

## Manuscript Preparation Instructions

Before submitting a manuscript to *The Permanente Journal* (TPJ), please review these instructions as well as the [Manuscript Submission Instructions](#). Manuscripts should be submitted online at:

<http://mc.manuscriptcentral.com/permj>.

After reviewing both sets of instructions, if you have a question, you may send an e-mail to: [permanente.journal@kp.org](mailto:permanente.journal@kp.org).

### EDITORIAL PROCESS

Manuscripts are received with the understanding that they have not been published or simultaneously submitted for publication in whole or in part elsewhere, except for a scientific abstract, unless otherwise specified. Authors must make a full statement to the editor about all submissions and previous reports (including meeting presentations and posting of results in registries) that might be regarded as redundant or duplicate publication of the same or very similar work. The author must also alert the editor if the manuscript includes subjects about which the authors have published a previous report or have submitted a related report to another publication. This should be included in the Cover Letter along with appropriate reference information and copies of such material. The title of the manuscript should indicate that it is a secondary publication.

TPJ offers free full-text access for all online content. Although individual sharing of content is permitted, reprint permission is required for republishing or reprinting journal content (see Reprint Permission information: <http://www.thepermanentejournal.org/about-us/reprint-permissions-form.html>).

Please note that manuscripts may be chosen to be published ahead-of-print and will be fast-tracked to finalize and, once in final format, will be submitted to MEDLINE as ahead-of-print publication. **NB:** Manuscripts may be chosen to be **online only** at the discretion of the Editor-in-Chief.

TPJ is strongly committed to ethical publication practices and is strongly committed to avoiding plagiarism, duplicate publication, research misconduct, and breaches of confidentiality. Before a manuscript is sent for peer review, it is processed through CrossCheck, a text-matching software service. Because images are frequently of concern with regard to plagiarism or misconduct, authors should disclose any manipulation of submitted images. Please review our [Ethics Statement](#).

### Review Process

Manuscripts will be assigned to an editor for review. The editor will make an initial decision, on the basis of manuscript quality and editorial priorities, either to send the manuscript to peer reviewers or to reject the manuscript. Manuscripts going through the peer-review process will be sent to a minimum of five reviewers. (NB: Reviews in TPJ are single blinded.) Authors should note anyone who should NOT review and should supply a list of experts in the field who would be potentially appropriate to review the article. Decisions are based on editorial priorities, manuscript quality, reviewer recommendations, relevance, quality of work described, and applicability to daily clinical practice. Decisions will be to provisionally accept the manuscript, to request a revised manuscript, or to reject the manuscript. Reviewer comments will be conveyed to the author at the discretion of the editor with a request to address any issues raised by the reviewer in the case of a revision request or acceptance. If the article is accepted for publication, editorial revision (copy editing) may be made to aid clarity and understanding without altering the meaning. Authors will be given one week to review copyedits.

Authors will also be given the opportunity to review a galley of the articles once it has gone through the design process (see Proofreading). Authors are reminded that they assume full responsibility for final wording and for the form of all materials submitted for publication. All authors are required to complete a conflict of interest statement, and coauthor and acknowledgment consent forms before publication.

Articles, editorials, letters to the editor, and other material in TPJ represent the opinion of the authors.

Authors submitting a manuscript do so with the understanding that if it is accepted for publication, copyright of the article, including the right to reproduce the article in all forms and media, shall be assigned exclusively to the publisher. The publisher will grant any reasonable request by the author for permission to reproduce any part of his/her contribution to TPJ.

