

JAAPA

Official journal of the American Academy of PAs®

Instructions for Authors

jaapa.com



1. Introduction

JAAPA's mission is to support the ongoing education and advancement of PAs by publishing current information and research on clinical, health policy and professional issues. The American Academy of PAs® provides JAAPA to the majority of clinically practicing PAs in the United States, including all members of AAPA. The journal is indexed in the Medline® and CINAHL databases, and each issue offers AAPA-approved Category I CME. JAAPA is published monthly, with content posted to www.jaapa.com. The website also contains additional content and resources available only online. JAAPA also is disseminated globally via Ovid®, the world's leading information search, discovery and management solution providing professionals in science, medicine and healthcare all over the world with access to its content along with many other premium journals, books and databases.

Authors with potential conflicts of interest:

Please note that JAAPA does not consider for publication within the journal any articles with industry or medical education company involvement or sponsorship. Authors may have relationships to industry (which must be disclosed), but the manuscript itself must be independent of those relationships: written by the author without industry or medical education company planning, oversight, editing, review, financial support or approval. Manuscripts with industry involvement may be considered for publication as a separately bound and sponsored supplement. Authors interested in this option should contact the [publisher](#) for pricing information.

How to increase your chances of getting published:

1. Choose a topic that takes advantage of your experience and passion. The resulting article will be more practical, will be richer in detail, and will offer more meaningful pearls than would a standard literature review; consequently, it will do a better job of teaching readers things they didn't know before.
2. Search www.jaapa.com for previously published articles on your topic. If we have published on your topic within the past 2 or 3 years, we are unlikely to consider another article on that subject unless it conveys substantial new information.
3. Be familiar with JAAPA. If you aren't a regular reader, look at recent issues to get a feel for the types of articles and departments we publish, how long our articles are, how they are formatted, and so forth.
4. Write your article specifically to fit one of the journal's feature or department article types. Or, if the manuscript was prepared for some other purpose, such as an academic requirement, revise it to fit a section or department in the journal before you submit it. Please note that we do not consider manuscripts that are not earmarked for a specific section or department in JAAPA.
5. Read the author guidelines and follow the requirements in the guidelines while preparing and submitting your manuscript.

In your manuscript, consider and address the **PA competencies** and be mindful of issues related to **health equity and social determinants of health** involving race, ethnicity, gender, age, disability, income, geographic location, sexual orientation, etc., as may be appropriate.

Inexperienced authors may want to consult our **Roadmap to Better Writing** for help on planning and developing a manuscript. JAAPA also regularly hosts workshops and seminars to support writing for publication and peer reviewing, for example, during the AAPA Annual Conference.

What constitutes authorship?

JAAPA uses **ICMJE standards** as the source for its definition of authorship. Authors should satisfy all of the following, except that item 3 applies only to authors of original research. Each author should

1. contribute substantially to the article's conception, planning, organization and/or design
2. contribute to the performance of the literature search and/or critical analysis of the literature
3. help to acquire, analyze and/or interpret data
4. participate in the writing and/or revising of the article at all stages of development
5. review and approve the final edited copy.

Persons who have discussed the article topic with the authors; read and commented on drafts of the article; provided technical, financial or editorial assistance or otherwise assisted the authors may be thanked in acknowledgements at the end of the article. These contributions do not qualify as authorship.

Before the manuscript is developed and submitted, the authors as a group should decide who should be listed on the byline. JAAPA recommends that authors review the **ICMJE Recommendations on Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals**.

After submission, the corresponding author's role is to ensure that all authors have met the conditions noted above. The editorial staff does not make authorship decisions or arbitrate conflicts related to authorship. Corresponding authors must be qualified professionals with the experience and credentials to submit scholarly work to JAAPA. Students or nonprofessional staff may not serve as a corresponding author on a clinical, research or policy manuscript.

Instructions for PA students:

Please note that these instructions apply **only** to PA-student-authored manuscripts — that is, to manuscripts written by students who are not yet practicing PAs and who have not practiced medicine.

If you are a PA, have been in clinical practice, and have returned to school for a graduate degree, this section does **not** apply to you.

1. All student authors must have a coauthor who is a faculty mentor, a practicing clinician (PA, physician or other clinician), or both. The coauthor must guide the student closely, reviewing all phases of article development, making suggestions for improvement as appropriate, and making sure — before the manuscript is submitted to *JAAPA* — that it satisfies the requirements listed in these author guidelines. The coauthor should be very familiar with these author guidelines and ensure that the manuscript has been edited and revised as necessary to be appropriate for the section or department in *JAAPA* for which it is intended (see number 5 below).

IMPORTANT: All student papers must include a statement from a physician, PA or other clinician who practices clinically in the topic area of the paper. The statement should provide a brief description of the reviewer's qualifications to review the paper and should indicate that the clinician has evaluated the paper and attests to its clinical accuracy. This statement may come from the paper's coauthor or from an independent clinician who is not a coauthor but who has reviewed the manuscript before its submission.

