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).

**Educational Model of Health Care** - Case studies of innovative programs which exemplify the educational model of health care, for example, self-care groups, patient advocacy efforts, medication self administration programs and co-operative care units (maximum 2000 words not including references and tables).
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.

Medical Education - Articles on medical education focus on educational efforts that target experiences, programmes and educational research on the teaching/training and evaluation of interpersonal/communication skills of health care providers and their attitudes and skills needed for optimal communication.

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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.

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PEC Aims and Scope
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).

PCI Aims and Scope
PATIENT-CENTERED INNOVATION
International. Interdisciplinary. Practical.

Patient-Centered Innovation is an online, peer-reviewed, special feature of Patient Education & Counseling (PEC), launching in 2018. Content will focus on work that brings patient perspectives into the design, implementation, and evaluation of interventions intended to improve health and transform health care delivery. As part of PEC, articles in Patient-Centered Innovation will be indexed in Medline/PubMed.

Innovation requires ideas and execution: It involves a disciplined process of defining problems to be solved, developing solutions for transformational change, implementing solutions, and measuring impact. Ideally, patient-centered innovation embraces patient perspectives in problem definition and solution design, and measures impact in terms of outcomes that matter to patients. The scope includes the full range of interpersonal, group, mediated, and technology-enabled innovations and interventions.

By focusing on user-centered design and innovation with practical value, Patient-Centered Innovation aims to advance the pace and sustainability of meaningful change in areas such as care coordination, communication, health care encounters, medical and health professional education, patient activation, patient experience, patient and family engagement, patient involvement, patient-reported outcomes, relationship-centered care, remote monitoring, resilience, self-care, shared decision making, telehealth, and virtual access.

The Editorial Board will include patients and other laypersons, health professionals, innovation leaders, and social scientists. The editorial process will assess scientific quality of the work as well as relevance and utility to patients and health professionals in real-world settings. Robust use of established measures is encouraged unless there is clear need for a new measurement approach.

In addition to empirical studies on the outcomes of patient-centered innovation, thoughtful articles on innovation design and development, innovation capacity and sustainability, patient-centered research design, feasibility studies, and/or negative findings are welcome, as they can be instructive for others in the field. In an effort to build a coherent literature base and common vocabulary, Patient-Centered Innovation will include editorials and primers with essential background and context.

Please see the Author Instructions for more information on submission guidelines.

Gregory Makoul PhD MS (United States) will serve as Editor-in-Chief, with Sara Rubinelli PhD (Switzerland), Angela Liu PhD MBA (China), Sandra van Dulmen PhD (The Netherlands), Jon Vozenilek MD (United States), and Angela Zambeaux (United States) as Associate Editors.

PEC 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.

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For systematic reviews and meta-analyses consult PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) http://www.prisma-statement.org/

For statistical analysis and reporting, consult SAMPL (Basic Statistical Reporting for Articles Published in Biomedical Journals: The "Statistical Analyses and Methods in the Published Literature") http://www.equator-network.org/reporting-guidelines/sampl/

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

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OR

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**Discussion and Conclusion**

**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**

Articles should include a paragraph or paragraphs entitled 'Practice Implications' as part of the discussion and conclusion, which outlines the implications for practice suggested by the study. Authors should take care that these implications follow closely from the data presented, rather than from other literature. In the event that an article presents very preliminary data or conclusions, these paragraphs may be omitted.

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If there is more than one appendix, they should be identified as A, B, etc. Formulae and equations in appendices should be given separate numbering: Eq. (A.1), Eq. (A.2), etc.; in a subsequent appendix, Eq. (B.1) and so on. Similarly for tables and figures: Table A.1; Fig. A.1, etc.

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