



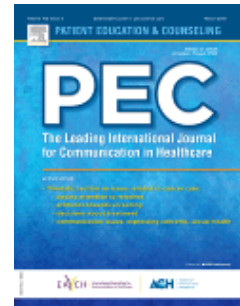
PATIENT EDUCATION AND COUNSELING

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).

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.

Please submit your article via <http://ees.elsevier.com/pec/>

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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GUIDE FOR AUTHORS

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.

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/>

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

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

Salmon P, and Young B. Qualitative methods can test and challenge what we think we know about clinical communication - if they are not too constrained by methodological 'brands'. *Patient Educ Couns* Volume 101, Issue 9, September 2018, Pages 1515-1517. DOI: 10.1016/j.pec.2018.07.005

PCI Author Instructions

PATIENT-CENTERED INNOVATION

International. Interdisciplinary. Practical.

Author Instructions

In general, submissions to *Patient-Centered Innovation* should clearly reflect the Aims + Scope, with a focus on bringing patient perspectives into the design, implementation, and evaluation of interventions intended to improve health and transform health care delivery. The editors are particularly interested in submissions that highlight user-centered design and innovation with practical value that can 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.

As *Patient-Centered Innovation* is a special feature of *Patient Education and Counseling* (PEC), authors will use the PEC site for online submission. The first line of the cover letter must: (1) clearly state that the manuscript is being submitted for *Patient-Centered Innovation*; (2) clearly indicate the type of submission by choosing a category from the following list:

Research Articles - 2,500 words Review Articles - 3,500 words Invited Articles + Primers - 2,500 words Commentaries + Letters - 500 words

Authors must follow the category-specific instructions before submitting a manuscript. Research Articles, Review Articles, Invited Articles + Primers will go through a rigorous peer-review process to assess scientific quality as well as relevance and utility to patients and health professionals in real-world settings. All accepted and published submissions will be open to a constructive exchange of ideas with a diverse group of stakeholders.

Research Articles (2,500 words). Preference is given to empirical research that either sets the stage for patient-centered innovation (e.g., well designed feasibility studies) or measures the impact of interventions intended to improve health and transform health care delivery. Thoughtful articles on patient-centered research design and/or negative findings are welcome, as they can be instructive for others in the field. Robust use of established measures is encouraged unless there is clear need for a new measurement approach. All Research Articles should have a structured abstract of up to 300 words, using the following subheadings: Background

defining the problem to be solved Objective

testing the innovation intended to solve the problem Patient Involvement

outlining if/how patients were involved in problem definition, solution design or selection, and impact measurement Methods

making the process understandable and replicable Results

presenting major findings with appropriate, compelling visualizations Discussion

integrating results and implications, with attention to limitations, sustainability and spread Practical Value

clearly stating why the results of this study matter at a very practical level (i.e., answer the 'so what?' question) Funding

sources and role, if any, of the funding organization in the study and/or submission

While the SQUIRE Guidelines were constructed for quality improvement work, authors may find them helpful when constructing their submissions to Patient Centered-Innovation.

Review Articles (3,500 words). Given the variety and volume of work on innovation in health care, well-constructed reviews can be an extremely valuable contribution to the literature. Review articles should catalyze progress by highlighting overlap of, or conflict between, ideas and approaches. All Review Articles should have a structured abstract of up to 300 words, using the following subheadings:

Background

defining the problem to be solved Objective

specifying the scope of the review and the question it aims to answer Patient Involvement

outlining if/how patients were involved in the review process Methods

making the process understandable and replicable Results

presenting major findings with appropriate, compelling visualizations Discussion

integrating results and implications, with attention to limitations Practical Value

clearly stating why the results of this study matter at a very practical level (i.e., answer the 'so what?' question) Funding

sources and role, if any, of the funding organization in the study and/or submission

All systematic reviews and meta-analyses should follow the [PRISMA Guidelines](#).

Invited Articles + Primers (2,500 words). In an effort to build a coherent literature base and common vocabulary, innovators may be invited to share lessons learned and/or essential background that can advance work in Patient-Centered Innovation. These may include articles on innovation design and development, innovation capacity and sustainability, health care delivery science, or useful definitions and approaches to work in the field.

Commentaries + Letters (500 words). The editors are very open to submissions - in the form of commentary on published articles, ideas for invited articles, and other correspondence to advance the field - from the full spectrum of stakeholders, including patients, caregivers, other laypersons, innovation leaders, health professionals, and social scientists.

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
- Referee suggestions and contact details provided, based on journal requirements

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BEFORE YOU BEGIN

Ethics in publishing

Please see our information pages on [Ethics in publishing](#) and [Ethical guidelines for journal publication](#).