2. The non-student coauthor must submit the manuscript and must act as the corresponding author throughout the submission and publishing process. The student author may be copied on correspondence.
3. In the submission email, the non-student coauthor should clearly identify the submission as a student manuscript and should explain the roles played by all listed authors in the development of the manuscript.
4. Please note that all student submissions are screened by members of the *JAAPA* editorial board, who determine whether the manuscript is suitable for consideration and should go out to peer review.
5. PA programs and postprofessional training programs for PAs should not ask their students or trainees to submit articles for publication to fulfill program or graduation requirements. Instead, we ask that programs limit submissions to a few (5 or less) of the best quality student papers — those that have the greatest chance of being accepted and published. Finally, PA faculty should ensure that Capstone projects, master's papers and the like are revised and edited as needed to fit the requirements of the journal.

If you are not sure whether your manuscript qualifies as a student submission or you have other questions about these instructions, please contact the editor at jaapaeditor@wolterskluwer.com.

2. Types of articles published: CME, reviews, special articles, case reports

Prospective authors are encouraged to look at past issues of *JAAPA* to see how various types of articles read and look in print. Please also consult **Problem areas** later in these guidelines for important information on submitting photographs, imaging studies and other illustrative material; citing references; and borrowing information from a previously published source. Authors should also read **How to prepare and submit the manuscript**.

Note that the word ranges specified in the following descriptions include all text that is part of the article. That is, the reference list, content of tables, figure captions, sidebar text, etc, are included in the total word

count. Authors need not write exactly to size, but manuscripts should not be substantially shorter or longer than the ranges specified.

Note also that all feature articles (except research articles) should list the article's four or five key points at the end of the manuscript.

CME Review articles (2,000 to 3,500 words): These articles offer either a concise critical assessment of the current state of knowledge about a disease or condition encountered by PAs or a how-to approach to diagnosing and/or managing a specific problem. The journal welcomes submissions on a variety of medical and surgical topics relevant to PAs. The author should avoid writing a standard academic literature review, which is systematic, comprehensive and heavily referenced, in favor of a selective review and update that emphasizes what is practical, current and evidence-based. Do not simply summarize and describe what the literature shows; instead, explain how what the literature reveals can be practically applied. References should be recent and should, for the most part, be drawn from peer-reviewed journals. Drawing references from secondary knowledge databases, such as UpToDate® or Micromedex®, is inappropriate. Textbook references and generic medical websites should be largely avoided. These articles are intended above all to be useful. Once PAs read the article, they should be able to put the information it provides immediately into practice.

Authors should note that articles intended for CME generally should be consistent with the [NCCPA Content Blueprint](#) for PANCE and PANRE. That is, the topic should be one that might be covered on the certification or recertification exam. Review articles may probe issues beyond those included on the NCCPA Content Blueprint.

Authors who wish their article to be considered for CME should include three or four **learning objectives** and a **needs assessment** with the manuscript. The needs assessment explains why a CME article on this topic is justified by identifying gaps between what is and what ought to be. In other words, why do PAs need a CME article on the topic you are proposing? Evidence and data that a CME article on the topic is needed may be drawn from the following sources (intended as examples rather than a comprehensive list): surveys, Board of Director and/or committee meeting minutes, expert opinion, evaluation results/reports from other educational activities, informal discussions/interviews, focus groups, consensus conferences, practice guidelines, epidemiologic data, and new treatments/advances in existing treatments. The needs assessment should be relatively brief (no more than 150 words) and does not contribute toward the total word count of the article.

Note that some Review articles are published online only. Both HTML and PDF versions are provided on the website for online-only articles.

Special Article (1,200 to 2,400 words): These articles are original works and analyses of issues related to the PA workforce, including economics, ethics, law, practice policy or patterns, healthcare delivery or other topics of interest to the PA profession. Articles may include arguments proposed by the authors but should primarily be based on evidence or logical analysis of original source material (such as policy, law, ethical guidelines, expert consensus or panel recommendation). At times, JAAPA may publish a Special Article as part of an invited themed article series, such as the journal did during the 50th anniversary of the PA

profession. A Special Article also may describe the work of an AAPA-affiliated work group, task force or other expert panel. Although all submissions are subject to peer review and quality standards, the journal will publish any AAPA-affiliated articles with the modified title **AAPA Special Article** and note the affiliation in the author(s) biography.

