DESCRIPTION

Academic Pediatrics, the official journal of the Academic Pediatric Association, is a peer-reviewed publication whose purpose is to strengthen the research and educational base of academic general pediatrics. The journal provides leadership in pediatric education, research, patient care and advocacy. Content areas include pediatric education, emergency medicine, injury, abuse, behavioral pediatrics, holistic medicine, child health services and health policy, and the environment. The journal provides an active forum for the presentation of pediatric educational research in diverse settings, involving medical students, residents, fellows, and practicing professionals. The journal also emphasizes important research relating to the quality of child health care, health care policy, and the organization of child health services. It also includes systematic reviews of primary care interventions and important methodologic papers to aid research in child health and education.

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ABSTRACTING AND INDEXING

PubMed/Medline

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Academic Pediatrics strives to improve the health and wellbeing of children, their families, and their communities through:

- Providing a forum for the publication of general pediatric studies, commentaries and reviews that are of interest to learners and professionals who care for children and adolescents;
- Helping to advance the field of academic pediatrics;
- Strengthening the research and educational base of academic pediatrics; and
- Providing the evidence base for optimal child health care, pediatric education, and child health policy.

The content areas of the Journal reflect the general interests of Academic Pediatric Association members and other health professionals who care for children. Areas of particular interest include child health services research, quality of clinical care, pediatric education, child health policy, and research methodology. Content areas for the Journal include such diverse topics as adolescent medicine, child maltreatment and protection, chronic illness, community pediatrics, developmental and behavioral pediatrics, emergency medicine, environmental medicine, financing, global pediatrics, health disparities, holistic medicine, hospital medicine, informatics, injury, medical education across the continuum, pediatric advocacy, prevention, pediatric primary care problems, and public health.

Please address editorial questions to:

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**Research articles - Quantitative and Qualitative Research**

Most research articles published in the Journal use quantitative methods, and the maximum length for these manuscripts is 3500 words. The word limit for manuscripts reporting qualitative research is also 3500 words. Mixed methods research will also be accepted. Concise, clear writing is one of the criteria by which editors and reviewers evaluate submissions. Manuscripts reporting original research should have a clear organization with an abstract and What's New, described below, an introduction, a methods sections (including a CONSORT flow diagram and checklist for randomized, controlled trials [RCTs]), a results section, and a discussion. Academic Pediatrics will take into consideration the registration of RCTs in a public trials registry, as described by the International Committee of Medical Journal Editors (See www.icmje.org). Although trials that began participant enrollment in 2014 or earlier will not be required to have been registered, starting January 2015, all controlled trials must have been registered before enrolling the first subject.

**Brief Reports**

The Journal also publishes brief reports that describe interesting new ideas or innovations in pediatric medicine, health services, and medical education. Brief reports may raise new questions of interest to the Journal readership. Brief reports typically are judged using the same metrics as are other research articles. Brief reports should have no more than 2,000 words (excluding abstract, tables, and references) and a maximum of three tables or figures and 25 references. Other elements (abstract, What's New and references) meet usual Journal requirements for length and formatting, and peer review.

**Articles on Educational Research**

Articles describing educational research and interventions should measure and report outcomes beyond participants' reactions and change in knowledge. Demonstration of the impact of educational interventions should include changes in observed behaviors of learners as a result of the intervention. Ultimately, new learned behaviors should have measurable impact through improved patient outcomes and/or enhanced child health.

**View from the Association of Pediatric Program Directors (APPD)**

As the official journal of the Association for Pediatric Program Directors (APPD), this journal accepts manuscript submissions for the View from APPD Pages. Any topic relevant to pediatric residency education or program administration will be considered, yet preference will be given to papers with outcomes beyond merely a description of a curriculum. Innovative single institution pilot projects, as well as practical how-to papers grounded in the literature will also be considered. A key consideration...
should be how helpful this work will be for members of the APPD community. Past examples can be found here. Manuscripts should be less than 2000 words with no more than two figures or tables and 20 references. Research papers should follow a traditional structure (typically Background, Methods, Results, Discussion). Submissions should have an abstract of no more than 200 words. If you would like input before the submission, or to submit an idea for a manuscript, please contact the Associate Editor for APPD View, Mike Pitt, at mbpitt@umn.edu.

