

ANNALS OF FAMILY MEDICINE



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Overview

The *Annals of Family Medicine* welcomes manuscripts from anyone who has new knowledge to contribute to understanding and improving health and primary care. We encourage papers on both basic and applied research. We particularly welcome work that bridges boundaries between disciplines and brings together different ways of understanding. We support efforts to bring research to practice and practice to research. The *Annals* serves those communities, patients, professionals, scientists, policy makers, students, and other learners involved in family medicine, primary care, generalist practice, and broadly related fields.

The *Annals* encourages authors to submit tightly written manuscripts with a clear main message, as these often engage a broad readership. Authors may submit additional related materials, such as supplemental tables, research instruments, and detailed quotations, as appendices (see “Appendices,” [p. 6](#)). In all of the article categories below, the *Annals* will give particular priority to brief reports of up to 1200 words and 1-2 figures/tables that clearly convey an important new idea.

The *Annals* accepts manuscripts with the stipulation that the same or similar work has not been published, or accepted or submitted for publication, in whole or in part, in any medium (see “Duplicate/Prior Publication,” [p. 6](#), and “Prepublication Release of Information,” [p. 8](#)).

All *Annals* content is deposited in [PubMed Central](#). This automatically fulfills the NIH Public Access Policy requirements for authors.

Manuscripts are submitted through the *Annals*’ Rapid Review system (see [pgs. 7-8](#)). Most articles we publish will fall into one of the following categories.

Annals Articles

Original Research.

- **Content:** We publish original research from diverse perspectives: clinical, biomedical, behavioral, and social sciences; and health services, health care systems, and policy. The *Annals* does not focus on educational research. We do **not** publish case reports, expert reviews, or clinical updates.
- **Length:** Up to 2,800 words with up to 6 tables and/or figures. Additional materials may be submitted in [appendices](#).
- **Abstract:** Up to 250 words, structured as Purpose, Methods, Results, and Conclusions.
- **Clinical trials:** All reports of clinical trials should follow the recommendations of the Consolidated Standards for Reporting Trials (CONSORT) statement⁽¹⁾ available at <http://www.consort-statement.org>. We encourage investigators to register clinical trials prospectively in a public trials registry when that format is appropriate to the research design. Reports of registered clinical trials should state their trial registry number at the end of the Abstract. Information on clinical trials registries is available at www.ClinicalTrials.gov and www.ICMJE.org.
- **Qualitative research:** Include a description of the researchers’ backgrounds and how this might affect the research process and interpretation. Succinctly describe sampling and data collection strategies, including the iterative processes used. Procedures for data organization, analysis, and interpretation must be fully described, including strategies for validating results. Further guidelines are available.⁽²⁻³⁾

Methodology.

- **Content:** We seek articles that propose new methods, extend existing methods, or provide new approaches to integrating methods for primary care research. Include a brief, focused synthesis of currently available research techniques that places the proposed new method in appropriate context. Methods articles may use real data for examples, but should present research only to illustrate methodologic points.

- **Length:** Up to 2,800 words. Additional materials may be submitted in [appendices](#).
- **Abstract:** Up to 250 words, structured as Purpose, Methods, Results, and Conclusions.

Theory.

- **Content:** We welcome articles that explore problems unique to generalist practice and develop models of how family medicine and primary care can best meet important health care needs of individuals, families, or communities. Theory development can focus at the level of the illness, individual, community, patient-clinician interaction, practice organization, the generalist/specialist interface, or health care system. New theoretical models should be tied to existing theory and grounded in research or other experience. We encourage work that transcends disciplinary boundaries.
- **Length:** Up to 2,800 words with up to 5 figures and/or tables.
- **Abstract:** Up to 250 words, either structured (as Purpose, Methods, Results, Conclusions) or unstructured, as best fits the topic.

Systematic Reviews.

