



# JOURNAL OF THE AMERICAN MEDICAL DIRECTORS ASSOCIATION

JAMDA – The Journal of Post-Acute and Long-Term Care Medicine

## AUTHOR INFORMATION PACK

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### DESCRIPTION

**JAMDA** is the official journal of **AMDA** - The Society for Post-Acute and Long-Term Care Medicine.

**JAMDA** is the leading peer-reviewed publication for practical information and research directly applicable to healthcare professionals providing post-acute and long-term care (PA/LTC), as well as policy-makers, organizational leaders, educators, and advocates.

The journal is an indispensable resource for medical directors, attending physicians, nurses, consultant pharmacists, geriatric psychiatrists, nurse practitioners, physician assistants, physical and occupational therapists, social workers, and others providing, overseeing, and promoting quality PA/LTC.

**JAMDA** emphasizes **original evidence-based articles** on the issues most important to improve care, address emerging clinical issues, inform evidence-based policies, and achieve regulatory compliance. Articles address topics such as geriatric syndromes; Alzheimer's disease and other dementias; implementation and translational research; products and models of community-based and residential PA/LTC, and their related regulatory, policy, and cost implications; and clinical tools, practice guidelines, and consensus statements. Implementation studies are especially valued.

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### IMPACT FACTOR

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## ABSTRACTING AND INDEXING

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## GUIDE FOR AUTHORS

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### OVERVIEW AND CONTACT INFORMATION

*JAMDA* is the premiere journal for original research and commentary on post-acute and long-term care (PA/LTC). Therefore, priority is given to submissions related to the clinical populations and problems, settings, care providers, and policy issues that relate to PA/LTC. Areas of particular interest and focus include geriatric syndromes, Alzheimer's disease, and other dementias; implementation and translational research; products and models of community-based and residential LTC, and their related regulatory, policy, and cost implications; and clinical tools, practice guidelines, and consensus statements. Submissions from a range of disciplines and countries are encouraged.

All inquiries about *JAMDA* should be addressed to the editorial office.

#### *JAMDA* Editorial Office

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### TYPES OF SUBMISSIONS

*JAMDA* accepts submissions in six categories: Original Studies, Review Articles, Special Articles, Controversies in Care, Pragmatic Innovations, and Letters. Instructions for each article type are presented below. Editorials also may be submitted, although they are usually invited by the editors.

An August 2018 *JAMDA* editorial summarizes the types of papers considered to be most impactful for *JAMDA* readers (Zimmerman, S, Sloane, PD, Katz, PR, Duque, G. Writing for impact in post-acute and long-term care. 2018. *JAMDA*). They include papers that address clinical practice guidelines, tools, and consensus statements; basic biomedical research; health services research and models of care; reviews; quality metrics; trials and interventions; implementation studies; pragmatic innovations, and editorials.

#### ORIGINAL STUDIES

Original studies describe the results of original scientific research. As such, they should present new, previously unpublished data. Quality improvement studies with robust evaluation data are considered original research.

There are two subcategories of original study submissions. Full-length articles. The body of the submission (excluding abstract and references) should generally be limited to 3,000 words; it can include up to 5 tables or figures, and 50 references. Brief reports are a condensed version of Original Studies. The body of the submission (excluding abstract and references) should generally be limited to 2,000 words; it can include up to 3 tables or figures, and 30 references. This category is ideal for reporting a study with a narrow focus.

**Abstract.** All original studies should include a structured abstract of up to 300 words, using the following headings: Objectives; Design (including intervention, if any); Setting and Participants; Methods; Results; and Conclusions and Implications (highlighting implications for practice and/or policy, and research [if applicable]).

**Text.** The text portion of an original studies manuscript should use the following format, with each heading appearing on its own separate line; subheadings may be use as appropriate:

**Introduction** - the background, ending with the question that the research was designed to answer.

**Methods** - the research design, how the study was conducted, the selection and assignment of subjects, the treatment/intervention (if any), measures, and statistical methods; provide sufficient details to allow the work to be reproduced by an independent researcher. Methods that are already published should be summarized and referenced. If the paper is a clinical trial, the methods should indicate whether the study is registered at [ClinicalTrials.gov](http://ClinicalTrials.gov).