**Perspectives: Review of a Pediatric Field**

Perspectives: Review of a Pediatric Field presents important pediatric topics, with an emphasis on research findings in the previous five years and identifying areas for future study. The Perspectives Editors solicit most articles with input about topics and potential authors from the Journal's senior editorial group. Authors will generally be respected authorities in the area and may include a fellow or junior faculty member as a co-author. The manuscript should be about 4500-5000 words with an abstract of around 400 words and references as needed. "What's New" is not required. The manuscript should include an overview of key questions and important research in a field, indicating the recent advances in the underlying science, and ending with a vision of the research and/or policy issues that should be addressed in the near future. Where appropriate, Perspectives should also discuss implications for pediatric education and practice. The editors will work with authors as needed and may request an annotated outline of the manuscript. All Perspectives: Review of a Pediatric Field manuscripts are peer-reviewed. For questions or suggestions about a Perspectives: Review of a Pediatric Field topic, please contact Paul C. Young at Paul.Young@hsc.utah.edu or Paul Chung at PaulChung@mednet.ucla.edu.

**Systematic Reviews**

Systematic reviews are critical assessments of literature and data sources pertaining to one of four areas: 1) pediatric research methods, 2) pediatric education and pediatric professional development, 3) pediatric health policy, and 4) pediatric health care delivery. All articles or data sources should be selected systematically for inclusion in the review and critically evaluated, and the selection process should be described in the article. Typical length: 2000 to 3500 words (not including tables, figures, and references). Evidence tables that list specific studies would generally be published in an online-only appendix, while the print version would include the critical summary tables. Any manuscript over 4000 words will not be considered unless this has been previously discussed with the editor Robert Jacobson at jacobson.robert@mayo.edu. Specific requirements for Systematic Reviews are described in more detail below.

**Narrative Reviews**

Narrative reviews, as opposed to systematic reviews, are particularly useful for topics with a fragmentary evidence base, such as emerging issues, singular events, or new approaches. Our journal's four-fold focus is for topics in pediatric healthcare delivery, education, research, and public policy. Before conducting such a narrative review, prospective authors may wish to contact the Reviews Editor, Robert M Jacobson, MD, to gauge the acceptability of the topic. As with all submissions to Academic Pediatrics, submitted manuscripts will undergo peer-review for determination of acceptance.

Narrative reviews should be limited in scope and length. The title should specify that the report is a narrative review. The content should be limited to 2400 words with a maximum of 4 figures and tables total, and no more than 50 references. The structure should be organic, taking its organization from the topic, rather than forced into that of an original scientific contribution. Include an unstructured abstract, up to 250 words, and a brief summary, up to 40 words, for "What this Narrative Review Adds." As with other manuscript-types, the review should not have been published previously.

**Scholarly Innovations**

This type of manuscript provides an opportunity for medical educators to disseminate projects related to teaching activities, curricular interventions, learner assessment, advising and mentoring and program evaluation. These articles should report on educational innovations that have been recently implemented (within the past 2 years). The innovations described should represent a new approach or the application of an established method/tool in a novel setting or context (e.g., projects that utilize established methods/tools in a novel setting/context with no new insights gained would not be considered innovative). Pilot projects, projects that are part of a larger but not yet published research project, projects from one program and projects with early/short term outcomes are appropriate for this type of manuscript.
Content Requirements: Maximum of 1000 words in length (excluding What's New?, table/figure and references) with maximum 1 table or figure. Maximum of 10 key references. An abstract is not required. These reports should be organized into the following sections: What's New? - Summarize innovation and outcomes in maximum of 40 words. Background - Brief background to establish the importance of the issue addressed in the intervention. Educational Approach and Innovation - Description of the educational innovation and methods utilized in assessing the intervention. Justification of what makes the approach or type of education innovative. Results - Assessment of the intervention's outcomes. Discussion and Next Steps - Discussion of the impact of the work in advancing what is already known about the topic. A cover letter and title page as required for other submissions to the Journal. Outline next steps to further understand the issues related to the problem.