- **Content:** The *Annals* does **not** publish clinical updates, expert reviews, or case reports. We publish selected systematic reviews that build on what is known to advance theory or methods, or to identify new research directions. Reviews should describe explicit methods to define questions, identify current knowledge, and propose new work. We seek meta-analyses and economic and decision analyses that use rigorous methods to synthesize information to answer questions of importance to health and primary health care.
- **Length:** Up to 2,800 words.
- **Abstract:** Up to 250 words, structured as Purpose, Methods, Results, and Conclusions.
- **Guidelines:** Reviews of clinical topics should reference current evidenced-based clinical guidelines. Guidelines for systematic reviews and meta-analyses are available from:
 - CONSORT:⁽⁴⁾ <http://www.consort-statement.org>
 - EQUATOR Network: <http://www.equator-network.org>
 - PRISMA: <http://www.prisma-statement.org/index.htm>
 - MOOSE Group:⁽⁵⁾ <http://jama.ama-assn.org/cgi/content/full/283/15/2008>
 - SORT: <http://www.aafp.org/afp/20040201/548.html> . Authors of systematic reviews are encouraged to use a system that meets established criteria for assessing study quality and rating the strength of the evidence ^(e.g., 6-11) The Strength of Recommendation Taxonomy (SORT) has been developed for patient-oriented and primary care research. Other systems are available (e.g., <http://www.cebm.net/index.aspx?o=1025>) and may be appropriate for different purposes.

Special Reports.

- **Content:** Special Reports address important cutting-edge topics that do not fit into other article categories. Topics should be relevant to primary care and improving health or health care. We do not publish clinical updates, expert reviews, or case reports.
- **Length:** Usually up to 2,800 words. Length may range from quite brief to more than 2,800 words as appropriate to the topic.
- **Abstract:** Up to 250 words, either structured (as Purpose, Methods, Results, Conclusions) or unstructured, as best fits the topic.

Essays (“Reflections”).

- **Content:** We value the reflections of clinicians, scientists, patients, families, health care leaders, policy makers, and others. Essays may include, but are not limited to, stories of personal experience, persuasive essays that present a point of view or course of action, or explanatory essays that share information, describe a topic, or offer a definition. Essays should use a concise style, with a clear, focused message.

- **Length:** Generally less than 2,000 words. Limited tables or figures and carefully selected references may be included.
- **Abstract:** Up to 150 words with no headings.

Editorials. Editorials are published only in response to specific invitations from the editors. However, all readers are encouraged to provide their perspectives in [TRACK](#), the online discussion of *Annals* articles.

Other Types of Content.

The *Annals* does **not** publish:

- Case reports, clinical updates, or expert reviews.
- Reviews of books or software (Materials sent to the *Annals* cannot be returned.)
- Fiction or poetry.

Manuscript Preparation

Manuscripts should be prepared according to the “Uniform Requirements for Manuscripts Submitted to Biomedical Journals,” at www.icmje.org.⁽¹²⁻¹⁴⁾ Double-space manuscripts with 1-inch margins on all sides. Do not justify the right margin. Number all pages consecutively, beginning with the title page. Submit all materials in Rapid Review (see [pgs. 7-8](#)). A complete manuscript includes the following elements.

Cover Letter. Provide a cover letter in Rapid Review. Briefly describe the article and its unique contribution to the literature. List any previous presentations of the work and any related manuscripts. (Related manuscripts must be attached as supplemental files or mailed (electronically or in hard copy) to the *Annals* office.)

Title Page. List on the title page:

- **Title** of the manuscript. Provide a title that is concise, specific, and informative. Do not pose a question or over-emphasize conclusions. A subtitle may provide additional detail, but the main title should stand on its own.
- **Authors'** full names, advanced degrees, and institutional affiliations. See *Annals'* [Policy on Authorship](#).
- **Corresponding author's** name, address, telephone and fax numbers, and e-mail address.
- **Support.** List all sources of financial or other material support received for the work reported.
- **Prior presentations.** Give the name, date, and location of any conferences at which portions of the manuscript content have been presented.
- **Word count** for the text excluding title page, abstract, references, tables and figures.
- **Numbers of tables and numbers of figures.**

Abstract. Abstracts are required for all manuscript submissions. Consider drafting the abstract **before** writing the body of the article; doing so can help clarify main points and focus the article. Abstracts should summarize main points (and not merely point to article content). Do not include tables, figures, or references.