**Results** - described in a combination of narrative and graphic format, and including data on adverse events, if relevant. Graphics are especially welcome.

**Discussion** - the significance of the key findings, making comparisons with and extending findings from other studies; also includes study limitations.

**Conclusions and Implications** - a brief summary of the implications of study findings for practice and/or policy, and research (if applicable).

#### *REVIEW ARTICLES*

A review article is a systematic, critical assessment of the literature and data sources related to clinical topics, treatments, and other issues relevant to PA/LTC. They include systematic reviews (with or without a meta-analysis), narrative reviews, and problem based narratives and commentary. A systematic review uses explicit, systematic methods to answer a specific research question, and may include a meta-analysis. JAMDA requires that papers submitted as a systematic review include a completed PRISMA checklist with their submission (available at [http://guides.lib.unc.edu/ld.php?content\\_id=15151176](http://guides.lib.unc.edu/ld.php?content_id=15151176)). A narrative review is less rigorous than a systematic review, in part because the question may be less focused, the literature incorporated may be prone to selection bias, and the quality of data is often not critiqued in a standard manner. A problem-based narrative review and commentary typically begins with a case vignette, then presents and reviews the related issues in the style of a narrative review. A senior clinician is often the lead author, and the paper includes elements of expert opinion. Examples of the three types of reviews are described in the August 2018 JAMDA editorial by Zimmerman, S, Sloane, PD, Katz, PR, and Duque, G. Writing for impact in post-acute and long-term care. 2018.

For clinical topics, authors should emphasize factors such as cause, diagnosis, prognosis, prevention, or therapeutic intervention(s), as relevant. Articles and data sources should be selected systematically for inclusion and critically evaluated, and the selection process should be described in the paper. As appropriate, articles and data sources reviewed should include information about the study type (e.g., case study, double-blind, randomized trial), population, intervention, and outcomes. The body of the submission (excluding abstract and references) should generally be limited to 3,500 words; it can include 5 tables or figures, and 100 references. Requirements for the abstract and text headings are the same as for original studies.

#### *SPECIAL ARTICLES*

Special articles do not involve original research but instead provide novel interpretation or synthesis of information in an area of general interest to readers of the journal. Examples of special articles include consensus statements, clinical tools, practice guidelines, and discussion of new policies or regulations. Manuscripts may be solicited by the editors or submitted at the initiative of authors. The body of the submission (excluding abstract and references) should generally be limited to 3,000 words; it can include 3 tables or figures, and 50 references. An unstructured abstract of up to 300 words is required, and specific headings to organize the text are not prescribed; however, the text should conclude with a section entitled "Implications for Practice, Policy, and/or Research," highlighting implications for practice and/or policy, and research (if applicable).

#### *CONTROVERSIES IN CARE*

Controversies in Care articles address a problem or practice in PA/LTC for which variation of opinion and response exists, creating challenges for clinicians and policy makers. These problems often lack a comprehensive evidence base and therefore tend to rely on expert opinion and/or regulations that lack widespread consensus. The body of the submission (excluding abstract and references) should generally be limited to 3,000 words; it can include 5 tables or figures, and 50 references. An unstructured abstract of up to 300 words is required, and although specific headings to organize the text are not prescribed, the body of the manuscript may best begin with a statement of the problem (often in the form of a case presentation), followed by a discussion of key issues; in all cases, the text should conclude with a section entitled "Implications for Practice, Policy, and/or Research," highlighting implications for practice and/or policy, and research (if applicable). For an example of a topic suitable to a Controversy in Care, see Nace DA, Drinka PJ, Crnich CJ. Clinical uncertainties in the approach to long term care residents with possible urinary tract infection. JAMDA 2014;15:133-139.