Case Reports (1,500 to 2,000 words): A Case Report should recount an interesting or unusual experience with a patient, discuss the intervention and the reasons it was chosen, and provide the outcome. The most common reason a Case Report submission is rejected is that it does not offer anything useful or new to the current medical literature. The manuscript must be written in two main sections: CASE and DISCUSSION. Do not include an introduction before the CASE portion. There may be a final CONCLUSION in which the outcome for the patient is given, but otherwise the patient experience should be confined to the CASE portion of the manuscript. In the DISCUSSION section, review the pertinent literature briefly. At the end of the file, each manuscript should include three to five key points, that are crucial to the value of a case report. Photographs, radiographs or other types of clinical images should be submitted if appropriate. Authors should take care to remove any information from the case description that could identify the patient. If this is not possible, authors should obtain the patient's permission to publish the details of the case and include this permission with their submission.

Note that a Case Report is not the venue for a complete review of the literature on a topic. Refer to only a few of the most important papers on the condition you are discussing. Note also that a Case Report is not the place to discuss the standard diagnosis and treatment of a common condition. A CME or Review Article is usually a better choice for topics of this type.

Some Case Reports are published online only. Both HTML and PDF versions are provided on the website for online-only articles.

3. Types of articles published: Original Research and Brief Reports

Original Research (2,000 to 3,500 words) and **Brief Reports (800 to 1,600 words)** should be reports of original research conducted by the author(s). JAAPA welcomes original research on workforce and related topics that are of particular relevance to practicing PAs. Submissions might include studies and pilot trials that speak to quality of care delivered by PAs, assess the effectiveness of unique models for PA-directed care, provide models for enhancing productivity within clinics or hospitals, describe innovative ways to enhance PA performance, or explore PA demographics.

Brief Reports are a special type of original research that generally involve smaller studies or pilot trials, such as quality improvement or descriptive reports, that offer important insights but lack the generalizability of a larger research project or multisite study.

If your research involves a survey, please read the information on surveys at the bottom of section 3. Note also that all manuscripts that report survey results **must** include the original survey instrument as part of the submission.

If your research involves human subjects, please report Institutional Review Board disposition or provide justification of an exemption. For a definition of exempt research, refer to the [Code of Federal Regulations, Part 46 Protection of Human Subjects, Section on Exempt Research](#).

Manuscripts should be prepared in accordance with the Uniform Requirements for Manuscripts Submitted to Biomedical Journals (www.icmje.org). Please also consult [Problem areas](#) later in these guidelines for important information on submitting photographs, imaging studies and other illustrative material; citing references; and borrowing information from a previously published source. Authors should also read [How to prepare and submit the manuscript](#).

All research articles submitted to JAAPA should include:

Abstract: Please structure your abstract according to the following subheadings: Objective(s), Methods, Results, Conclusions. Limit your abstract to 150 words. Note that your abstract will be available online and will be far more widely read than your paper. Include up to five key words at the end of the abstract.

Introduction: The introduction should be less than 500 words. A three-paragraph structure is usually sufficient to convince the reader that your topic is new, important and relevant. Your first paragraph should set the stage for the study by briefly describing the background for the circumstance surrounding the investigation. In the second paragraph, describe why your study is important, what implications it has for PA practice, and how it relates to the material in the first paragraph. In your third paragraph, state what you hope to achieve.

Methods: Describe the design of your study. Describe the study participants and how they were chosen. If you conducted a survey, please describe the underlying frame from which your sample was chosen and your response rate. Please clearly state the outcome of interest and how it was measured. Inform your readers of your explanatory variables and how you hypothesize they are related to your outcome.

Describe your data analysis in detail. Your analytic strategy should demonstrate your familiarity with basic [biostatistical](#) methods for continuous and categorical data. These methods include, but are not limited to, measures of central tendency and variability (mean, median, mode, variance, standard deviation, standard error) as well as measures of association (chi square statistic, correlation coefficients, rate differences, relative rates, odds ratios). If you are not comfortable with the statistical aspects of your study, you are strongly encouraged to include a coauthor who is. In general, confidence intervals are to be preferred over simple P values. Please note that surveys using all but the most straightforward simple random samples will require statistical techniques, such as those found in SUDAAN software, to account for complex design factors.

Results: Results should be presented to reflect the methods section. Where possible, confidence intervals in the original clinical metric of interest are much preferred over P values. For example, rather than state: "Patients lived longer under PA care ($P < .0001$)," it is much more informative and appropriate to say: "Patients lived 2 hours longer under PA care (95% CI, 1.9-2.1 hours)." In this way, the reader can better evaluate the clinical importance of your results.

Do not repeat results presented in graphs and tables. Please create and label all tables and graphs so that they are self-explanatory and could stand alone without reference to the text.

Discussion: Relate your results to the extant literature. Note that our readers are clinically practicing PAs. Statistical significance is much less important or relevant to them than is clinical importance. Frame your discussion with the JAAPA audience in mind.

Limitations: Clearly and succinctly state both the potential limitations of your study and their implications for your conclusions. If, for example, your response rate was low, how would you expect that to affect your results?

Conclusions: This should be a brief, at most one-paragraph statement. Please be as explicit as possible. If, for example, you suggest more research is needed, please state precisely what the next step should be.