Abstracts for research, methodology, theory, special reports, and review articles are limited to 250 words and usually contain the following headings.

- *Purpose:* One sentence describing the problem being addressed and one sentence stating the objective of the study.
- *Methods:* Describe study design, setting, participants, interventions, measures, main outcomes, and analyses.
- *Results:* State the main findings of the study.
- *Conclusions:* Two sentences that 1) summarize the main finding/interpretation of the study and, 2) provide context by stating the main implications of the findings for practice, policy, or research.

Some special reports, methodology or theory articles may use an unstructured abstract that states the problem addressed or purpose, summarizes the major points, and ends with 1-2 short sentences on the major conclusion and implication.

Abstracts of up to 150 words are required for essays. They are usually unstructured. State the problem addressed or purpose of the essay. Summarize the major points, ending with a 1-2 sentence conclusion.

Key words. Provide at least 3 key words for use by the *Annals*. You may use your own or select key words from the list in Rapid Review. List the same key words in the manuscript and in Rapid Review. MEDLINE will select subject headings based on the content of the manuscript. Include key words and concepts in the title and abstract, as these are searchable in MEDLINE.

Abbreviations. Terms used frequently may be abbreviated. Use standard abbreviations whenever possible. Place abbreviations in parentheses after the first appearance of the term in the abstract and text. List and define all abbreviations after the list of key words.

Text. Research articles will usually include the sections listed below; subheadings may be used to identify major content areas. In exceptional circumstances, authors may deviate from this format. Systematic reviews, special reports, and articles describing new methods or theory may use different formats as needed.

- *Introduction:* States clearly and concisely the article's unique contribution within the context of prior work conducted by the authors or others, and relevant bodies of theory.
- *Methods:* Enables the study to be assessed for validity and trustworthiness. Include a statement of approval by the appropriate human-subjects review board or an exemption/waiver.
- *Results:* Conveys the study findings. Do not repeat in words what can be discerned from tables and figures. Statistical results should include confidence intervals or exact P values, even for nonsignificant results. Qualitative results should focus on the main domains and interpretive findings; consider using an appendix to convey more detailed qualitative findings and quotations.
- *Discussion:* Interprets the findings in the context of the study's strengths and limitations, prior knowledge, published literature, and implications for practice, policy, or future research.

Acknowledgments. Before the references, list those who have made substantive contributions to the work but do not meet the criteria for [authorship](#). Acknowledgments listed in Rapid Review should be identical to those in the manuscript. Authors should retain written permission from each person they acknowledge.

Conflict of Interest Statement. At the end of the text, after any acknowledgments, include a statement of all potential, perceived, or real conflicts of interest for each author. If an author has no potential conflicts, so state.

References. Authors are responsible for ensuring the accuracy of references.

- Format references in accordance with the *AMA Manual of Style*⁽¹⁵⁾ or the Uniform Requirements for Manuscripts Submitted to Biomedical Journals (<http://www.icmje.org/index.html#reference>).
- Number citations with superscript Arabic numerals in order of appearance in the text, tables, and figures.
- Journal titles should be abbreviated using NLM abbreviations in Index Medicus.
- Cite articles accepted for publication as "forthcoming" with the journal title and year. Cite unpublished articles or personal communications with name and date in parentheses. Authors must obtain prior written permission to cite a personal communication.
- Sample journal article reference: Daaleman TP, Perera S, Studenski SA. Religion, spirituality, and geriatric health. *Ann Fam Med*. 2004;2:49-53.
- Sample book reference: Starfield B. *Primary Care Concept, Evaluation and Policy*. New York, NY: Oxford University Press; 1992.

- Sample e-letter (TRACK comment) reference: Epstein RM. Somatization [eletter]. <http://www.annfammed.org/cgi/eletters/1/4/228#109>, 27 November 2003.