### *PRAGMATIC INNOVATIONS*

Pragmatic Innovations articles present new, real-world, practical products or approaches to care intended to improve outcomes or processes in PA/LTC; typically, they are conceived, developed, and implemented by clinicians and/or organizations. (Research studies, on the other hand, even if pragmatic, should be submitted as original studies or research letters). Pragmatic innovations address important problems, have been shown to be feasible for implementation, and are developed based on evidence, but they may lack a strong evidence base regarding outcomes. *JAMDA* recognizes that many promising innovations are developed and used by clinicians and organizations but have not been subjected to clinical trials assessing their efficacy or effectiveness; by providing a venue to share these innovations, they may be adopted by others and their efficacy and effectiveness evaluated. Criteria for submission include: (1) presents a new, practical product or approach intended to improve outcomes or processes in PA/LTC; (2) addresses an important problem, and provides evidence (and citations) regarding the importance of the problem; (3) is shown to be feasible for implementation (e.g., data exist regarding successful implementation); (4) was developed based on evidence (e.g., to address known risk factors); and (5) includes considerations that may affect adoption and sustainability. An unstructured abstract is required, and suggested headings for the text include problem/significance; innovation; implementation; evaluation; and comment. For an example of a Pragmatic Innovation, see Smith DA. Documented, systematic and individualized communication with the attending physician for fall risk reduction/injury mitigation care planning. *JAMDA* 2018;19:714-716.

### *LETTERS*

Letters are limited to 750 words, and may include one table/figure and up to 10 references. There are three types of letters.

Letters referencing a recent *JAMDA* publication. These letters typically provide informed comment/critique on an article recently published in the journal, and are submitted within one month of the article's publication. The editors may send the letter to the author of the original paper for a response. Letters of general interest to *JAMDA* readers. These letters typically highlight an area of timely concern related to PA/LTC, with relevance for practice and/or policy, and research. Research letters. These letters typically present original research with limited or preliminary data, and which is innovative and informative enough to be of interest to clinicians, researchers, and/or policy makers. Letters must include information on methods and implications for practice and/or policy, and research. In addition, a methods appendix must be included (which will not be published) to help the editors evaluate the scientific procedures of the research.

### *EDITORIALS*

Editorials are usually solicited by the editors. They may address a topic related to an article recently published in the journal, or another topic. Editorials are intended to synthesize information on a topic in a balanced manner but with an expressed perspective, to convey opinions, debate contrary viewpoints, and stimulate dialogue. Editorials do not have an abstract, should generally be limited to 1,500 words, and may include 2 tables/figures and up to 20 references.

JAMDA table.jpg Manuscript information

\*Some meta-analyses, systematic reviews, or qualitative studies may require a word count greater than the limits shown above. If so, authors should request such approval by contacting *JAMDA* at [jamda@jeditorial.com](mailto:jamda@jeditorial.com).

### ADDITIONAL SUBMISSION COMPONENTS

In addition to the text, abstract, references, and tables/figures, all submissions must have a cover letter, and title page.

### *COVER LETTER*

A cover letter should accompany an initial submission. It should indicate (1) that the manuscript has not been and will not be submitted, in part or entirety, elsewhere for publication; (2) whether other submissions or publications include material that is largely duplicative of that presented in the manuscript or derived from the same subjects (and if so, note such in the manuscript); (3) that all authors meet criteria for authorship as stated in the Uniform Requirements for Manuscripts Submitted to Biomedical Journals (explained below), as well as their contributions to the manuscript; (4) that if accepted, the paper 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; and (5) potential conflicts of interests of all authors (detailed below; if no conflicts exist, such should be

stated). In addition, (6) authors are encouraged to include a list of three or more potential reviewers for their manuscript, with email address, affiliation, city, state, and country, and (7) if the authors had earlier communication with the editors about the paper, such should be indicated in the cover letter.

**Criteria for Authorship:** All authors should meet all four ICJME criteria for authorship, which include (1) substantial contributions to conception and design, 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 published; and (4) agreement to be accountable for all aspects of the work. All individuals who merit authorship should be included as authors. The cover letter accompanying the manuscript should include the statement, "All authors meet the criteria for authorship stated in the Uniform Requirements for Manuscripts Submitted to Biomedical Journals," and all authors' specific areas of contributions should be listed, using categories below.