### TYPES OF PAPERS

#### Original Articles

Scientific research reports of original, empirically based research—with results and analysis—of great clinical importance. These include: randomized trials, intervention studies, outcomes research, case-control studies, observational studies, highly significant surveys, advanced quality-improvement studies (guidelines and resources for quality improvement articles are available from SQUIRE at: <http://squire-statement.org/>), and rigorous evaluations of clinical best practices in large populations. *Suggested limit: 5400 words, 5 tables, and 2 figures; abstract required.*

#### Review Articles

Relevant evidence-based reviews of clinical practice topics written for the general physician, though articles on specialty practice are encouraged to inform both generalists and specialists. These articles should include the most important recent references in the field. *Suggested limit: 5000 words, up to 40 references; abstract required.*

#### Special Reports

Articles that include elements of original research, review articles, and commentary. They may be a special update on medical practice, health care delivery, population health, or public health. *Suggested limit: 4500 words; abstract required.*

#### Clinical Medicine

Articles on the clinical practice of medicine in the home, office, or hospital, including applications of social science in medicine—patient-centered care, physician-patient communication, clinical team development and innovation; clinical program innovation, integration of health system components, corridor consultations, and the practice of medicine around the world. *Suggested limit: 2500 words, 3 tables, models, or pictures; abstract required.*

- **Case Reports**

Guidelines for the formatting of a case report:

Whenever appropriate, please follow the CARE guidelines checklist, available from: [www.care-statement.org](http://www.care-statement.org).

**Title and Key Words:** The title should include the words “Case Report” and describe the subject and focus of the case report. Three to seven key words may be provided.

**Abstract:** The abstract headings should follow those of the text

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of the case report (Introduction, Case Presentation, Discussion), and should summarize each section of the case report in one or two sentences.

**Timeline:** Please include a timeline showing important dates and times if possible (strongly recommended).  
[www.thepermanentjournal.org/files/Create-A-Case-Report-Timeline-Using-Microsoft-Word.docx](http://www.thepermanentjournal.org/files/Create-A-Case-Report-Timeline-Using-Microsoft-Word.docx)

**Main Text:** The text should contain the following information (when relevant):

- **Introduction:** Briefly describe the background, context, and rationale for the case report, explaining what makes the case report important, interesting, or noteworthy.
- **Case Presentation:** Give a brief overview of the client's presentation and treatment goals. Include key demographics such as age, gender, ethnicity, and occupation.
- **Presenting concerns:** Include patient characteristics (key demographics such as age, gender, ethnicity, and occupation) and the patient's presenting concerns, including relevant symptoms, signs and diagnostic testing information.
- **Therapeutic Intervention and Treatment:** Describe type(s) of intervention (eg, pharmacologic, surgical, self care): intervention administration and intensity (eg, dosage, strength, duration, frequency).
- **Follow and Outcomes:** Include any changes in interventions changes and reasons as well as intervention tolerability and interventions. Include clinician-assessed outcomes and patient-reported outcomes, whenever appropriate. Please all relevant follow-up test results.
- **Discussion:** Discuss this case in the context of what is already known from clinical practice and the medical literature. Summarize what was learned from the case report and whether this generates hypotheses for future research or has implications for clinical practice guidelines.

### Additional information

- **Patient Perspective:** The patient may share his or her perspective on the case—appropriate release forms and information must be included.
- **Ethical Considerations** Authors should disclose competing interests
  1. **Informed consent:** Written informed consent received from the patient? This should be described in the body of the text. If so, provide documentation to the journal.
  2. **Ethics approval:** If ethics committee or institutional review board approval was received, please provide details.
- **Tables and Figures:** Refer to submission guidelines when formatting tables and figures
- **References:** Refer to submission guidelines when formatting references.

### Case Series

If a series of cases are presented, include all patients seen or treated and describe how the

patients included in the presentation were selected. The guidelines for case reports above should be followed.

### Resources:

Gagnier JJ, Kienle G, Altman DG, Moher D, Sox H, Riley D; CARE Group. The CARE guidelines: consensus-based clinical case reporting guideline development. *Journal of Clinical Epidemiology* 67 (2014) 46e51.  
<http://dx.doi.org/10.1016/j.jclinepi.2013.08.003>.

Suggested limits: 3000 words; abstract and timeline required.