Tables.

- Tables should be double-spaced with a short descriptive title. Include footnotes as needed to allow readers to interpret it independent of the article text.
- Present each table on a separate page, numbered in the order it appears in the text.
- Collect tables in order at the end of the article, following the references.

Figures.

- Each figure should include a brief descriptive title.
- Number figures in the order they appear in the text. Collect figures in order after the tables.
- When a manuscript that includes a graph is accepted for publication, authors will be asked to supply actual numbers for each data point on the graph.

Appendices. Material that is not essential to the article, but is useful to some readers, may be published in appendices, e.g., detailed quotations from qualitative studies, supplemental tables, and research instruments. Refer to appendices in the main text and follow the same standards and style as the body of the article. Submit appendices with the manuscript file(s) during the submission process.

Duplicate/Prior Publication. If there is any possible duplicate or prior publication of any content of the manuscript, notify the editors and describe in the cover letter. Provide copies (by mail, email or in Rapid Review) of all related materials that have been previously published or are under consideration or in press elsewhere. See the *Annals'* [Policy on Duplicate/Prior Publication](#).

Style

We encourage authors to write in the active voice and first person. We want a crisp, clear, brief description of the essential methods and key findings of your study. Please provide just enough background to set the context and enough discussion to disclose the limitations and declare the importance of your work. Clear writing reflects clear thinking. Good articles require hard choices. Each table must add important information to the text. Figures should be used when pictures convey more than words and numbers. The *Annals* generally follows the *AMA Manual of Style*.⁽¹⁵⁾

- Refer to drugs by their generic names, using the United States Adopted Name (USAN). (See: <http://www.ama-assn.org/ama/pub/physician-resources/medical-science/united-states-adopted-names-council.shtml>) You may add the International Nonproprietary Name (INN) in parentheses after the first mention in the text.
- Report quantitative values as follows: measurements in metric units, temperatures in degrees Celsius, blood pressures in millimeters of mercury. You may list commonly used alternative units in parentheses.
- Laboratory values should be expressed in the customary units with Système International (SI) units following in parentheses if desired. Conversion tables are available.⁽¹⁶⁻¹⁷⁾

Forms

Manuscript Agreement

All corresponding authors will complete a declarations form in Rapid Review. If the editors offer the opportunity to revise a manuscript, the author and co-authors will be required to complete [Manuscript Agreement](#) forms. Details will be provided in the editors' decision letter.

Permissions

- If the manuscript includes material that has been published in print or online, including text, illustrations, or tables, the original authors and sources must be fully identified.

- Submit written permission from the copyright owner and the original author for verbatim quotations of more than 200 words, and for borrowed illustrations and tables. A [Permission to Republish Previously Published Material](#) form is available at www.AnnFamMed.org.
- Submit written permission to publish any images or personal information that allows identification of human subjects. A [Consent of Individual to Publish Material](#) form is available at www.AnnFamMed.org.
- The *Annals* is published both in print and online, so authors must specifically obtain permission to publish materials *in all forms and media*. Authors are responsible for any associated fees.

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Manuscript Submission Process

All manuscripts are submitted on our Rapid Review system. See [Instructions for Submitting a Manuscript](#) (at www.AnnFamMed.org) and the [Checklist for Online Submission](#) (below).

Requirements for Electronic Submission (for Windows or Macintosh):

Required software:

- **Web browser:** For Windows: Internet Explorer 7.0 (or later) or Mozilla Firefox 3.0 (or later). For Macintosh: Mozilla Firefox 3.0 (or later). Safari for Mac 2.0 (or later) can be used with Mac OS 10.4 (or later); it is not compatible with earlier versions of Mac OS.
- **Adobe Acrobat Reader**, version 4.0 or later.

