



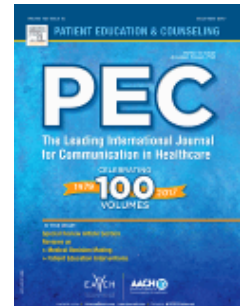
PATIENT EDUCATION AND COUNSELING

Official journal of EACH, the International Association for Communication in Health Care and AACH, the American Academy on Communication in Healthcare

AUTHOR INFORMATION PACK

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DESCRIPTION

Patient Education and Counseling is an interdisciplinary, international journal for **patient education** and health promotion researchers, managers and clinicians. The journal seeks to explore and elucidate the educational, **counseling** and **communication** models in **health care**. Its aim is to provide a forum for fundamental as well as applied research, and to promote the study of organizational issues involved with the delivery of patient education, counseling, health promotion services and training models in improving communication between providers and patients.

Patient Education and Counseling is the official journal of the International Association for Communication in Healthcare (EACH) and the American Academy on Communication in Healthcare (AACH).

Manuscript Submission

The journal welcomes unsolicited manuscripts related to the field of patient education, counseling and clinical health promotion and communication in medicine. During submission, authors can select a category from the list below. The type of manuscript should be indicated in the cover letter.

Original Articles - Preference is given to empirical research which examines such topics as adherence to therapeutic regimens, provider-patient communication, patient participation in health care, degree of social support, decision-making skills, anxiety, physiological changes, or health/functional status. Maximum 4000 words. Please note that manuscript wordcounts EXCLUDE the following in the count: Abstract, acknowledgements, references, tables, figures, conflict of interest statements. Both descriptive and intervention studies are acceptable.?

Review Articles (Current Perspectives) - In-depth reviews of the empirical research in one facet of the patient education and counseling including an analytical discussion of contemporary issues and controversies in patient education and counseling (maximum 5000 words not including references and tables).

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Short Communications in any of the above categories will also be considered (maximum 1500 words not including references and tables).

Reflective practice - The Reflective Practice section includes papers about personal or professional experiences that provide a lesson applicable to caring, humanism, and relationship in health care. We welcome unsolicited manuscripts. No abstract is needed. No (section) headings, no numbering. Maximum 1500 words. First name and surname of the author and his/her institution affiliation address, telephone and fax number and e-mail address where the corresponding author can be contacted, title of the papers and text. Submissions will be peer-reviewed by two reviewers. For further information on the Reflective Practice section see: Hatem D, Rider EA. Sharing stories: narrative medicine in an evidence-based world. *Patient Education and Counseling* 2004; 54:251-253.?

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AUDIENCE

Patient Education Researchers, Managers and Counselors, Health Educators and Health Care Providers, Psychologists and Sociologists, concerned with information, education and counseling of patients.

IMPACT FACTOR

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Patient Education and Counseling is an interdisciplinary, international journal for patient education and health promotion researchers, managers, physicians, nurses and other health care providers. The journal seeks to explore and elucidate educational, counseling and communication models in health care. Its aim is to provide a forum for fundamental as well as applied research, and to promote the study of the delivery of patient education, counseling, and health promotion services, including training models and organizational issues in improving communication between providers and patients.

Patient Education and Counseling is the official journal of the European Association for Communication in Healthcare (EACH) and the American Academy on Communication in Healthcare (AACH).

Manuscript Categories

During online submission, the author can select a category from the following list: Research Paper, Review Article, Short Communication, Reflective Practice, Discussion or Correspondence. The type of manuscript should be indicated in the cover letter.

Research Papers Preference is given to empirical research which examines such topics as provider-patient communication, patient education, patient participation in health care, adherence to therapeutic regimens, social support, decision-making, health literacy, physiological changes, health/functional status etc. Maximum 4000 words. Please note that manuscript word counts EXCLUDE the following: Abstract, acknowledgements, references, tables, figures, conflict of interest statements. Both descriptive and intervention studies are acceptable. Each Research Paper will also require a heading selected from the following to identify the section of the journal to which it best applies: Communication Studies, Patient Education, Healthcare Education, Healthcare and Health Promotion, Patient and User Perspectives and Characteristics, Assessment and Methodology.

Review Articles In-depth reviews of the empirical research in an area relevant to the journal, including analytical discussion of contemporary issues and controversies (maximum 5000 words not including references and tables)

Short Communications Brief articles in any of the above categories will also be considered (maximum 1500 words not including references and tables).

Reflective practice We welcome personal narratives on caring, patient-clinician relationships, humanism in healthcare, professionalism and its challenges, patients' perspectives, and collaboration in patient care and counseling. Most narratives will describe personal or professional experiences that provide a lesson applicable to caring, humanism, or relationships in health care. No abstract is needed. No (section) headings, no numbering. Maximum 1500 words. Submissions are peer-reviewed. For further information, see the editorial published in PEC: Hatem D, Rider EA. Sharing stories: narrative medicine in an evidence-based world. Patient Education and Counseling 2004;54:251-253.

Discussion Forum - Papers in the Discussion Forum will include two categories: Discussion Papers up to 3000 words with discussion and commentary on relevant topics within the Aims and Scope of the journal. A Discussion paper should elucidate a theory, concept or problem in an area relevant to the journal.

Correspondence Papers (up to 1500 words) with brief comments on articles in previous issues of the journal.

Guidelines We encourage authors to consult appropriate guidance, depending on the design of their study. For randomized trials, consult CONSORT (Consolidated Standards Of Reporting Trials) <http://www.consort-statement.org/>

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For qualitative studies, see specific editorials published in PEC: Finset A. Qualitative methods in communication and patient education research. Patient Educ Couns, Volume 73, Issue 1, October 2008, Pages 1-2. DOI: 10.1016/j.pec.2008.08.004

Salmon P. Assessing the quality of qualitative research. Patient Educ Couns Volume 90, Issue 1, January 2013, Pages 1-3. DOI: 10.1016/j.pec.2012.11.018

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Discussion and Conclusion should be headed as one section and divided into three parts. Example: 4. Discussion and Conclusion, 4.1. Discussion, 4.2. Conclusion. 4.3 Practice Implications

Practice Implications

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Reference to a website:

[4] Cancer Research UK, *Cancer statistics reports for the UK*. <http://www.cancerresearchuk.org/aboutcancer/statistics/cancerstatsreport/>, 2003 (accessed 13 March 2003).

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