Acknowledgements: All studies involving human data require a statement of institutional review board approval or exemption. It is the author's responsibility to ensure that all funding sources, including proprietary and for-profit entities such as pharmaceutical companies as well as not-for-profit and government funding sources, are listed in this section.

Important note about survey research: High survey response rates help to ensure that results are representative of the target population. A survey must have an adequate response rate in order to produce accurate, useful results. Obtain the response rate by dividing the number of people who submitted a completed survey (80% or more of questions answered) by the number of people you attempted to contact. If you asked 200 participants to complete the survey and 150 responded, the response rate is 150/200 or 75%. Acceptable response rates vary by how the survey is administered, but the table below offers some general assessments. If the work you are describing yielded a lower response rate but you believe it is truly representative of the sample studied, provide a detailed justification (e.g., the sample studied was very similar to the NCCPA Statistical Profile of Certified PAs by specialty practice, age and geographic distribution).

Format	Response rate evaluation
Mailing	45% adequate; 50% good; >70% very good
Telephone	70% good
Email / Online	40% adequate; 50% good; >60% very good
In-person	80% good

4. Types of articles published: Departments

Prospective authors are encouraged to look at past issues of JAAPA to see how various types of articles read and look in print. Please also consult [Problem areas](#) later in these guidelines for important information on

submitting photographs, imaging studies and other illustrative material; citing references; and borrowing information from a previously published source. Authors should also read [How to prepare and submit the manuscript](#).

Note that the word ranges specified in the following descriptions include all text that is part of the article. This includes the reference list. Authors need not write exactly to size, but manuscripts should not be substantially shorter or longer than the ranges specified.

Note that *JAAPA* does not accept outside submissions for all of its departments. This section lists the departments for which outside submissions are welcomed.

Finally, authors should know that some departments may on occasion be published online only. Both HTML and PDF versions are provided on the website. After acceptance of a manuscript, the journal editors have the sole discretion to determine if an accepted work will be published in the print journal or only online.

Becoming a PA: This department is *JAAPA*'s online only medical humanities section for PA students. Student authors may submit creative works about how they experience, explore and make sense of becoming a PA; the work must be something that can be published in a digital format because submissions do not appear in print. The types of submissions welcomed include stories of encounters with patients during clinical rotation, personal illness narratives, reflective essays, poems, visual works (photographs, drawings, paintings, graphic narratives, etc.), videos and music. Length is flexible but submissions should not be overly long. Please note: Unlike non-humanities submissions to *JAAPA* from student authors, submissions to *Becoming a PA* do not require a faculty or clinician coauthor.

Commentary (600 to 700 words): A commentary is a comment on a newly published article or other topic of interest to the PA profession. Although most commentaries published in *JAAPA* are invited by the editorial board, authors who are interested in submitting a commentary may contact the journal to discuss an idea for submission. Commentaries should be written at a relatively high level of scholarship and presented in a scholarly format, including appropriate citations. Some commentaries are indexed and published as online-only.

Diagnostic Imaging Review (800 to 1,600 words): Manuscripts for this department provide a very brief case description leading up to the ordering of imaging studies. Readers are then asked, "What do the imaging studies show?" This is followed by a discussion of how the imaging studies obtained revealed the diagnosis. Although a brief review of the disease diagnosed is usually included, along with 2 or 3 references, note that the focus of this department is to educate readers about how to order and interpret diagnostic imaging. Authors should take care to remove any information from the case description that could identify the patient. If this is not possible, authors should obtain the patient's permission to publish the details of the case.

Authors must provide high-resolution digital image files of the imaging studies discussed in the article. Please send two copies of each image; one should be unmarked and the other should be labeled with arrows or other marks that point clearly to the pathology revealed by the study. Provide caption material for each image as well.

A Difficult Diagnosis (700 words): This department highlights focused patient cases that demonstrate a common presentation of an uncommon diagnosis or an uncommon presentation of a common diagnosis. The manuscript should follow this format:

- **CASE:** history of present illness similar to the subjective portion of a SOAP note
- **Physical examination:** as in the objective portion of a SOAP note, including pertinent positive and negative findings
- **Differential diagnosis:** a list of a maximum of four possible differential diagnoses that were considered for the patient case where one is the correct diagnosis
- **Medical decision making:** a description of how the incorrect diagnoses were ruled out and the correct diagnosis was determined
- **DISCUSSION:** discussion of the correct diagnosis including the prevalence of the disease and standards of care, including citations from 3-5 current (within the last 5 years) peer-reviewed sources in this section
- **CONCLUSION:** a summary of important aspects of the case, highlighting why this topic is important to PAs

Authors are encouraged to provide an image, such as an ECG tracing, radiograph, CT scan or clinical photograph, if it contributes to the diagnostic process. Authors should take care to remove any information from the case description that could identify the patient.

