difficulty with obtaining permission to adapt previously published material, we strongly encourage authors to create original tables and figures.**

Each figure should be submitted as a separate digital file and numbered sequentially as it appears in the text. Diagnostic images (e.g., ECGs, sonograms, radiographs), artwork, line drawings, and nondigital photographs should be scanned at a resolution of at least 600 DPI before submission and saved as TIFF files. Only the following file formats are acceptable; others will be returned to the author for reformatting and resubmission.

- Adobe PDF

- PowerPoint (acceptable only for tables or algorithms; not acceptable for imported images)
- JPG (only high-resolution images of at least 300 pixels or dots per inch [ppi or dpi])

Image resolution is typically measured in pixels per inch, or ppi (some use the term "dots per inch," or dpi). The image's resolution and its dimensions determine the overall file size of the image, as well as the quality of the output. While images with a resolution of 72 ppi (28.35 pixels per cm) are adequate for materials posted on the Web, this resolution is inadequate for print media. If your file size is less than 200 kb, it is almost certainly of too low a resolution for a print journal. For color and grayscale images of 3 to 5 inches, we recommend a resolution of 300 ppi (118.11 pixels per cm). Line drawings in black and white require a higher resolution of 600 ppi (236.22 pixels per cm). An image generated by a digital camera as a 72 ppi JPEG file may still be acceptable if it measures at least 14 inches wide or high.

We **strongly** prefer original photographs/images, because images downloaded from Web sites or taken from other publications rarely reproduce well, even if we are able to obtain permission to reprint them.

DELFAMDOC does not have an artwork department to re-draw or develop artwork content for you.

Other guidelines for artwork include the following:

- Symbols, lettering, and arrows in figures should be clearly marked and large enough to remain legible if the size of the illustration is reduced for publication.
- Photographs in which a patient is identifiable must be accompanied by the patient's written permission for publication. Please note that a bar obscuring the eyes does not provide adequate anonymity.
- Because of the poor quality inherent in reproducing previously published images, photographs and radiographic images from textbooks and journals cannot be reproduced in *DELFAMDOC*, regardless of whether permission has been obtained from the publisher.
- Do not save images within a Microsoft Word or PowerPoint document or use the "Drawing" features of your word processor.
- The legends for each figure should be typed with double-line spacing and combined on a separate page at the end of the manuscript.

If you are submitting figures in digital format, save each figure as a separate file. Each file should be saved with a name that includes the *DELFAMDOC* manuscript number and figure number as referenced in the manuscript. Files should be uploaded at the time of manuscript submission and clearly labeled.

Acceptance of a manuscript for publication is contingent on provision of artwork that meets the above specifications.

Acknowledgments

You may acknowledge professional help in the preparation or review of your manuscript. Written permission is required to publish the names of persons acknowledged.

Style Guidelines

1. **Headings.** Use ALL CAPITALS to indicate major sections of a paper, and Initial Capitals to indicate subsections.
2. **SI units.** Include SI units in parentheses after conventional units (see http://jama.ama-assn.org/misc/auinst_si.dtl(jama.ama-assn.org)).
3. **Measurements.** Do not put periods after metric measurements (e.g., 3.5 mmol per L, 11.6 mg per kg).
4. **Numbers.** Spell out numbers one through nine. Use numerals for 10 and higher. Exception: Always use numerals in dosages, percentages, degrees of temperature, and metric measurements.
5. **Drug names.** Use the generic name for all drugs. Include the trade name in parentheses after the first mention of a drug in the text. Trade names used in *DELFAMDOC* are the first brand approved. If a drug is not available in the United States, indicate so in parentheses after the name.
6. **Abbreviations.** Except for units of measurement, abbreviations are discouraged. When first used, an abbreviation should be preceded by the words for which it stands.
7. **Percentages.** Use the word "percent" rather than the percent sign (%) in text. The percent sign may be used in tables and figures to conserve space.
8. **Style questions.** For questions about medical writing style, consult the *American Medical Association Manual of Style*.[2]
9. **Formatting text.** Note the following general text formatting guidelines: (1) do not justify the right margin; (2) do not use bold print or italics; and (3) use a single, standard typeface of letter quality, such as Times New Roman or Arial 12 point.

Peer Review

Manuscripts are reviewed by at least two editors for suitability and adherence to the guidelines outlined above and suitability for publication.

Editorial Decision

A decision about acceptance, revision, or rejection is sent to the corresponding author, generally within eight to 12 weeks of receipt of the manuscript. Many acceptable manuscripts will require some revision based on reviewers' comments and medical editor guidance. Instructions, showing how to handle each comment, are available upon request.

Manuscript Editing

When a manuscript is accepted, it will be edited to conform to DELFAMDOC's style as well as to improve its educational value.