Studies in humans and animals

If the work involves the use of human subjects, the author should ensure that the work described has been carried out in accordance with [The Code of Ethics of the World Medical Association](#) (Declaration of Helsinki) for experiments involving humans. The manuscript should be in line with the [Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals](#) and aim for the inclusion of representative human populations (sex, age and ethnicity) as per those recommendations. The terms [sex and gender](#) should be used correctly.

Authors should include a statement in the manuscript that informed consent was obtained for experimentation with human subjects. The privacy rights of human subjects must always be observed.

All animal experiments should comply with the [ARRIVE guidelines](#) and should be carried out in accordance with the U.K. Animals (Scientific Procedures) Act, 1986 and associated guidelines, [EU Directive 2010/63/EU for animal experiments](#), or the National Institutes of Health guide for the care

and use of Laboratory animals (NIH Publications No. 8023, revised 1978) and the authors should clearly indicate in the manuscript that such guidelines have been followed. The sex of animals must be indicated, and where appropriate, the influence (or association) of sex on the results of the study.

Policy and Ethics

For work described in your article involving human experimental investigations of any kind, must have been carried out in accordance with The Code of Ethics of the Declaration of Helsinki; <http://www.wma.net/e/policy/b3.htm>

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-blind) or the manuscript file (if single-blind). If there are no interests to declare then please state this: 'Declarations of interest: none'. This summary statement will be ultimately published if the article is accepted. 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.](#)

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Author contributions

For transparency, we encourage authors to submit an author statement file outlining their individual contributions to the paper using the relevant CRediT roles: Conceptualization; Data curation; Formal analysis; Funding acquisition; Investigation; Methodology; Project administration; Resources; Software; Supervision; Validation; Visualization; Roles/Writing - original draft; Writing - review & editing. Authorship statements should be formatted with the names of authors first and CRediT role(s) following. [More details and an example](#)

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.

Changes to authorship

Authors are expected to consider carefully the list and order of authors **before** submitting their manuscript and provide the definitive list of authors at the time of the original submission. Any addition, deletion or rearrangement of author names in the authorship list should be made only **before** the manuscript has been accepted and only if approved by the journal Editor. To request such

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All authors must include one of these two statements at the end of their manuscript:

(1) " I confirm all patient/personal identifiers have been removed or disguised so the patient/person(s) described are not identifiable and cannot be identified through the details of the story."

OR

(2) " I confirm that the patient/person(s) have read this manuscript and given their permission for it to be published in PEC".

Submission

Our online submission system guides you stepwise through the process of entering your article details and uploading your files. The system converts your article files to a single PDF file used in the peer-review process. Editable files (e.g., Word, LaTeX) are required to typeset your article for final publication. All correspondence, including notification of the Editor's decision and requests for revision, is sent by e-mail.

Submit your article

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PREPARATION

Peer review

This journal operates a single blind review process. All contributions will be initially assessed by the editor for suitability for the journal. Papers deemed suitable are then typically sent to a minimum of one independent expert reviewer to assess the scientific quality of the paper. The Editor is responsible for the final decision regarding acceptance or rejection of articles. The Editor's decision is final. [More information on types of peer review.](#)

Use of word processing software

It is important that the file be saved in the native format of the word processor used. The text should be in single-column format. Keep the layout of the text as simple as possible. Most formatting codes will be removed and replaced on processing the article. In particular, do not use the word processor's options to justify text or to hyphenate words. However, do use bold face, italics, subscripts, superscripts etc. When preparing tables, if you are using a table grid, use only one grid for each individual table and not a grid for each row. If no grid is used, use tabs, not spaces, to align columns. The electronic text should be prepared in a way very similar to that of conventional manuscripts (see also the [Guide to Publishing with Elsevier](#)). Note that source files of figures, tables and text graphics will be required whether or not you embed your figures in the text. See also the section on Electronic artwork.

To avoid unnecessary errors you are strongly advised to use the 'spell-check' and 'grammar-check' functions of your word processor.

Article structure

Subdivision - numbered sections

Divide your article into clearly defined and numbered sections. Subsections should be numbered 1.1 (then 1.1.1, 1.1.2, ...), 1.2, etc. (the abstract is not included in section numbering). Use this numbering also for internal cross-referencing: do not just refer to 'the text'. Any subsection may be given a brief heading. Each heading should appear on its own separate line.

Manuscripts should be organized as follows:

Title page, Abstract, 1. Introduction, 2. Methods, 3. Results, 4. Discussion and Conclusion, References, Legends.

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

Introduction

State the objectives of the work and provide an adequate background, avoiding a detailed literature survey or a summary of the results.

Material and methods

Provide sufficient details to allow the work to be reproduced by an independent researcher. Methods that are already published should be summarized, and indicated by a reference. If quoting directly from a previously published method, use quotation marks and also cite the source. Any modifications to existing methods should also be described.

Results

Results should be clear and concise.

Discussion and Conclusion

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Practice Implications

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