- **Image Diagnosis**

This includes ECG images, radiographs, clinical photographs, scans, dermatologic images, or a combination of these with a short clinical vignette from which the reader can quickly grasp clinical pearls. Presentation, treatment, clinical outcome(s), and a short list of references are appropriate. *Suggested limit: 400 words; no abstract necessary.*

- **Corridor Consult**

Brief reviews of clinical practice advances in the diagnosis and treatment of a single condition, highly relevant to practice because of importance to patients, frequency of presentation, or new evaluation or treatment. *Suggested limit: 1200 words; abstract required.*

### Commentary

Expert insight with a focused and clear opinion on the topics of clinical practice, health care, health care policy, ethics, public health, research, or transformation in medicine. *Suggested limit: 2500 words; up to 20 references; abstract required.*

### Narrative Medicine

Articles that address or demonstrate narrative (story) in medicine in the form of commentary, expressed clinical experiences, workshop or group writings, medical education advances, poems, or stories. *Suggested limit: 2700 words; abstract may be required.*

### Book Reviews

Reviews of books related to the field of medicine are considered for publication online only. *Suggested limit: 900 words.*

Please note: If your manuscript does not fit within the listed numerical constraints, please contact the Editorial Office ([permanente.journal@kp.org](mailto:permanente.journal@kp.org); 503-813-4387)

### MANUSCRIPT PREPARATION AND PROCESSING

Manuscripts published by *TPJ* are in accordance with the International Committee of Medical Journal Editors (ICJME) Uniform Requirements (2010 Update). Authors seeking more information on appropriate manuscript preparation may review these requirements at: [www.icmje.org/icmje.pdf](http://www.icmje.org/icmje.pdf). For more information in writing and preparing quality-improvement

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articles, please review the guidelines and access the resources available from SQUIRE at: <http://squire-statement.org/>.

Manuscripts should be submitted online at: <http://mc.manuscriptcentral.com/permi> and will require a Cover Letter. In the cover letter, please give a concise statement of the authors' view of the importance and uniqueness of the article.

Manuscripts must be prepared in MS Word, double-spaced, with margins of at least 1 inch. All parts of the manuscript must be included in a single file. Illustrations, figures, and tables must be in separate files, prepared according to the instructions listed under Preparing Figures and Tables.

The first page of the manuscript should contain the following information: 1) title of paper; 2) authors' names; 3) name(s) of medical institution in which work was done; 4) name and address of author to whom communications regarding the manuscript should be directed; 5) e-mail address and telephone and fax number of the communicating author; 6) word count.

The second page should be a conflict of interest statement. A Disclosure Statement must also be completed by all authors.

The third page of an Article should contain an Abstract (*limit: 250 words*). Scientific research reports should include a structured abstract. Structured abstracts should use these headings: Introduction (Background and Objectives), Methods (Design and Main Outcome Measures), Results, Discussion, and Conclusion(s). Also list key words and terms, in alphabetical order, under which you believe the article should be indexed. Provide a box at the beginning of the article to define abbreviations.

Begin the text on a new page. Define all abbreviations except those that have been approved by the International System of Units for length, mass, time, electric current, temperature, luminous intensity, and amount of substance. Please review the *AMA Manual of Style* for appropriate abbreviations and conventions. Do not create abbreviations for drugs, procedures, or substrates. Use generic drug names. If a brand name is used, insert it in parentheses after the generic name.

### Authorship

Authors should declare and identify whether or not they were assisted in study design, data collection, data analysis, or manuscript preparation. Those whose contributions were significant enough to qualify as coauthors should be listed as such with appropriate contact and bio information included. Those who do not qualify to be listed as coauthors should be listed under an appropriate heading (ie, clinical investigators or participating investigators), and their function or contribution should be described. Those making contributions that do not qualify as authorship should be listed in an "Acknowledgments" section and will need to complete an **Acknowledgee form** after reviewing the completed manuscript. Financial and material support should also be acknowledged. The author should describe the role (if any) of the study sponsor(s) in: study design; data collection, analysis, and interpretation; writing of the report; and the decision to submit for publication.

### Institutional Review Board (IRB) Review

Documentation of IRB approval or exemption must be appended to the manuscript being submitted for publication in *TPJ*. If there has been no IRB review of the project, please so indicate on the first page of the manuscript. In this case, the article will be reviewed to determine if IRB review should have been conducted. The result of this review may determine whether or not the manuscript will be considered for publication.