From the AAPA (600 to 700 words): A commentary written and submitted by an AAPA leader such as AAPA staff, executives or members of the board of directors. These articles may address recently published content in the journal or discuss a timely topic of relevance to the AAPA and the PA profession.

Mindful Practice: This department is JAAPA's online-only medical humanities section. Submissions do not appear in print. Authors may submit stories from practice, personal illness narratives, reflective essays, poems, photographs, drawings and other creative works that are about how PAs experience, explore and make sense of the human side of medicine. Length is flexible, but submissions should not be overly long.

Potential authors are invited to browse previously published Mindful Practice pieces and also the essays from JAAPA's [Art of Medicine](#) section to see how the authors use writing to sit, reflect and listen not only to their patients but also to themselves. The pieces published in these departments illustrate how the medical humanities can help clinicians find meaning in what they do and encourage respectful, empathetic, professional, nourishing medical care.

Pharmacology Consult (700 words): This department is for authors interested in writing about medications or pharmaceutical devices, pharmacology principles or prescribing pearls. The author may wish to pose a question and provide an evidence-based response. (Examples of questions: What is this new drug? Where does a new drug fit into existing treatment? Which patient counseling points are important to enhance outcomes? How do new guidelines affect prescribing practice?) Longer submissions will be considered if the

topic warrants a more detailed explanation. Take this opportunity to improve prescribing, monitoring and patient outcomes. An ideal topic is one that a PA has posed (or might pose) to a drug therapy professional related to care delivery. The article then addresses that question in an evidence-based, practical way.

Quick Recertification Series (650 words maximum excluding the questions and answers): This department is a brief review of topics covered on the NCCPA certification and recertification examinations, and topics are taken directly from the NCCPA content blueprint (<https://www.nccpa.net/recertification-content-blueprint>), Topics that have been covered can be found [here](#). NEW: Articles should begin with a brief (50-80 words) case study exemplifying the topic covered. The case should illustrate a classic finding for the topic. QRS is written in an outline format using the following headings: General features, clinical assessment, diagnosis and treatment. Information under each heading should be concise and bulleted. Also include two board-style questions with answers and explanations for the correct answer. One of the questions should cover material from the case. Two or three references may be included but are not required because the information in the department is general medical knowledge and standards of care. Submissions should reflect this rather than new studies or treatments. The department is published monthly. Before submitting an article, please contact department editor [Dawn Colomb-Lippa](#) to ensure that a topic will not be duplicated.

Special Topics in ... (1,600 words): This department describes a clinical topic specific to a medical or surgical specialty with succinct, evidence-based information applicable to PAs. Authors should cite their work but limit references to 12 or fewer. Unlike a CME or Review Article, this department focuses on a specific topic or aspect of care, which may represent a new or evolving clinical guidance, an emerging clinical or health issue, or an issue that is less commonly encountered than topics covered in a CME or Review Article. JAAPA regularly publishes and actively solicits Special Topics articles for **critical care and surgery, dermatology, infectious diseases, preventive medicine and health, and women's health**. However, we welcome submissions on topics in any medical or surgical specialty area relevant to PAs.

5. Letters to the Editor

Letters to the Editor must be written in response to articles published in JAAPA. Letters on other subjects cannot be considered. If you are requesting that we publish a correction, please state this specifically.

- Authors of the published article will be given the opportunity to respond to the letter.
- Letters should be timely and, ideally, should be received within 3 months of the JAAPA article's publication.
- Letters submitted to JAAPA become copyrighted material when they are published. Thus, writers should not submit duplicate letters to any other print or online publication.
- Letters should follow the same scholarly standards required of other content in JAAPA. They should be referenced if appropriate, using evidence-based sources.
- Limit letters to 300 words (including references) and no more than 5 references. Letters will be edited for clarity, style, and length as appropriate.

- All letters must include the writer's full name and degrees, work affiliations, city, state, and e-mail address. Anonymous letters or those in which the writer incompletely identifies himself or herself cannot be considered. In certain cases we will agree to publish a letter with the writer's name withheld, but contact information must be provided when the letter is submitted.
- Submit all letters via e-mail to jaapaeditor@wolterskluwer.com. Letters are published online only.

The journal editors reserve the full discretion to determine which letters to the editor are appropriate and interesting for publication. Letters from students generally are not accepted, as the author(s) should be qualified through education, experience, and credentialing to address a clinical or research issue.

6. Problem areas (citing references, submitting images, and borrowing material from another source)

Citing references: Reference lists should not be overly long. Keep in mind that JAAPA content should review the literature selectively and should emphasize what is practical, current and evidence-based. Consult recent issues of the journal to get an idea of what constitutes an appropriate reference list. When compiling references for your article, keep the following guidelines in mind:

Cite recent sources. If you are citing a paper that was published more than five years ago, the paper should be either one of a kind (a seminal study) or the only source for the data you are citing. If neither of these is the case, you probably either do not need to cite a source at all or you need to find a more recent one.

