JOURNAL OF THE AMERICAN MEDICAL DIRECTORS ASSOCIATION
Long-Term Care: Management, Applied Research and Clinical Issues

AUTHOR INFORMATION PACK

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DESCRIPTION

JAMDA is the official journal of AMDA: Dedicated to Long Term Care Medicine. JAMDA provides monthly coverage of the issues most important to healthcare professionals providing long term care. Original research and review articles cover topics such as geriatric medicine, dementia and cognitive impairment, rehabilitation, chronic comorbid conditions, the frail elder, sarcopenia, medication management and prescribing issues, multi-resistant organisms and infectious diseases, falls prevention, assisted living risks and challenges, palliative/end of life care, education, technology/robotics, as well as health policy, outcomes evaluation and guidelines for administrators, physicians and staff who work in long-term care, rehabilitation sites, assisted living, and home care.

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GUIDE FOR AUTHORS

INTRODUCTION

JAMDA is the premiere Journal for issues in post-acute and long-term care. Therefore, primary priority is given to submissions in these focus areas.

Types of articles

ORIGINAL STUDIES

Please provide a structured abstract using the following headings: Objectives, Design, Setting, Participants, Intervention (if any), Measurements, Results, and Conclusion. The text portion should be approximately 7-8 double-spaced pages in length, using the following format:

Introduction - should describe the question posed that the research was designed to answer.

Methods - should describe the design, how it was carried out, selection and assignment of subjects, treatment, outcome measurements, and statistical methods.

Results - should be listed in order of importance and include any adverse effects.

Discussion - should provide a brief synopsis of the findings, limitations of the study, and a comparison with relevant findings from other studies.

Conclusion - should provide a brief summary of the implications of the study findings.

Meta-analyses will be considered original research.

Brief Reports are a condensed version of Original Studies, limited to 6-8 double-spaced pages including title page, abstract, text, references, tables, and figures. This category is ideal for reporting preliminary results of a study or reporting a small study.

REVIEW ARTICLES

A review article is a systematic, critical assessment of the literature and data sources relevant to clinical topics (including treatment) that are commonly encountered in long-term care settings. Authors should emphasize factors such as cause, diagnosis, prognosis, prevention, or therapeutic intervention(s). All articles and date sources reviewed should include information about a specific type of study (eg, case study, double-blind, randomized trial), population, intervention, and outcomes. Articles or data sources should be selected systematically for inclusion in the review and critically evaluated. The selection process should be described in the paper. The typical length is 10-12 double-spaced pages, not including tables, figures, and references. Submission of a textbook replication is discouraged. The review section also includes Brief Reviews. These articles are narrow in scope, answering a single clinical question, such as: What is an effective intervention for prevention of injurious falls? All review articles should be formatted using the following headings: Objectives/Introduction; Methods (data sources, type of study); Results; Discussion; Conclusion. Review articles should have a brief abstract with or without subheadings.

CONTROVERSIES IN LONG TERM CARE

These articles will deal with behaviors or practices in long term care settings that lack an evidence base, but rather are guided by opinions of local leaders and/or regulations without a clearly tested process that leads to a beneficial outcome. The following structure should be used: Problem, Significance of the Problem, Discussion, Conclusion. These articles should include a brief abstract without subheadings. These should be no longer than 6-8 double-spaced pages.

CLINICAL EXPERIENCE

These articles should address the use of assessment and/or intervention methods in the long-term care setting (home, assisted living, and nursing facilities), which have the potential to improve quality of care or quality of life. Examples: Algorithms, clinical practice guidelines, the impact of regulatory requirements on practice or policy, and procedure implementation. These reports may describe a clinical experience or an investigation that is preliminary but that may be of clinical or scientific interest. The manuscript should include a short Introduction and Rationale, a Methods section to include subjects and approach, and an Outcomes or Results section. In the case results are not available, some mention should be made of methods to be employed to measure outcome of the
work process. The reports are limited to 10 double-spaced narrative manuscript pages with 1-2 tables and/or figures, plus a brief, structured abstract using the headings above. Forms and checklists are welcome as tables or appendices.

**CASE REPORTS** should be approximately 3-5 double-spaced, typewritten pages and contain instructional value, such as those of successful interventions in managing uncommon syndromes or unsuccessful ones where a diagnosis was made after the fact. These articles should include a brief abstract without subheadings.

**QUALITY IMPROVEMENT IN LONG-TERM CARE**

These articles are case-based presentations of nursing home behavior/practice that led to an adverse regulatory or legal outcome. The discussant should review state-of-the-art practice/clinical guidelines that, if applied, would have resulted in a satisfactory conclusion. The format to use is: Case presentation, comments, recommendations. These articles should include a brief abstract without subheadings.

**LONG-TERM CARE AROUND THE GLOBE**

This section reports on long-term care services in different countries and health systems aimed to educate and exchange information. When feasible, these articles should include a brief structured abstract stating objectives, design, methods, results and conclusion.

**SPECIAL ARTICLES**

Special articles are usually solicited by the editor. Topics of interest to the readers, which do not easily fit into any of the regular categories, will appear in this section. These articles should include a brief abstract without subheadings.

**UPDATES FROM THE AMDA MEETING**

Topics for Updates articles come from lectures or workshops presented at the annual AMDA meeting. Examples of Updates articles are the Clinical Updates in Nursing Home Medicine by Messinger-Rapport et al published each fall beginning in the September 2008 issue. These should be discussed with and topics approved by the editor prior to submission.

**IN TOUCH**

This section affords authors the opportunity to share personal experiences with the readers. They are generally 3-5 double-spaced pages, non-clinical in nature, and should pertain, in some way, to long term care issues. Appropriate topics include: compassion, quality of life, human value, dignity of death and the sanctity of life. A short story format, fact or fiction, is acceptable.

**IN THE TRENCHES**

Debuted in the June 2008 issue, page 291 (T.R. Cote), this provides an opportunity for authors to share with other long-term care providers tools they have developed to advance better care for their patients. It can be a one-page "how-to" illustration or a two- to three-page description followed by a figure that illustrates the procedure or instrument.

**LETTERS**

Letters should be double-spaced and approximately 1-3 pages in length. Those referring to an article published in the journal should be submitted within 1 month of the article's appearance. The editor may send it to the author of the paper for a response. References and a small illustration are acceptable.
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- Number the illustrations according to their sequence in the text.
- Use a logical naming convention for your artwork files.
- Provide captions to illustrations separately.
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Please do not:
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• Supply files that are too low in resolution;
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