## Legal and Ethical Considerations

Please review our **Ethics Statement**.

### Identifying Information

Identifying information (names, initials, or identifying numbers [ie, medical record numbers]) should not be published in written descriptions, photographs, and ancestry unless the information is essential for scientific purposes and the patient (or parent or guardian) gives written informed consent for publication, which must be copied to *TPJ*. Informed consent requires that the patient who is identifiable be shown the manuscript to be published. Authors should disclose to these patients whether any potential identifiable material will be available via the Internet as well as in print after publication. Complete anonymity is difficult to achieve and informed consent should be obtained if there is any doubt.

### Conflict of Interest

Authors must make a statement of potential conflict of interest and complete the **Disclosure Statement**. The potential for conflict of interest can exist whether or not an individual believes that the relationship affects his or her scientific judgment. Financial relationships (such as employment, consultancies, stock ownership, honoraria, paid expert testimony, etc) are the most easily identifiable conflicts of interest and the most likely to undermine the credibility of *TPJ*, of the authors, and of science itself. However, conflicts can occur for other reasons, such as personal relationships, academic competition, and intellectual passion. It is the responsibility of authors to disclose all financial and personal relationships that might bias their work. Thus authors must state explicitly whether potential conflicts do or do not exist.

The Disclosure Statement must be submitted at the time of manuscript submission. Manuscripts do not progress to the review process until all author forms have been received from all authors. As well as those potential conflicts listed above, the Disclosure Statement must include study funding and support.

### Plagiarism and Other Misconduct

*The Permanente Journal (TPJ)* uses plagiarism detection software (CrossCheck/iThenticate) to limit the risks of research and publication misconduct. *TPJ* also discourages authors from duplicate publication and authors are required to disclose if a study is previously published and explain and detail the differences in the published article and the manuscript submitted for consideration.

### Photographs and Other Images

Photographs depicting images of identifiable people must be accompanied by a **Photographic Release Form**. Subjects of images must be informed that their image will potentially be published in print and online.

Although beautification of an image is not misconduct, it should be avoided. Any change or alteration of an image or figure must be disclosed at time of submission. Change or alteration includes, but is not limited to, enhancement or removal of specific features; grouping of images that should have been presented separately; and adjustments that obscure, eliminate, or misrepresent any content information.

For images that are not of the author's own creation, reprint permission must be obtained and submitted to the Editorial Office. This includes images (graphs, charts, etc) created by the author but previously published elsewhere.

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### Protection of Human Subjects and Animals in Research

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 2013). 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.

### Methods and Statistics

For detailed information on reporting statistics in biomedical journals, please refer to the resource list, which follows.

Statistical methods should be described with enough detail to enable a knowledgeable reader with access to the original data to reproduce the reported results. When possible, quantify findings and present them with appropriate indicators of measurement error or uncertainty (eg, confidence intervals). Avoid relying solely on statistical hypothesis testing, such as the use of p values, which fails to convey important quantitative information. Give details about randomization. Describe the methods for and success of any blinding observations. Report losses to observation (such as dropouts from a clinical trial). For multivariate models, report all variables included in models, and report model diagnostics and proportion of variance explained by both individual variables and the complete model.

Put a general description of methods in the Methods section. Restrict Tables and Figures to those needed to explain the argument of the manuscript and to assess its support. Use graphs as an alternative to Tables with many entries; do not duplicate data in graphs and Tables. Avoid nontechnical terms in statistics, such as significant (which should only be used in terms of *statistical significance*), random (which implies a randomizing device), normal, correlations, and sample. Define statistical terms, abbreviations, and most symbols.

To address issues related to design and conduct of research, please review the EQUATOR Network guidelines ([www.equator-network.org](http://www.equator-network.org)), including CONSORT, STROBE, and PRISMA.

