

# JMMC Author Instructions

## Contents

General Information  
Authorship Criteria  
Types of Submissions  
Submission Requirements  
Submission Process  
What to Expect  
IRB Research Subject Protection Requirements

## General Information

Most of JMMC's policies for authors are summarized in these instructions. Author(s) work should meet the Submission Requirements and align with the [Aims and Scope](#) of JMMC.

Submissions must be written in the English language and conform to the guidelines of the A Manual of Style: A Guide for Authors & Editors (11th edition).

## Copyright

Authors must own the copyright to the work being submitted or have permission from the copyright owner(s) to submit a manuscript. Authors are the initial owners of the copyrights to their works. An exception to this ownership in the non-academic world might exist if the authors have, as a condition of employment, agreed to transfer copyright to their employer.

## Authorship Criteria

JMMC follows the [ICMJE Uniform Requirements for Manuscripts](#) for determining authorship (Vancouver Group Guidelines, 2010). The ICMJE recommends that authorship be based on meeting all 4 of the following criteria:

1. Made substantial contributions to the conception and design, acquisition of data, or analysis and interpretation of data, and
2. Drafted the manuscript or revised it critically for important intellectual content, and
3. Gave final approval of the version to be published, and
4. Agreed to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

## Types of Submissions

Table 1: Types of Submissions and Requirements

Article Type	Description	Requirements
<b>Original Research</b>	Presents original research that advances knowledge and has implications in patient care.	<ul style="list-style-type: none"> <li>• 3000 words</li> <li>• Structured abstract: 250 words               <ul style="list-style-type: none"> <li>○ Introduction</li> <li>○ Methods</li> <li>○ Results</li> <li>○ Discussion</li> <li>○ Conclusions</li> </ul> </li> <li>• Body structure mimics abstract</li> <li>• No reference limit</li> <li>• ≤ 6 tables and/or figures</li> <li>• Consult EQUATOR reporting guidelines (e.g. CONSORT)</li> <li>• Keywords</li> </ul>
<b>Application of Best Practices</b>	An authoritative approach to addressing a distinct health care delivery or educational topic. Authors should include pertinent content that makes an informed case that the practice they propose is supported by evidence for its impact and effectiveness, including the author(s) own approach to or research on the topic.	<ul style="list-style-type: none"> <li>• 2000 words</li> <li>• Structured abstract: 250 words               <ul style="list-style-type: none"> <li>○ Problem Statement</li> <li>○ Background</li> <li>○ Application</li> </ul> </li> <li>• Body structure mimics abstract</li> <li>• No reference limit</li> <li>• ≤ 6 tables and/or figures</li> <li>• Keywords</li> </ul>
<b>Patient Safety and Quality Improvement Exemplar</b>	Describes sufficiently powered patient safety or quality improvement studies demonstrating significant impact on patient outcomes.	<ul style="list-style-type: none"> <li>• 2000 words</li> <li>• Structured abstract: 250 words               <ul style="list-style-type: none"> <li>○ Introduction</li> <li>○ Methods</li> <li>○ Results</li> <li>○ Discussion</li> <li>○ Conclusions</li> </ul> </li> <li>• Body structure mimics abstract</li> <li>• ≤ 20 references</li> <li>• ≤ 2 tables and/or figures</li> </ul>

		<ul style="list-style-type: none"> <li>• Consult EQUATOR reporting guidelines (e.g. SQUIRE)</li> <li>• Keywords</li> </ul>
<b>Innovation Highlight</b>	Brief reports and pilot projects of innovative educational or clinical initiatives	<ul style="list-style-type: none"> <li>• 1500 words</li> <li>• Structured abstract: 250 words <ul style="list-style-type: none"> <li>○ Introduction</li> <li>○ Methods</li> <li>○ Results</li> <li>○ Discussion</li> <li>○ Conclusions</li> </ul> </li> <li>• Body structure mimics abstract</li> <li>• ≤ 20 references</li> <li>• ≤ 2 tables and/or figures</li> <li>• Consult JMMC Guidelines</li> <li>• Keywords</li> </ul>
<b>Case Report</b>	Brief case report of a unique and/or unusual clinical scenario	<ul style="list-style-type: none"> <li>• Structured abstract: 250 words <ul style="list-style-type: none"> <li>○ Introduction</li> <li>○ Clinical Findings</li> <li>○ Clinical Course</li> <li>○ Conclusions</li> </ul> </li> <li>• Case presentation: 250 words</li> <li>• Discussion: 500-600 words</li> <li>• ≤20 references</li> <li>• ≤5 authors</li> <li>• Consult: EQUATOR reporting guidelines (e.g. CARE)</li> <li>• ≤ 2 figures</li> <li>• Patient permission may be needed. FMI see our polices page or <a href="#">Click here</a></li> </ul>
<b>Research and Quality Improvement Brief</b>	Concise, focused reports of original research. Must not duplicate material published elsewhere	<ul style="list-style-type: none"> <li>• No abstract</li> <li>• Body structure: 700 words <ul style="list-style-type: none"> <li>○ Introduction</li> <li>○ Methods</li> <li>○ Results</li> <li>○ Discussion</li> <li>○ Conclusions</li> </ul> </li> <li>• ≤ 8 references</li> <li>• ≤ 2 tables and/or figures</li> <li>• Keywords</li> </ul>
<b>Reflections in Medicine</b>	Personal stories or essays taken from professional experiences in health care. They may express	<ul style="list-style-type: none"> <li>• No abstract</li> <li>• Body structure: 800 words</li> <li>• ≤ 3 authors</li> <li>• ≤ 3 references</li> <li>• No tables</li> </ul>