These articles will undergo the peer review process and be evaluated on the importance of the problem being addressed, the innovative nature of the project, the methods utilized in assessing the intervention, and the significance of the outcomes. We aim to publish one report in each issue.

Supplements
The Journal publishes supplements on topics of interest to its readers. Authors interested in supplements to the Journal should contact the Editor-in-Chief to discuss interest and procedures. Supplements should have a guest editor, who helps with the initial review of manuscripts and organization of the supplement, as well as suggesting reviewers for the manuscripts. All manuscripts proposed for a supplement have external review (as with other submissions to the Journal), and final decisions on publication remain with the Journal's editors, in consultation with the guest editor for the supplement.

In The Moment - Personal Narratives
We invite submissions to "In the Moment", the personal narratives section of Academic Pediatrics. "In the Moment" is a forum for authors to relate their personal experience of pediatrics. We are seeking your stories, i.e. narrative pieces about research, contact with patients, the influence of mentors, the impact of policy and current events, and the relationship of the author's work to their lives and the lives of others. Narratives should describe these experiences so the reader can make connections to larger themes in pediatrics education, research, policy, and clinical care. The section is a vibrant forum for all of us to relate the stories that are such an important part of our work and ongoing medical education.

Submissions should be no more than 1500 words in length and do not need abstracts or "What's New" descriptions. Narratives typically do not require references. Permission to include patient identifiers should be provided or include a notation that identifying details have been modified. Narratives should be submitted through the editorial website. Please direct questions to Terry Kind, MD, MPH at TKind@childrensnational.org.

Narrative stories welcome Maximum of 1500 words Include a title page No references preferable No abstract or What's New Include information about ensuring patient privacy

Commentaries
The editors occasionally solicit brief (about 1000 word) commentaries regarding papers published in the Journal or recent reports of activities of interest to readers. Commentaries differ from Perspectives by being briefer and more focused on specific topics, questions, or manuscripts. Commentaries are solicited by the editors.

Ideas and Innovations
Authors may submit manuscripts proposing innovative ideas meant to influence pediatric healthcare delivery, education, research, or public policy. Manuscripts should include a thoughtful review of the relevant literature of the topic to support an argument that current ideas or practices should be changed to help the field of pediatrics progress. Based on the literature review, the authors should offer an alternative conceptualization of the topic that might prove more fruitful as well as recommendations for the needed research. Reviews of submitted manuscripts will focus on the significance of the topic, the importance of the idea or innovation, and the clarity of the argument and conclusions. The title should convey the novelty in one way or another. The content should be limited to 3500 words with no more than 4 figures and tables in total and no more than 50 references. The structure should be organic, taking its organization from the development of the argument of the author(s). Include an unstructured abstract, up to 250 words, and a call-out box entitled, "What's New" that summarizes the argument in no more than 40 words. As with other submissions to this
journal, the manuscript must not have been published previously. Submitted manuscripts will undergo peer-review before acceptance. Robert M. Jacobson at jacobson.robert@mayo.edu is responsible for this section.