Study concept and design: list names  
Acquisition of data: list names  
Analysis and interpretation of data: list names  
Drafting of the manuscript: list names  
Critical revision of the manuscript for important intellectual content: list names

**Conflict of Interest:** The issue of conflict of interest (COI) is of great importance to maintain integrity, accuracy and objectivity in material submitted for publication. There must be adequate and full disclosure of potential conflicts with any and all components of the research and content of the manuscript during the 3 years prior to the time the manuscript is submitted. All authors must disclose the following conflicts in the cover letter, by name.

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In addition, de-identified presence or absence of conflicts must be noted the paper, as described in Conflicts of Interest after the Results section, below.

#### *TITLE PAGE*

The title page includes the title and author names and affiliations.

**Title** - the title should be concise and informative, and limited to 100 characters.

**Author names and affiliations** - all authors who meet all four ICJME criteria for authorship should be listed. Provide the first name, middle initial(s), and last name of each author, with their highest academic degree(s) - but excluding professional organizations, society memberships, and certifications. Include each authors' affiliated organization by name, city, state, and country (i.e., where the actual work was done) below the names. Indicate the affiliations with a lower-case superscript letter immediately after the author's name and in front of the appropriate organization.

**Corresponding author** - clearly indicate who will handle correspondence, and provide that individual's affiliation (as above), full postal address, e-mail address, and telephone number.

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**Key words** - for all submissions except Letters and Editorials, provide 3-6 key words for indexing.

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research institution, submit the name of the institute or organization that provided the funding. If no funding has been provided for the research, include the following sentence: This research did not receive any funding from agencies in the public, commercial, or not-for-profit sectors.

**Word, reference, and graphics count** - for the abstract (if applicable), main text, references, and tables/figures.

**Brief summary** - Include a 180-200 character summary of your article, highlighting key findings and relevance.

**Acknowledgements** - acknowledgments are of two types.

Contributions of others who did not merit authorship but participated in the research. Sponsor's role: Indicate the sponsor's role in the design, methods, subject recruitment, data collections, analysis and preparation of paper.

## **JOURNAL STYLE AND FORMATTING**

### **TERMINOLOGY**

*JAMDA* concurs with the Journal of the American Geriatrics Society, Geriatric Nursing, and other journals, that the use of language is consequential. As detailed in *JAMDAs* May 2018 editorial (Zimmerman S, Katz PR, Sloane, PD, et al. Language as an application of mindfulness. *JAMDA* 2018;19:375-377), *JAMDA* endorses terminology that avoids connotations and stereotypes, does not adjectify individuals or refer to them by euphemisms, or suggests they are helpless or victims. The editorial provides examples of mindful language, such as that in a long-term care setting, an individual is a patient if receiving health care, and a resident if not, and that in the U.S., the term facility may be inappropriate for nursing homes and assisted living. Authors are encouraged to reference the editorial and be mindful of language.

**Use of inclusive language** - Inclusive language acknowledges diversity, conveys respect to all people, is sensitive to differences, and promotes equal opportunities. Articles should make no assumptions about the beliefs or commitments of any reader, should contain nothing that might imply one individual is superior to another on the grounds of race, sex, culture or any other characteristic, and should use inclusive language throughout. Authors should ensure that writing is free from bias, for instance by using 'he or she', 'his/her' instead of 'he' or 'his', and by making use of job titles that are free of stereotyping (e.g. 'chairperson' instead of 'chairman' and 'flight attendant' instead of 'stewardess').

Authors who believe their English language may require editing to eliminate possible grammatical or spelling errors and to conform to correct scientific English and terminology may wish to use the English Language Editing service available from Elsevier's WebShop.

### **TEXT**

**Formatting** - the margins should be set at 1 inch from the edge, and page numbering should be used. The text should be 12-point font, and all components other than tables and figures should be double-spaced; also, the abstract and text should have continuous line-numbering, which will facilitate the provision of reviewer comments. All material should be free of author and institutional identification (excluding the cover letter and title page) and not have evidence of track changes or comments in the margins. To avoid unnecessary errors it is strongly advisable to use the 'spell-check' and 'grammar-check' functions.