Epidemiologic data should be absolutely current. Please look for the most recent information available.

Cite primary sources whenever possible since these carry the most weight. The primary source is the place where the information was first published. For example, the study where the data on the effectiveness of a certain treatment were first reported is the primary source; a review article that cites this study is a secondary source and is less desirable. Check the paper you are citing carefully to make sure that the authors have not in fact taken their information from another source. If they have, that other source is probably primary.

Cite peer-reviewed journals. Peer-reviewed primary source information appears in such journals, giving them more credibility than textbooks and medical Websites that provide generic reviews (such as eMedicine).

All direct quotes — including those from government sources, online publications and publications that are in the public domain — must be presented as such, with quotation marks and appropriate citations. *Treating direct quotes otherwise will be considered plagiarism.* In addition, manuscripts that contain plagiarism or have extensive poor paraphrasing may be rejected, even after acceptance.

Multiple references are not required in most cases. Usually, you can cite the most recent reference, the most respected reference or the primary reference and let it go at that. (If you can't decide which reference is most respected, there probably isn't one. Sometimes this is obvious, however. For instance, if you are citing epidemiology figures for sexually transmitted diseases, probably the best source is *MMWR* from the CDC.)

Do not reference statements that most clinicians would consider common knowledge. Many citations from textbooks fall into this category.

Do reference all statements that cite data or studies. If your sentence has numbers, the source of the numbers must be referenced.

Do reference statements that your readers may find controversial.

Do reference anything that is someone else's thoughts, data or conclusions.

Number references sequentially in the text using superscript Arabic numbers. If a reference is cited more than once, it should always have the number assigned to it at its first occurrence. Key in references at the end of the text in numeric sequence using the form prescribed in the *AMA Manual of Style* or the **Uniform requirements for manuscripts submitted to biomedical journals**. Use the abbreviations for journal titles provided on PubMed. Note that submissions using APA style will not be accepted.

References. Authors are responsible for the accuracy and completeness of their references and for correct text citation (see Sourcing, above). For editing purposes, manuscripts with references must be formatted using the form prescribed in the *AMA Manual of Style* or the **Uniform requirements for manuscripts submitted to biomedical journals**. Use the abbreviations for journal titles provided on PubMed. Note that submissions using APA style will not be accepted.

Any online citations must include the URL and latest date the author accessed the page to verify its currency.

Do not use word processing options that automatically number references or embed information in a footnote or endnote. When you key in references at the end of the text, please number them manually. (The easiest way to do this is to use your automatic program up until the point where the manuscript is complete and you are ready to submit. Then go back and manually renumber.)

Save the hard copies of your references after submission. If your article is accepted, we will ask you to send the hard copies to us for use during editing and fact-checking.

A special note on hard copies of references: The standards of scholarship require (1) that authors obtain and read primary source material during the research phase of manuscript preparation and (2) that they not cite anything in a scholarly paper that they haven't read and evaluated themselves. Authors must provide a hard copy of the primary source reference of all material cited when their manuscript is accepted. Abstracts from MEDLINE are not sufficient, nor is it sufficient to cite references that have been cited by another author without first reading the primary source. When we edit and fact-check your article, we must be able to consult the primary source to determine whether the information you have cited is actually in that article and that you have represented it accurately.

Note also that the hard copy of the reference must contain the complete publication information: authors, titles, year of publication, volume and issue number, inclusive page numbers, city/state of publication and publisher (in the case of books), etc.

Tables, Figures, Illustrations and Photos. Legends must accompany all tables and figures. Authors should indicate whether illustrations are original works or copies, **Authors must obtain copyright releases for reprinting any previously published material.** Copyright permission may also be necessary for any adaptations of previously published material, including tables which have been adapted from other sources. For more information on copyright, visit www.copyright.gov/help/faq.

Photographs must be accompanied by written permission of any individuals pictured in the photo, unless the image is historic or considered a public photo. Photograph releases from individuals in the photo should include permission to use the photo in print and online versions of the journal and all media forms. Do not embed photos or figures in word processing documents; they must be attached as separate files (JPGS or TIFFs) to your submission through Editorial Manager.

Figures

A) Creating Digital Artwork

1. Learn about the publication requirements for Digital Artwork <http://links.lww.com/ES/A42>.
2. Create, scan and save your artwork and compare your final figure to the Digital Artwork Guideline Checklist (below).
3. Upload each figure to Editorial Manager in conjunction with your manuscript text and tables.