**Healthcare Innovations**

1000 words maximum with background, innovation and context, results, discussion and next steps sections What's New 10 references maximum 1 table or figure No abstract

Healthcare Innovations is a new type of submission. This type of manuscript provides an opportunity for healthcare innovators and operational leaders to publish and disseminate projects related to innovations in pediatric health care delivery. These articles should report on health care delivery innovations that have been recently implemented (within the past 5 years) and have not been previously reported. The proposed innovation should represent a new approach or paradigm shift in pediatric care delivery or an adaptation of a well-established approach newly applied to a pediatric context. Innovations may represent novel approaches in health care interventions, services, or financing mechanisms. Pilot projects and innovative projects that are part of a larger but not yet published research project are relevant to this article type provided preliminary feasibility and outcome data are included. Studies of quality improvement activities that are not generalizable beyond the initial site or implementation science studies that adapt or tailor existing well-developed pediatric approaches will not be considered responsive for this article type. The organization of this type of manuscript is slightly different from a traditional research manuscript with background, innovation and context, results, discussion and next steps sections. We would like reviewers to evaluate on the importance of the problem being addressed, the innovative nature of the project, the methods utilized in assessing the intervention, and the significance of the outcomes during the peer review process. For questions, please contact James Guevara, MD, MPH at GUEVARA@email.chop.edu.

**Progress Report**

1000 words maximum What's New 10 references maximum No abstract

The editor invites authors of certain, recent original research studies published in the journal to submit Progress Reports. This Report gives authors an opportunity to direct readers' attention not only to their original study but also to the studies in that area that have followed.

Thus, invited authors can update the discussion regarding their contribution in the field. They can continue the conversation they started with the reader with the Discussion section in the original study. They will get the opportunity to address publications since the original work. This allows authors to put their work in the context of those publications. The new manuscript would serve as a commentary on the problem and the field and update the points made in the original publication's discussion. We ask authors to assess what has been reported in the literature since the original publication and whether progress has been made upon their original efforts. The editors then review Progress Reports expeditiously with the intent to publish.

**Use of inclusive language**

Inclusive language acknowledges diversity, conveys respect to all people, is sensitive to differences, and promotes equal opportunities. Language that imparts bias should be avoided. Content should make no assumptions about the beliefs or commitments of any reader; contain nothing which might imply that one individual is superior to another on the grounds of age, gender, race, ethnicity, culture, sexual orientation, disability or health condition; and use inclusive language throughout. Authors should ensure that writing is free from bias, stereotypes, slang, reference to dominant culture and/or cultural assumptions. Given that race and ethnicity classifications are regarded as social constructs, the rationale for the collection of this data should be provided. Specific categories of race and ethnicity should be used in adjectival form without hyphenation and capitalized (e.g. African American participants); vague terms such as "minorities", "underserved", and "marginalized" should be avoided. If use of any such term is considered necessary, authors should provide a brief definition of the term and strong scientific justification for its use. We recommend against using "other" to classify multiple groups unless the numbers in these groups are small and place individuals at risk of identification.¹ We advise to seek gender neutrality by using plural nouns ("clinicians, patients/clients") as default/wherever possible to avoid using "he, she," or "he/she." We recommend avoiding the use of descriptors that refer to personal attributes such as age, gender, race, ethnicity, culture, sexual orientation, disability or health condition unless they are relevant and valid. When coding terminology is used, we recommend to avoid offensive or exclusionary terms such as "master",
"slave", "blacklist" and "whitelist". We suggest using alternatives that are more appropriate and (self-) explanatory such as "primary", "secondary", "blocklist" and "allowlist". These guidelines are meant as a point of reference to help identify appropriate language but are by no means exhaustive or definitive. Flanagan A, Frey T, Christiansen SL, Bauchner H. The reporting of race and ethnicity in medical and science journals: Comments invited. JAMA. 2021;325(11):1049-1052.

**Submission checklist**
You can use this list to carry out a final check of your submission before you send it to the journal for review. Please check the relevant section in this Guide for Authors for more details.

