

GUIDELINES AND INFORMATION FOR AUTHORS **THE SINGAPORE FAMILY PHYSICIAN**

Authors are invited to submit articles for publication in *The Singapore Family Physician* on the understanding that the work is original and that it has not been submitted or published elsewhere. Your original article will be considered for publication on the understanding that they have to be approved by the Editorial Board via a double-blinded peer-review process and *subject to revision*. Authors are encouraged to consult the recommendations in the *Uniform Requirements for Manuscripts Submitted to Biomedical Journals* (<http://www.icmje.org/index.html>) which the SFP is in accord with.

The following types of articles may be suitable for publication: case reports/ study, original research works, audits of patient care, protocols for patient or practice management and letters to the Editor. The CME and review articles will be published under the prerogative of the Institute of Family Medicine (IFM) in the College of Family Physicians Singapore. The article has no word limit and should be written in British English. This must be submitted in an electronic form and of a format that is compatible with major word processor applications. Submissions in Microsoft Word format is preferred.

RECOMMENDED FORMAT FOR THE MANUSCRIPT

The submission should comprise of the following:

1. Title Page
2. Summary/ Abstract
3. Key Words
4. Text/ Manuscript
5. Tables
6. Illustrations
7. Learning Points

Authors are advised to ensure the anonymity of study subjects and patients by removing any and all information that could compromise their privacy from the submission.

The text should be typed in Arial font, 12-point size with a 1.5 line space.

The Title Page

- The title should be concise and highlight the key elements of the article.
- Include on the title page first name, qualifications, present appointments, type and place of practice of each contributor.
- Include name, address, handphone number and email address of the first author to whom correspondence should be sent.
- Insert at the bottom: name and address of institution or practice from which the work originated.

Abstract

- The summary should describe why the article was written and present the main argument or findings.
- Limit words as follows: 250 words for major articles; 200 words for case reports.
- All Original articles (examples: randomised controlled trials, cohort studies, observational studies, and review articles) must be accompanied by a structured abstract while all other categories of manuscripts (examples: PRISM and Case Records of Family Medicine)

should have unstructured abstracts.

- **Structured** – Organise the abstract according to the following headings:
 1. **Introduction** – states the purposes/aims of the study/investigation
 2. **Methods** – describes the selection of study subjects/experimental animals, observational and analytical methods
 3. **Results** – provides specific data and its statistical significance, if possible
 4. **Conclusion** – succinct emphasis of new and important aspects of the study or observations

Key Words

- Add, at the end of summary in alphabetical listing, **keywords** of up to 5 in number which will be used for article indexing and retrieval under Medical Subject Headings or MeSH. MeSH is the NLM controlled vocabulary thesaurus used for indexing articles for WPRIM and PubMed. Please refer to www.nlm.nih.gov/mesh/ for details.

The Text/ Manuscript (full complete)

The text should have the following sequence:

- **Introduction:** State clearly the purpose of the article. Summarise the rationale for the study or observation. Give only strictly pertinent information and references, and do not review the subject extensively. Provide a context or background for the study (that is, the nature of the problem and its significance). Cite only directly pertinent references, and do not include data or conclusions from the work being reported.
- **Methods (whenever applicable e.g. original article, review article):** Specify the study's main and secondary objectives—usually identified as primary and secondary outcomes. Identify methods, equipment (give the manufacturer's name and address in parentheses), and procedures in sufficient detail to allow others to reproduce the results. Give references to established methods, including statistical methods; provide references and brief descriptions of methods that have been published but are not well known. Describe new or substantially modified methods, giving reasons for using them and evaluate their limitations. Include numbers of observations and the statistical significance of the findings where appropriate.
- **Selection and Description of Participants (under methods)**
Describe the selection of the subjects clearly, including eligibility and exclusion criteria and a description of the source population. If the study was done involving an exclusive population, for example in only one sex, authors should justify why, except in obvious cases, (e.g., prostate cancer).” Authors should define how they determined race or ethnicity and justify their relevance.
- **Technical Information (under methods)**
Identify precisely all drugs and chemicals used, including generic name(s), dose(s), and route(s) of administration. Identify appropriate scientific names and gene names.
 - Drugs must be referred to generically; all the usual trade names may be included in parentheses.

- Dosages should be quoted in metric units.
- Laboratory values should be in SI units with traditional unit in parentheses.
- Do not use patients' names, initials or hospital numbers to ensure anonymity.

Statistics (if applicable): Describe statistical methods which can be easily understood and verified by the reader. Use technical terms in its proper place, and where possible quantify readings and indicate errors of uncertainty and confidence intervals.

Discuss eligibility of experimental subjects. Give details about randomisation. Describe the methods for and success by any blinding of observations. Report treatment complications. Give number of observations. Report losses to observation (such as dropouts from a clinical trial). Avoid non-technical uses of technical terms in statistics, such as "random" (which implies a randomising device), "normal", "significant", "correlations", and "sample". Define statistical terms, abbreviations, and symbols.