**Abbreviations** - because *JAMDA* is a multidisciplinary journal, authors should be judicious when using abbreviations that are not universally recognized. Abbreviations that are common only in a particular scientific field, or that are not at all in common use, are best avoided because they make the text challenging to read. Also, use of numerous abbreviations makes comprehension more difficult. By way of example, universally recognized and expected abbreviations include SD (standard deviation) and F (Fahrenheit). Non-universally recognized abbreviations should be used sparingly, and defined when first used in both the abstract and the main body of the manuscript; in general, they are not indicated if a term is used infrequently in the text. Ensure consistency of abbreviations throughout the article.

**Author names and affiliations** - because the *JAMDA* review process is double-blind, it is important that author names and affiliations appear only on the cover letter and title page. The final section of the manuscript, related to conflicts of interest, should include only author initials.

**Units** - follow internationally accepted rules and conventions by using the international system of units (SI). If other units are mentioned, provide their equivalent in SI.

## *METHODS*

**Human subjects** - when human subjects are involved, the methods of the paper should include a statement that the research protocol was approved by the relevant institutional review board (IRB) or ethics committee, and that written consent was obtained from all participants. Alternatively, authors should indicate if a waiver of consent was obtained from the IRB. The name/location/affiliation of the IRB should be masked.

**Math formulae**-submit math equations as editable text and not as images. Present simple formulae in line with normal text where possible and use the solidus (/) instead of a horizontal line for small fractional terms (e.g., X/Y). In principle, variables are to be presented in italics. Powers of e are often more conveniently denoted by exponentiation. Number consecutively any equations that are displayed separately from the text (if referred to explicitly in the text).

**Software** - references to software programs used should be included in the methods - such as "Analyses were performed using SAS, version 9.4 (SAS Institute, Inc., Cary, NC)".

## *RESULTS*

When referring to ?significance? be clear whether you are referring to statistical or clinical significance. When referring to statistical significance, do not use "NS" for non-significant values. Provide non-significant P-values to no more than two places past the decimal, and provide significant P-values using three decimal places. Use  $P < .001$  for all P values less than .001. For percentages, use no more than one place past the decimal; similarly, decimal places should be limited to one unless additional decimal places are essential to the value being displayed. In referring to cases with 25 or fewer subjects, state the number ("one of four" cases), rather than percentages (25%) in the text. For instruments or scales, indicate the possible and normal range in the table (footnote) or figure as well as in the text if reference is made to these in this section.

In addition, we strongly recommend the following practices:

Limit the use of hypothesis tests and reporting of p-values and emphasize the use of confidence intervals, particularly in studies with small sample sizes that may be underpowered (e.g., pilot studies) or studies with very large samples where statistical tests are most prone to detect non-scientifically meaningful differences as statistically significant. Do not draw absolute conclusions from non-significant p-values, as negative results may arise from tests with low power. Nonetheless, practice transparency by reporting negative as well as positive results and place the interpretation of positive results in the overall context of the study. Identify a priori statistical analyses as distinguished from secondary and/or post-hoc analyses. When feasible or justified, employ strategies to control Type I errors when using hypothesis tests. For example, use an overall F-test in a one-way ANOVA prior to testing of pairwise group comparisons. Consider testing explanatory variables in regression models in groups (e.g., all two-way interactions involving a treatment, exposure or covariate) instead of single variable testing in routine backwards, forwards, or stepwise selection procedures in order to limit the number of tests used. Test a nominal categorical variable with a single multiple degrees-of-freedom test instead of multiple single degree-of-freedom tests of indicator variables compared to a reference category. Consider use of formal multiple testing procedures to control Type I error, such as Bonferroni or Tukey corrections as applicable in confirmatory hypothesis testing, or false discovery rates in exploratory analysis.

## *CONFLICTS OF INTEREST*

Although detailed information regarding conflicts of interest will be in the cover letter, the cover letter is not seen by reviewers. Therefore, at the end of the text, include a Conflicts of Interest section; state either that there are no conflicts of interest, or if conflicts do exist, explain them and use the authors initials instead of full name.

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