**Ensure that the following items are present:**

One author has been designated as the corresponding author with contact details:

- E-mail address
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All necessary files have been uploaded:

**Manuscript:**
- Include keywords
- All figures (include relevant captions)
- All tables (including titles, description, footnotes)
- Ensure all figure and table citations in the text match the files provided
- Indicate clearly if color should be used for any figures in print

**Graphical Abstracts / Highlights files** (where applicable)

**Supplemental files** (where applicable)

Further considerations:
- Manuscript has been 'spell checked' and 'grammar checked'
- All references mentioned in the Reference List are cited in the text, and vice versa
- Permission has been obtained for use of copyrighted material from other sources (including the Internet)
- A competing interests statement is provided, even if the authors have no competing interests to declare
- Journal policies detailed in this guide have been reviewed
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**Cover Letter - please note revised policy**
Submission of an article implies that the work described has not been published previously (except in the form of an abstract, as part of a published lecture or academic thesis, or as a poster session at a professional meeting), that it is not under consideration for publication elsewhere, that its publication is approved by all authors and tacitly or explicitly by the responsible authorities where the work was carried out, and that, if accepted, it will not be published elsewhere including electronically in the same form, in English or in any other language, without the written consent of the copyright-holder. A cover letter that includes these assurances must be included with each submission. This letter must be signed by only the corresponding author. The corresponding author is responsible assuring that all co-authors are aware of and agree to this submission.

**Formatting**

All manuscripts should be prepared with standard word processing software. Text, abstract and "What’s New" should be double spaced in 12-point font, and pages numbered. Tables and figures should be placed together at the end of the manuscript. Tables may be submitted in word processor format at the end of the manuscript’s text or as separate files after uploading the text, but figures must be submitted as separate files. Black and white figures will be printed without charge. Authors bear the costs for printing colored tables or figures. More information regarding figures appears below.

**BEFORE YOU BEGIN**

**Ethics in publishing**
Please see our information on Ethics in publishing.
Declaration of interest
All authors must disclose any financial and personal relationships with other people or organizations that could inappropriately influence (bias) their work. Examples of potential competing interests include employment, consultancies, stock ownership, honoraria, paid expert testimony, patent applications/registrations, and grants or other funding. Authors must disclose any interests in two places: 1. A summary declaration of interest statement in the title page file (if double anonymized) or the manuscript file (if single anonymized). If there are no interests to declare then please state this: 'Declarations of interest: none'. 2. Detailed disclosures as part of a separate Declaration of Interest form, which forms part of the journal’s official records. It is important for potential interests to be declared in both places and that the information matches. More information.

Declaration of generative AI in scientific writing
The below guidance only refers to the writing process, and not to the use of AI tools to analyse and draw insights from data as part of the research process.

Where authors use generative artificial intelligence (AI) and AI-assisted technologies in the writing process, authors should only use these technologies to improve readability and language. Applying the technology should be done with human oversight and control, and authors should carefully review and edit the result, as AI can generate authoritative-sounding output that can be incorrect, incomplete or biased. AI and AI-assisted technologies should not be listed as an author or co-author, or be cited as an author. Authorship implies responsibilities and tasks that can only be attributed to and performed by humans, as outlined in Elsevier’s AI policy for authors.

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Disclosure instructions
Authors must disclose the use of generative AI and AI-assisted technologies in the writing process by adding a statement at the end of their manuscript in the core manuscript file, before the References list. The statement should be placed in a new section entitled ‘Declaration of Generative AI and AI-assisted technologies in the writing process’.

Statement: During the preparation of this work the author(s) used [NAME TOOL / SERVICE] in order to [REASON]. After using this tool/service, the author(s) reviewed and edited the content as needed and take(s) full responsibility for the content of the publication.

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Submission declaration and verification
Submission of an article implies that the work described has not been published previously (except in the form of an abstract, a published lecture or academic thesis, see 'Multiple, redundant or concurrent publication' for more information), that it is not under consideration for publication elsewhere, that its publication is approved by all authors and tacitly or explicitly by the responsible authorities where the work was carried out, and that, if accepted, it will not be published elsewhere in the same form, in English or in any other language, including electronically without the written consent of the copyright-holder. To verify compliance, your article may be checked by Crossref Similarity Check and other originality or duplicate checking software.