Recommended reading/resources:

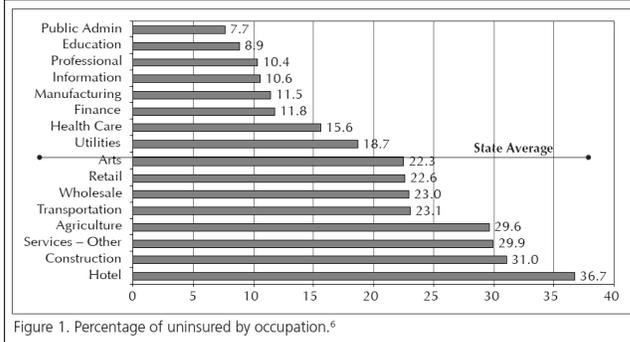
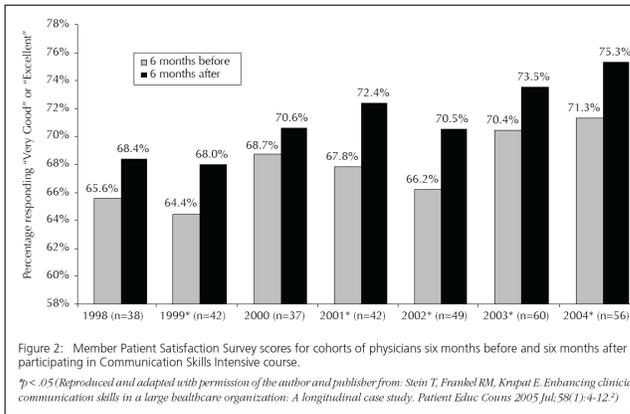
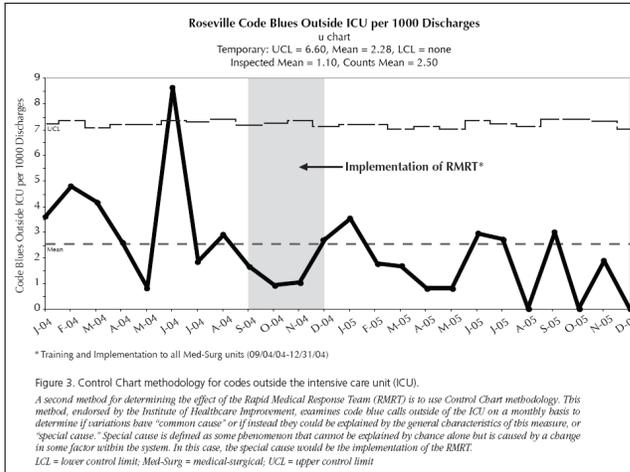
1. Lang TA, Altman DG. Basic statistical reporting for articles published in biomedical journals: the "Statistical Analyses and Methods in Published Literature" or "The SAMPL Guidelines." In: Smart P, Maisonneuve H, Polderman A (eds). Science Editors' Handbook, European Association of Science Editors, 2013. Available from: [www.equator-network.org/reporting-guidelines/sampl/](http://www.equator-network.org/reporting-guidelines/sampl/).
2. Lang TA, Secic M. How to report statistics in medicine. 2nd ed. Philadelphia, PA: American College of Physicians; 2006.
3. Altman DG, Gore SM, Gardner MJ, Pocock SJ. Statistical guidelines for contributors to medical journals. Hoboken, NJ: Wiley-Blackwell. Available from: [www.blackwellpublishing.com/content/BPL/Images?Content\\_store/Sample\\_chapter/0727913751/0727913751.pdf](http://www.blackwellpublishing.com/content/BPL/Images?Content_store/Sample_chapter/0727913751/0727913751.pdf)

### Preparing Figures and Tables

Figures and tables are desirable and highly encouraged because they expand the value of an article by organizing data in a succinct and easily comprehensible manner. Figures and tables must be numbered and cited in order in the text using Arabic numerals. Tables should be submitted in a separate document. Figures must be submitted in separate files and must have a legend, which should be included at the end of the manuscript. Figures must include data sets and should be submitted in original format (not as part of a PowerPoint presentation). Acceptable formats for tables are: Microsoft Word (.doc or .rtf), Excel (.xls); for figures containing data points: Excel (.xls); for all other graphic/image files: Adobe Illustrator (.ai), Photoshop files (.psd), Adobe Acrobat (.pdf), Joint Photographic Experts Group (.jpg), Encapsulated PostScript (.eps). Figure and image file types may be: line art, gray scale images, and combination artwork. Figures and images should be submitted at a minimum of 300 dpi. Abbreviations used in tables and figures must be defined in footnotes as in the example below.