B) Digital Artwork Guideline Checklist

Here are the basics to have in place before submitting your digital artwork:

- Artwork should be saved as TIFF, EPS or MS Office (DOC, PPT, XLS) files. High resolution PDF files are also acceptable.
- Crop out any white or black space surrounding the image.
- Diagrams, drawings, graphs and other line art must be vector or saved at a resolution of at least 1200 dpi. If created in an MS Office program, send the native (DOC, PPT, XLS) file.
- Photographs, radiographs and other halftone images must be saved at a resolution of at least 300 dpi.
- Photographs and radiographs with text must be saved as PostScript or at a resolution of at least 600 dpi.

Each figure must be saved and submitted as a separate file. Figures should not be embedded in the manuscript text file.

Video Submissions. Authors may submit video as their primary submission, and write an accompanying description for publication in JAAPA.

Authors may also submit videos to enhance their written manuscript. The manuscript must contain references to the video that are clearly labeled as “Supplemental Digital Content,” with a brief description of the video and its intended function as a supplement to the manuscript, the videographer’s name, participants, length (minutes) and size (MB). Authors must obtain written consent from anyone appearing in the video. Consent should be emailed as a scanned attachment to [Jan Corwin Enger](#).

Video files should be submitted with the following file extensions: .wmv, .mov, .qt, .mpg, .mpeg or .mp4, and formatted with a 320 X 240 pixel minimum screen size. Video documents are attached the same way as the manuscript and cover letter in the online submission process.

For more information, please email [Jan Corwin Enger](#).

Remember:

- Cite figures consecutively in your manuscript.
- Number figures in the figure legend in the order in which they are discussed.
- Upload figures consecutively to the Editorial Manager website and enter figure numbers consecutively in the Description field when uploading the files.

Note that **high-resolution files cannot be created from low-resolution image files**. The original image has to be large enough to qualify as high-resolution. Images can be sized down, but they cannot be sized up.

Note also that images scanned from a previously printed source, such as a textbook or journal article, cannot be used because they are low resolution and will not reproduce well. We must have original images, either as digital files or hard copies.

Borrowing material from another source: Authors should clarify the copyright status for every item in their manuscript that is not part of the main text. (“Every item” means all tables, graphs, algorithms, photos, imaging studies, ECGs, etc.) Authors must obtain copyright releases for reprinting any previously published material.

For each item, specify one of the following:

1. The accessory material is original to you (and hence requires no permission to use).
2. The material was created by you from material in another source (and hence requires a source or reference line, but does not require permission). In this case, provide the complete publication information for the source.
3. The material was borrowed in its current form from another source, and the status of your permission request to the original publisher.

7. How to prepare and submit the manuscript

Specific requirements for the type of manuscript you are submitting are given in the sections on types of articles published. In addition, authors should adhere to the following guidelines:

On-line manuscript submission: All manuscripts must be submitted online via Editorial Manager, at www.editorialmanager.com/jaapa.

First-time users: Please click the Register button on the Editorial Manager home page (www.editorialmanager.com/jaapa). Enter the requested information to complete your registration. Upon successful registration, an email containing your user name and password will be sent to you. Please be sure to enter your email address correctly; if an error has been made or an incorrect email address has been provided, you will not receive this notification.

Note: If you have already received an email containing your User ID and password, or if you are already registered, do not register again. You may log in to the site using the information previously provided to you. You may access your Author, Reviewer and/or Editor accounts with the same log-in information..

Authors: Click the log-in button on the Editorial Manager home page, enter your username and password, and click on Author Login. Click on the Submit Manuscript link to begin the submission process. Be sure to prepare your manuscript according to the requirements laid out in these author instructions. Following submission to the journal office, you will be able to track the progress of your manuscript through the system.

If you experience any problems with Editorial Manager or have any questions, please contact the Editorial Office: **Andrei Greska**, Senior Publishing Assistant, 215-521-8816.

- Use a plain, readable typeface, such as 12-point Arial or Times New Roman. Do not use decorative or italic fonts that make the manuscript difficult to read. Do not place borders or section breaks in the manuscript or use other types of formatting or stationery that may be difficult to remove or may otherwise make editing difficult.
- Create all text – the article body, tables, figure captions, etc – in Microsoft Word so that it can be edited. Do not submit any text in PDF format. Do not use Excel or any other spreadsheet application to create tables, and do not create tables using tabs or spaces to form columns; create tables using the Microsoft Word table function. PowerPoint may be used if you are providing a graphic illustration (such as a bar graph) that we can recreate; in this instance, supply the numerical data used to create the graphic.
- Provide appropriate headings and subheadings throughout the text that will clarify the organization of information for the reader. Consult recent issues of JAAPA for examples of how to use headings and subheadings.
- Expand all acronyms on first mention. Example: white blood cells (WBCs).
- Provide units of measure for all laboratory values or other clinical measures that are expressed in number form. Example: when giving a blood glucose level, please write 90 mg/dL, not 90.