Accepted file formats:

- **Text.** Microsoft Word, WordPerfect or RTF.
- **Tables.** Microsoft Word, WordPerfect, Excel embedded in either Word or WordPerfect.
- **Graphs for publication.** When a manuscript that includes a graph is accepted for publication, the authors will be asked to supply actual numbers for each data point on the graph.
- **Graphics.** TIFF, EPS, PowerPoint, PostScript, PDF, or JPEG. Line art must have a resolution of 1200 dpi (dots per inch) and digital photographs (such as radiographs and scanned images) should be at least 300 dpi. They must be **created** at a high resolution, not **converted** to a high resolution from a 72 dpi file. Illustrations generated from programs such as PowerPoint or Word, and illustrations downloaded from the Internet (JPEG or GIF files), are likely to have a resolution of only 72 dpi. Such graphics cannot be used for publication.
- **Mixed text and graphics.** If a graphics file includes text, the text must be on a separate layer of the TIFF or EPS file to allow conversion to our font style.

Checklist for Online Submission

Submit all materials electronically on Rapid Review, **not** by email or regular mail.

1. Content of Manuscript:

- [Title page](#)
- [Abstract](#)
- [Key words](#)
- [Abbreviations](#)

- ❑ [Article text](#)
- ❑ [Acknowledgments](#)
- ❑ [Conflict of interest statements](#)
- ❑ [References](#)
- ❑ [Appendices](#), if any
- ❑ [Tables](#)
- ❑ [Figures](#)

2. Preparing for online submission:

- ❑ Review the Requirements for Electronic Submission, above.
- ❑ Read the [Instructions for Submitting a Manuscript](#) on the *Annals* web site.
- ❑ Figures or appendices prepared in a program other than Microsoft Word may need to be submitted in a separate file.
- ❑ Be prepared to provide in Rapid Review: a) selected elements of the title page including manuscript title, author names, and word count; b) other items including cover letter, abstract, acknowledgements, and key words. The title page, abstract, acknowledgements, and key words must also be included in the manuscript.

3. If applicable, submit hard copies of the following by mail:

- ❑ [Permission to republish previously published material](#)
- ❑ [Consent of individual to publish material](#)
- ❑ Copies of [related publications](#) for evaluation of possible duplicate publication.

Manuscript Review Process

We make every effort to complete the peer review process and notify the corresponding author within 8 weeks of receiving a complete submission. All articles are evaluated by at least two editors. Selected manuscripts undergo further review, typically by 2-4 peer reviewers. Manuscripts are assessed based on their rigor of methods, importance of results, clarity of discussion, contribution of new knowledge, and potential impact on health, health care, policy, and future inquiry.

We encourage authors to share their expertise by [becoming a peer reviewer](#).

Prepublication Release of Information

See also, [Policy on Prepublication Release of Information and Embargo](#).

Information submitted or accepted for publication in the *Annals of Family Medicine* may be released to the media or the public only after it has been published in the *Annals*, or after the corresponding author has been notified that the *Annals* will not publish it. Exceptions for special circumstances may be made by the Editor and Publisher. This applies to prepublication release of information in any format.

Before research is published in the *Annals*, authors may present the results at scientific meetings or conferences. Do not distribute detailed reports, copies of the manuscript, or data (including tables and figures) to meeting attendees, members of the media, or the public.

The *Annals* promotes selected articles in the general media at the time of publication. Authors are encouraged to disseminate findings by working with local media who agree to the *Annals* embargo.

TRACK Online Discussion

TRACK (Topical Response to the *Annals* Community of Knowledge) is the *Annals*' forum for responding to published articles. Comments may be brief and informal (as short as one sentence) or more structured, prepared

commentaries, generally up to 400 words and 5 references. We encourage participation by readers, authors, and other interested individuals and groups. Each article contains links for submitting and reading comments. To read recent TRACK comments, visit www.AnnFamMed.org and click on "[Discussion of articles.](#)"

TRACK comments are editorially reviewed to ensure that they respect other participants and add to the discussion, and are usually posted within 48 hours of submission. Selected discussion content is synthesized in a regular feature called "[On TRACK.](#)"

Letters to the Editor

The *Annals* publishes timely comments from readers in TRACK, described above.

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