Results (whenever applicable e.g. original article, review article): Present results in logical sequence in the text, table and illustrations. Do not repeat in the text all the data in the Tables or Illustrations. Emphasise or summarise only important observations.

Provide data on all primary and secondary outcomes identified in the Methods Section. Extra or supplementary materials and technical details can be placed in an appendix where they will be accessible but will not interrupt the flow of the text, or they can be published solely in the electronic version of the journal.

Give numeric results not only as derivatives (for example, percentages) but also as the absolute numbers from which the derivatives were calculated, and specify the statistical significance attached to them, if any. Restrict tables and figures to those needed to explain the argument of the paper and to assess supporting data. Use graphs as an alternative to tables with many entries; do not duplicate data in graphs and tables. Avoid nontechnical uses of technical terms in statistics, such as "random" (which implies a randomizing device), "normal," "significant," "correlations," and "sample."

Separate reporting of data by demographic variables, such as age and sex, facilitate pooling of data for subgroups across studies and should be routine, unless there are compelling reasons not to stratify reporting, which should be explained.

Discussion (whenever applicable e.g. original article, review article): Authors should summarize what they found, similarities or differences compared to existing literature and why. The theoretical or clinical implications, limitations with regards to study design, methods, generalizability and internal validity should be discussed. It is useful to begin the discussion by briefly summarizing the main findings, and explore possible mechanisms or explanations for these findings. Emphasize the new and important aspects of your study and put your findings in the context of the totality of the relevant evidence. State the limitations of your study, and explore the implications of your findings for future research and for clinical practice or policy. Discuss the influence or association of variables, such as sex and/or gender, on your findings, where appropriate, and the limitations of the data. Do not repeat in detail data

or other information given in other parts of the manuscript, such as in the Introduction or the Results section.

- **Conclusion:** Summarize your main findings and its clinical implication, preferably in a single paragraph and more than 3-4 sentences. Link the conclusions with the goals of the study but avoid unqualified statements and conclusions not adequately supported by the data. In particular, distinguish between clinical and statistical significance, and avoid making statements on economic benefits and costs unless the manuscript includes the appropriate economic data and analyses. Avoid claiming priority or alluding to work that has not been completed. State new hypotheses when warranted, but label them clearly.
- **References:** The **Vancouver style** of referencing is adopted by the SFP Journal.

The author(s) is/ are responsible for the accuracy and completeness of the references, which should be identified in the text by superscript Arabic numerals in the order of first citation and noted in numerical order at the end of the text.

Digital Object Identifier (DOI) citation information must be included as a full DOI URL by prepending <http://dx.doi.org/> to any DOI reference. To identify a DOI reference, please visit CrossRef at <http://www.crossref.org/guestquery/> and enter in the reference information in the box provided to locate the DOI where available. Such DOI information will facilitate readers to trace referenced papers easily.

Where there are more than three authors, the first three should be named and then followed by et al.

Example:

Tan and Ho. Treat-to-target approach in managing modifiable risk factors of patients with coronary heart disease in primary care in Singapore: What are the issues? *Asia Pacific Family Medicine*, 2011;10:12. doi:10.1186/1447-056X-10-12.

- **Learning Points (for invited Family Physician Skills Course article):** Include a minimum of 3 learning points as a take-home message for readers.
- **Tables:** Tables should be submitted on a separate page. Label them in roman-numeric sequence [I, II, III etc.] and ensure they are clear and with explanatory legends as required. Give each column a short or abbreviated heading. Place Table explanations in the footnotes, not in the heading. Explain in footnotes all non-standard abbreviations that are used in each Table.
- **Illustrations:** Illustrations must be submitted in a separate page, and should be provided whenever appropriate. Illustrations should be numbered consecutively in Arabic numerals (e.g. Fig. 1, 2, 3) according to the order in which they have been first cited in the text. When required, it is the author's responsibility to obtain permission to reproduce illustrations. Authors need to ensure that photographs, illustrations and figures do not contain any information that will reveal the identities of the patients and authors. From 1 January 2012, all photographs and illustrations taken from any human subject must be accompanied by the respective endorsed consent form. Clear captions to the figures should be provided.

Author Contributorship for Original Article Submission

Author details must be included in the relevant fields when submitting an article. Only those who have made substantial contributions to the study and/ or preparation of the article should be acknowledged as authors and named in full. The SFP follows the International Committee of Medical Journal Editors (ICMJE) criteria pertaining to authorship (refer to <http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html>). The precise role(s) of each author should be included in the 'contributorship' declaration.

Plagiarism

The Editorial Office has encountered cases where authors have copied entire paragraphs from previously published articles. Although these passages were duly cited and credited with reference sources derived from the articles, this has been found to be unacceptable by Journal standards. Authors are required to paraphrase all reference citations in their own words. This is necessary to prevent any future misunderstandings regarding plagiarism. Please be advised that all manuscripts submitted to the Journal will be screened for plagiarism using CrossCheck powered by iThenticate.

