JOURNAL OF THE AMERICAN MEDICAL DIRECTORS ASSOCIATION
Long-Term Care: Management, Applied Research and Clinical Issues

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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GUIDE FOR AUTHORS

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.

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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; Measures; Results; and Conclusions/Implications (highlighting implications for practice and/or policy, and research).

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.

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

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

Conclusions/Relevance - a brief summary of the implications of study findings for practice and/or policy, and research.

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). 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."

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." 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. They 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.

Manuscript Type Abstract Type (maximum 300 words) Text Words* (maximum) References (maximum) Tables/Figures (maximum) Original Study Structured 3,000 50 5 Original Study, brief report Structured 2,000 30 3 Review Article Structured 3,500 100 3 Special Article Unstructured 3,000 30 3 Controversies in Care Unstructured 3,000 50 5 Pragmatic Innovations Unstructured 1,200 15 4 Letters to the Editor None 750 10 1 Editorials (usually solicited by editors) None 1,500 20 2

*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@jjeditorial.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
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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
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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 Geriatric Nursing, and other journals, that the use of language is consequential. As detailed in *JAMDA*s 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

**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').

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**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)".

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RESULTS

Do not use "NS" for non-significant values. Provide non-significant $P$-values to no more than two places past the decimal. Use $P$ less than .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.

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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Tables and figures are to be placed after the references; each is to begin on a new page and be self-contained and self-explanatory, including the title, labeling, and footnotes. Number tables and figures consecutively in accordance with their appearance in the text, and be sure to refer to them in the text (e.g., "Table 1 shows "). Place table footnotes below the table body and indicate them with the following symbols, in order: *, †, ‡, §, ||, **, † † (and so on); use footnotes to spell out abbreviations. If using a table grid, use one grid for each individual table and not a grid for each row; avoid vertical rules. If no grid is used, use tabs, not spaces, to align columns. Note that source files of figures, tables and text graphics will be required. See also the section on Artwork.

REFERENCES

Ensure that every reference cited is also present in the reference list, and vice versa. References should be cited in numerical order using superscript numerals outside of the punctuation mark. Unpublished results and personal communications are not recommended in the reference list, but may be mentioned in the text. If these references are included in the reference list they should follow the standard reference style of the journal and include a substitution of the publication date with either 'Unpublished results' or 'Personal communication'. Citation of a reference as 'in press' implies that the item has been accepted for publication.

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Web references - Indicate author (if provided), title, website address and date accessed.

Data references - JAMDA encourages the citation of underlying or relevant datasets by citing them in the text and including a data reference in the Reference List. Data references should include the following elements: author name(s), dataset title, data repository, version (where available), year, and global persistent identifier. Add [dataset] immediately before the reference so it can be properly identified as a data reference. The [dataset] identifier will not appear in the published article.

Reference style - full references should be used. List the first four authors' last names and initials; if more than four, insert "et al." after the third name. Do not place periods after initials of first and middle names or commas between surnames and first names. Include both the first and last pages of all references. Manuscripts accepted for publication may be referenced with page numbers indicated as 000-000. Medline abbreviations should be used for journal titles. Examples for various sources are provided below.


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If your electronic artwork is created in a Microsoft Office application (Word, PowerPoint, Excel), please supply 'as is' in the native document format. And, regardless of the application used other than Microsoft Office, when your electronic artwork is finalized, 'save as' or convert the images to one of the following formats (note the resolution requirements for line drawings, halftones, and line/halftone combinations given below):

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- TIFF (or JPEG): Bitmapped (pure black & white pixels) line drawings, keep to a minimum of 1000 dpi
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Ensure that each illustration has a caption. Supply captions separately, not attached to the figure. A caption should comprise a brief title (not on the figure itself) and a description of the illustration. Keep text in the illustrations themselves to a minimum but explain all symbols and abbreviations used.

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Elsevier accepts video material and animation sequences to support and enhance scientific research. Authors who have video or animation files that they wish to submit with their article are strongly encouraged to include links to them within the body of the article. This process can be done in the same way as a figure or table by referring to the video or animation content and noting in the body text where it should be placed. All submitted files should be properly labeled so that they directly relate to the video file's content. In order to ensure that the video or animation material is directly usable, provide the file in one of the recommended file formats with a preferred maximum size of 150 MB per file, 1 GB in total. Video and animation files supplied will be published online in the electronic version of the article in Elsevier Web products, including ScienceDirect. Please supply 'stills' with your
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