- Refer to drugs using their generic names. Provide the salt if this helps to clarify which drug you are talking about. Example: use cefuroxime axetil for the oral form and cefuroxime sodium for the IM or IV form.
- Cite every table, figure or other accessory item at an appropriate place in the text. Example: “A radiograph of this fracture is shown in **Figure 1.**” Number tables and figures sequentially in the order in which they are to appear.
- Place figures, tables, algorithms and other accessory material at the end of the file (or in a separate file) and number them consecutively in order of their appearance in the text. Do not embed this material in the body of the text.
- For guidelines regarding images, please see **Problem areas** above.
- For guidelines regarding the types of references to cite and when to cite them, see **Problem areas** above.

8. What happens after manuscript submission

After an article has been submitted to JAAPA, it is screened by editorial staff members, members of the JAAPA editorial board and/or the department editor (for department manuscripts).

In most cases, articles that pass the preliminary screening are sent to at least two peer reviewers, who determine whether the manuscript will be accepted, rejected or recommended for revision. Author names are not removed from the manuscript before peer review. Preliminary screening and peer review can take 8 to 10 weeks.

After peer review is complete, JAAPA will notify the corresponding author of the manuscript’s status. If revision is recommended, we will send revision instructions to the author. Authors are given access to each individual review, but the reviewers’ identities are masked. Authors are asked to provide a revised manuscript for re-evaluation within 4 weeks. An author may request additional time for revision by contacting the journal at jaapaeditor@wolterskluwer.com.

Articles are scheduled for publication after acceptance. They are edited about three months before publication. Authors should be aware that JAAPA receives a high volume of submissions and, as a result, some articles may not be published until 15 to 18 months after submission.

All manuscripts accepted for publication become the property of the journal and may not be published elsewhere without the written permission of the publisher. Authors must sign copyright release and conflict of interest disclosure forms at the time of manuscript acceptance.

Authors should be aware that JAAPA receives a high volume of submissions and that, as a result, many articles must wait to be published.

All articles that have been accepted and scheduled for publication are subject to editing. Authors should be aware that editing can be extensive and that further revision may be required at the editing stage.

Edited manuscripts are emailed to the author for review before printing. Authors are asked to respond with corrections and comments within 1 week of receipt. Authors can make no further changes after this point.

9. Copyright and conflicts of interest

Copyright: All authors must complete the journal's copyright transfer, which will be provided in Editorial Manager during the Additional Information step of the submission process. The form also will be emailed to your coauthors for completion upon submission, using the information you entered in the Add/Edit/Remove Authors submission step.

Conflicts of interest: Authors must state all possible conflicts of interest on the title page of the manuscript, including financial, consultant, institutional and other relationships that might lead to bias or a conflict of interest. If there is no conflict of interest, this should also be explicitly stated as none declared. All sources of funding should be acknowledged in the manuscript. All relevant conflicts of interest and sources of funding should be included on the title page of the manuscript with the heading "Conflicts of Interest and Source of Funding." For example:

Conflicts of Interest and Source of Funding: A has received honoraria from Company Z. B is receiving a grant (#12345) from Organization Y, and is on the speaker's bureau for Organization X – the CME organizers for Company A. For the remaining authors, none were declared.

10. Open Access

WK/LWW's hybrid open access option is offered to authors whose articles have been accepted for publication. With this choice, articles are made freely available online immediately upon publication. Authors of accepted peer-reviewed articles have the choice to pay a fee to allow perpetual unrestricted online access to their published article to readers globally, immediately upon publication. Authors may take advantage of the open access option at the point of acceptance to ensure that this choice has no influence on the peer review and acceptance process. These articles are subject to the journal's standard peer-review process and will be accepted or rejected based on their own merit.

The publication fee is charged on acceptance of the article and should be paid within 30 days, by credit card, by the author, funding agency or institution. Payment must be processed for the article to be published open access. For a list of journals and pricing, please visit our [Wolters Kluwer Open Health Journals page](#).

11. Editorial independence

JAAPA is owned by the American Academy of PAs and is published by Wolters Kluwer. The journal's content is evaluated by an independent editorial board primarily composed of experienced PAs and PA researchers. The relationship between the journal owners and the editorial board is designed and actively managed to promote accurate, evidence-based, relevant and unbiased content as well as a reputation for high integrity for JAAPA. The editorial board is solely responsible for the peer review, evaluation and final disposition of all submitted works to the journal. The editorial board remains receptive to articles representing all legitimate points of view and committed to publishing balanced accounts of issues relevant to PAs. Editorial board members must disclose any conflicts of interest and recuse themselves from participation with any submission that infringes on a potential conflict. Additionally, editorial board members adopt policies and recommendations from the International Committee of Medical Journal Editors and the World Association of Medical Editors' Ethics and Policy Committee. The owners, publishers and editorial board members have agreed to adopt shared values and apply these values, as published by the AAPA, in our work: leadership and service, unity and teamwork, accountability and transparency, and excellence and equity.



For complete instructions, visit:
edmgr.ovid.com/jaapa.