In the rare case where a certain citation would lose its original meaning and essence if paraphrasing is attempted, the Journal requires authors to enclose the citation in quotation marks (""") to indicate that it is a direct quote from the source. However, excessive usage of such quotation marks is discouraged and should be utilised only when absolutely necessary.

In order to stem out this unethical practice of plagiarism, the Journal adopts a zero-tolerance stance toward wholesale copying of published works. Failure to comply with these instructions will result in the outright rejection of manuscripts without peer review.

Declaration of Conflicts of Interest

The SFP requires the author(s) to provide full and detailed declarations of any conflicts of interest. Where there are none, please use the following declaration: "*The author(s) declare(s) that he/she/they has/have no conflict of interest in relation to this article.*"

RECOMMENDED FORMAT FOR CASE RECORDS OF FAMILY MEDICINE SECTION

The Case Records of Family Medicine is newly created series to encourage submissions from family medicine teaching programs, family medicine departments to submit cases of learning value to the Singapore Family Physician. Cases discussed during peer review learning, family medicine grand ward round teachings are just some examples that are suitable for this series. Authors planning to submit their case studies to

the Case Records of Family Medicine section should structure their article according to these headings:

Title

- The title should define the key focus of the case study.

Case Presentation:

- The author(s) will provide a pertinent summary of the medical and / or psychosocial issue pertaining to the health or disease management of the case. It should cover the situation and relevant background of the case. Author(s) should conceal the identity of the subject and/or related or accompanying personnel: abbreviation should be used instead, if necessary.

Diagnoses / Problems identified

- The assessment of the diagnoses / problems identified will constitute a problem list and will serve as a focus for the management of the case. If the case was a diagnostic dilemma, the author(s) should showcase the diagnostic challenges and their work in narrowing to the correct diagnosis and / or differential diagnoses.

Management of the case

- This section covers the approach to the management of the case by the author(s).

Literature review on latest evidence / guidelines (related to diagnosis and / or management)

- The author(s) should provide a literature review of current evidence / guidelines, if any, of the basis of the case's diagnosis / management, or to highlight the gaps of knowledge if such evidence is lacking.
- The author(s) will provide a concise summary of the lessons learnt from this case study.

Clinical Practice pointers (up to 3)

- The author(s) will suggest ways to apply the new knowledge in clinical practice or to highlight the limitations of its applications, if any.

RECOMMENDED FORMAT FOR PRISM (Patients' Revelations as Insightful Studies of their Management) SECTION

Authors planning to submit their case studies to the PRISM section should structure their article according to these headings:

Title

- The title should be framed into a question to define the key focus of the case study.

Patient's revelation: What happened?

- The author(s) will provide a concise description of the setting on which the subject raised his/her medical or psychosocial issue pertaining to their health or disease management. It should cover the background, encounter and interaction of patient with the healthcare professional (doctor, nurse or allied healthcare professional).

Author(s) should conceal the identity of the subject and/or related or accompanying personnel: abbreviation should be used instead, if necessary.

Gaining insight: What are the issues?

- The issue(s) raised by the patient should be framed into question(s). The question(s) will constitute a problem list and will serve as a focus for the management of this subject.

Study the management: How do we apply in our clinical practice?

- This section covers the approach to the management of the subject by the author(s). The author(s) should provide a literature review of current evidence, if any, of the basis of the subject's management, or to highlight the gaps of knowledge if such evidence is lacking. The author(s) will suggest ways to apply the new knowledge in clinical practice or to highlight the limitations of its applications, if any.

Conclusion

- The author(s) will provide a concise summary of the lessons learnt from this case study.

The article submitted to the PRISM section should be written by not more than three

authors. Each article should not exceed 2000 words. Photographs or charts may be included but should conform to the specific instructions for any other articles submitted to *The Singapore Family Physician*.

Revised Manuscript Submission

Manuscripts may be returned to their respective authors for revision. This will be accompanied by an Editor's email for which comments and recommendations may be made. The authors are advised to read and to take note of these comments carefully and to revise their articles accordingly. The authors need to reply to the editor's email to outline their response before the resubmission of the revised manuscript. They should exclude the identity of the authors and their institutions, as the email may be redirected to the reviewers during the resubmission process. The resubmitted manuscripts should include the revised complete version, as well as the anonymised version as before.

Proofs

Prior to publication, the Editorial Team will copyedit the article to fit the format of the Journal. The author will be sent the copyedited proof of the article, and the author should read carefully the proof and give comments and/or confirmation within 48 hours of receiving the proof. This will greatly facilitate the SFP to proceed to printing without delay, or to have to go to print without the corresponding author's comments.

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The journal is also circulated to all relevant government, professional, medical and academic organisations in Singapore, sister Colleges overseas and to the World Organisation of National Colleges and Academies of General Practitioners/ Family Physicians (WONCA).

The Singapore Family Physician Journal

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