Figures, tables, or long portions of text that have been previously published must be accompanied by a letter of permission to reprint, signed by the publisher, at the time of submission. It is the responsibility of the author to obtain such permission. Manipulation of images must be disclosed with an explanation.

### Examples of Tables and Figures



Footnotes

Footnotes should be cited in the text in alphabetic order and listed at the end of the text before the reference list in alphabetic order as cited. Do not use EndNotes for footnotes.

Personal Communications

Personal communications should be noted at the end of the communication information, eg: (Tom Janisse, MD, personal communication, 2013 Jan 1)<sup>a</sup> AND as a footnote, eg: <sup>a</sup> Editor-in-Chief, *The Permanente Journal*; footnote notations should follow in alphabetic sequence.

References

References must be numbered with Arabic numerals and cited in the text in numeric order. The reference list at the end of the article must also be in numeric order (do not list references in alphabetical order). The list should be double-spaced under the heading REFERENCES. Abbreviations for title of medical periodicals should conform to those used in the latest edition of Index Medicus. If available, DOIs should be included with the reference. **If the manuscript is selected for publication, the author will be expected to submit documentation for any reference material that cannot be verified online.**

**NB:** Do NOT use the Microsoft Word "Footnote/EndNote function or other EndNote programs for references. Citations may be listed in the manuscript text as: (1), (2), etc.

Examples of References

Journal article, one to six authors, with and without DOI

1. Beutler E. The effect of methemoglobin formation on sickle cell disease. *J Clin Invest* 1961;40(10):1856-58. DOI: <http://dx.doi.org/10.1172.JCI104410>.
2. Halpern SD, Ubel PA, Caplan AL. Solid-organ transplantation in HIV-infected patients. *N Engl J Med* 2002 Jul 25;347(4):284-7.

Journal article, more than six authors

3. Golomb HM, Vardiman J, Sweet DL Jr, et al. Hairy cell leukemia: Evidence for the existence of a spectrum of functional characteristics. *Br J Haematol* 1978;38(2):161-2. DOI: <http://dx.doi.org/10.1111/j.1365-2141.1978.tb01032.x>.

Journal article in press

4. O'Malley JE, Eisenberg L. The hyperkinetic syndrome. *Semin Psychiatry* (in press)  
(Note: A copy of the manuscript must be included.)

Complete book

5. Lillie RD. *Histopathologic Technique and Practical Histochemistry* (ed 3). New York, NY: McGraw Hill: 1965.

Chapter of book

6. Moore G, Minowada J. Human hemopoietic cell lines: A progress report. In: Farnes P. *Hemic Cells in Vitro*, Vol 4. Baltimore, MD: Williams & Wilkins; 1969. 100-5.

Web content citations vary somewhat according to the content (monograph, journal article, etc). Please include as much information as possible, the URL must be included.

Proofreading

Contributors are provided with galley proofs and are asked to proofread them for typesetting errors. Important changes in data are allowed, but authors are requested not to make excessive alterations. Galley proofs must be returned within 48 hours. If you anticipate being away, it is your responsibility to contact the Editorial Office to make arrangements for galley review.

Corrections, Retractions

Corrections or Errata will be published in a subsequent issue of the journal with the original article appropriately cited. The electronic version of the article will be corrected and will appear online in its corrected form.

Copyright Form and Disclosure Statement

The **Author Copyright and Disclosure Forms**, completed by all authors, are

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required with manuscript submission; manuscripts cannot begin the review process until these forms are received. Please note: Copyright does not transfer until publication. Forms may be returned via fax, scanned and e-mail ([permanente.journal@kp.org](mailto:permanente.journal@kp.org)), or mailed to the Editorial Office (500 NE Multnomah Street, Suite 100, Portland, OR 97232).

### Checklist

A **checklist** is available to facilitate gathering material in preparation for submission.