Use of inclusive language
Inclusive language acknowledges diversity, conveys respect to all people, is sensitive to differences, and promotes equal opportunities. Content should make no assumptions about the beliefs or commitments of any reader; contain nothing which might imply that one individual is superior to another on the grounds of age, gender, race, ethnicity, culture, sexual orientation, disability or health condition; and use inclusive language throughout. Authors should ensure that writing is free from bias, stereotypes, slang, reference to dominant culture and/or cultural assumptions. We advise to seek gender neutrality by using plural nouns (“clinicians, patients/clients”) as default/whenever possible to avoid using "he, she," or "he/she." We recommend avoiding the use of descriptors that refer to personal attributes such as age, gender, race, ethnicity, culture, sexual orientation, disability or health condition unless they are relevant and valid. When coding terminology is used, we recommend
to avoid offensive or exclusionary terms such as "master", "slave", "blacklist" and "whitelist". We suggest using alternatives that are more appropriate and (self-) explanatory such as "primary", "secondary", "blocklist" and "allowlist". These guidelines are meant as a point of reference to help identify appropriate language but are by no means exhaustive or definitive.

**Reporting sex- and gender-based analyses**

**Reporting guidance**

For research involving or pertaining to humans, animals or eukaryotic cells, investigators should integrate sex and gender-based analyses (SGBA) into their research design according to funder/sponsor requirements and best practices within a field. Authors should address the sex and/or gender dimensions of their research in their article. In cases where they cannot, they should discuss this as a limitation to their research's generalizability. Importantly, authors should explicitly state what definitions of sex and/or gender they are applying to enhance the precision, rigor and reproducibility of their research and to avoid ambiguity or conflation of terms and the constructs to which they refer (see Definitions section below). Authors can refer to the Sex and Gender Equity in Research (SAGER) guidelines and the SAGER guidelines checklist. These offer systematic approaches to the use and editorial review of sex and gender information in study design, data analysis, outcome reporting and research interpretation - however, please note there is no single, universally agreed-upon set of guidelines for defining sex and gender.

**Definitions**

Sex generally refers to a set of biological attributes that are associated with physical and physiological features (e.g., chromosomal genotype, hormonal levels, internal and external anatomy). A binary sex categorization (male/female) is usually designated at birth ("sex assigned at birth"), most often based solely on the visible external anatomy of a newborn. Gender generally refers to socially constructed roles, behaviors, and identities of women, men and gender-diverse people that occur in a historical and cultural context and may vary across societies and over time. Gender influences how people view themselves and each other, how they behave and interact and how power is distributed in society. Sex and gender are often incorrectly portrayed as binary (female/male or woman/man) and unchanging whereas these constructs actually exist along a spectrum and include additional sex categorizations and gender identities such as people who are intersex/have differences of sex development (DSD) or identify as non-binary. Moreover, the terms "sex" and "gender" can be ambiguous—thus it is important for authors to define the manner in which they are used. In addition to this definition guidance and the SAGER guidelines, the resources on this page offer further insight around sex and gender in research studies.

**Authorship**

All authors should have made substantial contributions to all of the following: (1) the conception and design of the study, or acquisition of data, or analysis and interpretation of data, (2) drafting the article or revising it critically for important intellectual content, (3) final approval of the version to be submitted.

**Authorship Criteria**

In order to meet authorship criteria, each author must have participated sufficiently in the work of the study and manuscript to acknowledge publicly responsibility for the manuscript. At least one author must be able to take public responsibility for the entire work, from idea to complete manuscript. Academic Pediatrics follows published uniform recommendations for criteria for authorship (see references). All three of the following criteria must be met for authorship:

1. Substantial involvement and contribution to the idea or the study question, or to the study design, or to the fieldwork component, or to the analysis, or to the interpretation of study findings; and
2. Writing drafts of the manuscript, or reviewing drafts or revisions critically with substantial input; and
3. Approval of the final version of the manuscript.
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Please write your text in good English (American or British usage is accepted, but not a mixture of these). Authors who feel their English language manuscript may require editing to eliminate possible grammatical or spelling errors and to conform to correct scientific English may wish to use the Language Editing service available from Elsevier's Language Services.

