**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 Academy of Communication in Healthcare (ACH).

**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 https://www.editorialmanager.com/PEC/default.aspx

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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ABSTRACTING AND INDEXING

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CINAHL
Current Contents - Social & Behavioral Sciences
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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 and 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/samp/
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, 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 and 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 - 2500 words Review Articles - 3500 words Invited Articles + Primers - 2500 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.

**PCI: Research Articles (2500 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.

**PCI: Review Articles (3500 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.

**PCI: Invited Articles + Primers (2500 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.
**PCI: 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.

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**BEFORE YOU BEGIN**

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Please see our information on Ethics in publishing.

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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.

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OR

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Submit your article

PREPARATION

Peer review
This journal operates a single anonymized 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. Editors are not involved in decisions about papers which they have written themselves or have been written by family members or colleagues or which relate to products or services in which the editor has an interest. Any such submission is subject to all of the journal's usual procedures, with peer review handled independently of the relevant editor and their research groups. More information on types of peer review.

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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.**

**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**
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.

**Appendices**
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.

**Essential title page information**
- **Title.** Concise and informative. Titles are often used in information-retrieval systems. Avoid abbreviations and formulae where possible.
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Highlights should be submitted in a separate editable file in the online submission system. Please use 'Highlights' in the file name and include 3 to 5 bullet points (maximum 85 characters, including spaces, per bullet point).

Abstract
A structured abstract, by means of appropriate headings, should provide the context or background for the research and should state its purpose, basic procedures (selection of study subjects, observational and analytical methods), main findings (giving specific effect sizes and their statistical significance, if possible), principal conclusions and practice implications. Abstracts should adhere to the following format: Objective, Methods, Results, Conclusion, Practice Implications. The word limit for abstracts is 200.

Acknowledgements
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