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PREPARATION
Essential title page information
- **Title.** Concise and informative. Titles are often used in information-retrieval systems. Avoid abbreviations and formulae where possible.
- **Author names and affiliations.** Please clearly indicate the given name(s) and family name(s) of each author and check that all names are accurately spelled. You can add your name between parentheses in your own script behind the English transliteration. Present the authors' affiliation addresses (where the actual work was done) below the names. Indicate all affiliations with a lower-case superscript letter immediately after the author's name and in front of the appropriate address. Provide the full postal address of each affiliation, including the country name and, if available, the e-mail address of each author.
• **Corresponding author.** Clearly indicate who will handle correspondence at all stages of refereeing and publication, also post-publication. This responsibility includes answering any future queries about Methodology and Materials. **Ensure that the e-mail address is given and that contact details are kept up to date by the corresponding author.**

• **Present/permanent address.** If an author has moved since the work described in the article was done, or was visiting at the time, a 'Present address' (or 'Permanent address') may be indicated as a footnote to that author's name. The address at which the author actually did the work must be retained as the main, affiliation address. Superscript Arabic numerals are used for such footnotes.

The title page is the first page of all manuscripts. It includes:
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• Names, degrees, department, affiliation, full postal address, city and state and email address of all authors;
• Name, mailing address, email address, phone and fax number of the corresponding author; contact details must be kept up to date by the corresponding author.

*Present/permanent address.* If an author has moved since the work described in the article was done, or was visiting at the time, a 'Present address' (or 'Permanent address') may be indicated as a footnote to the author's name. The address at which the author actually did the work must be retained as the main, affiliation address. Superscript Arabic numerals are used for such footnotes.

• 3-5 keywords (not required for In The Moment or commentaries);
• Running title or header of no more than 60 characters including spaces;
• Separate word counts for the abstract and the main text;
• Acknowledge the research or project support with the relevant agency, grant or project number, and the principal investigator. Briefly describe the role of the sponsor(s), if any in study design, in the collection, analysis and interpretation of data; in the writing of the report; and in the decision to submit the article for publication. If the funding source(s) had no such involvement then this should be stated. Relevant information should be included on the title page. please see [https://www.elsevier.com/funding](https://www.elsevier.com/funding).
• Description of potential conflicts of interest and corporate sponsors.

**Abstract**
A concise and factual abstract is required. The abstract should state briefly the purpose of the research, the principal results and major conclusions. An abstract is often presented separately from the article, so it must be able to stand alone. For this reason, References should be avoided, but if essential, then cite the author(s) and year(s). Also, non-standard or uncommon abbreviations should be avoided, but if essential they must be defined at their first mention in the abstract itself.

The abstract is the second page of all manuscripts with the exception of "In the Moment - Personal Narratives" for which an abstract is not required. Abstracts should be prepared with a structured format with a maximum of 250 words. Four elements should be addressed: objective, methods, results, and conclusions. Please label each section clearly with the appropriate subheading.

**What's New**
What's New provides authors an opportunity to summarize in no more than 40 words how this research contributes to the knowledge base of the field. What's New is not required for In the Moment, commentaries, and systematic reviews.

**Manuscript Text**
The manuscript's text, double spaced, varies with the type of article submitted. Please direct specific questions to the Editorial Office or section editor. Special requirements for Systematic Reviews appear below.

All manuscripts, including title page, tables, figures, and references, should be prepared according to "Uniform requirements for manuscripts submitted to biomedical journals." Grammar, punctuation, scientific writing style and abbreviations should follow the American Medical Association Manual of Style, 10th edition. Any uncommon abbreviations should be listed at the beginning of the article. Confidence intervals usually provide more helpful information than P values.

**Human Subjects**
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