	opinions relevant to patient care, education, professionalism, professional health and well-being, health care systems, health care disparities, or other topics	<ul style="list-style-type: none"> <li>• ≤ 1 figures</li> </ul>
<b>Review</b>	Comprehensive, scholarly, and balanced content presenting an expert curation of the literature on the topic of interest. Please contact the JMMC editorial office (jmmc@mmc.org) before submitting a Review.	<ul style="list-style-type: none"> <li>• Structured abstract: 250 words <ul style="list-style-type: none"> <li>○ Importance</li> <li>○ Objective</li> <li>○ Review</li> <li>○ Findings</li> <li>○ Conclusions</li> </ul> </li> <li>• Body: 3000 words</li> <li>• ≤ 50 references</li> <li>• ≤ 5 tables and/or figures</li> <li>• Consult: EQUATOR reporting guidelines (e.g. PRISMA)</li> <li>• Keywords</li> </ul>
<b>Commentaries</b>	Describes a considered view about one or more issues in clinical or academic medicine, proposes and supports a new hypothesis, or presents a theory. Commentaries must be scholarly and arguments must be well supported.	<ul style="list-style-type: none"> <li>• No abstract</li> <li>• Body structure: 1000 words</li> <li>• ≤ 15 references</li> <li>• ≤ 2 tables and/or figures</li> <li>• ≤ 3 authors</li> </ul>
<b>Invited editorials</b>	Concurrent scholarly opinion piece in which the author discusses a specific topic or article in the journal. You must be invited to write this particular type of editorial. We do not accept letters to the editor.	<ul style="list-style-type: none"> <li>• No abstract</li> <li>• 400 words</li> <li>• ≤5 references (including 1 for the article being discussed)</li> <li>• ≤3 authors</li> </ul>

If you are unsure which submission type is appropriate, please contact the JMMC editorial office at [jmmc@mmc.org](mailto:jmmc@mmc.org).

## Submission Requirements

### Submission Materials

During the submission process, you must provide:

1. Authors names, emails, and affiliations
2. Title
3. Short Title
4. Keywords
5. Discipline selection (during submission, you may select academic disciplines that best describe your submission from a list)
6. Submission type
7. Abstract, if applicable
8. Acknowledgements, if applicable
9. Submission body
10. References
11. Cover letter
12. Tables (the option to upload will appear after submission)
13. Figures (the option to upload will appear after submission)

### Health Research Reporting Guidelines

Authors are strongly encouraged to prepare manuscripts using the health research reporting guidelines provided by the EQUATOR (Enhancing the QUALity and Transparency Of health Research) Network. For Innovation Highlights, please consult JMCM Guidelines.

## Formatting

Table 2: Formatting

Element	Description
<b>File format</b>	Microsoft Word
<b>Font</b>	Arial, 12-point
<b>Line spacing</b>	Double-spaced
<b>Margins</b>	1 inch (2.5 cm)

<b>Page size</b>	Letter (8½ x 11) inches
<b>Page numbers</b>	None
<b>Line numbers</b>	None
<b>Heading style</b>	First level: All caps, bold Second level: Sentence case, bold
<b>Abbreviations</b>	Each abbreviation should be expanded and introduced in parentheses ( ) the first time it is used in the abstract, if applicable, and again in the body text.

**Title**

Titles should be concise, specific, and informative. Please limit the length of titles to 150 characters, including spaces.

**Short Title**

If the title has more than 65 characters (including spaces), please include a short title as well. This short title will be placed on the running pages of the manuscript.

**Keywords**

3-5 key words or phrases that capture the most important aspects of the submission. (See the U.S. National Library of Medicine’s collection of Medical Subject Headings (MeSH) for suggestions)

**Structured Abstract**

Include a structured abstract for reports of Original Research, Application of Best Practices, Patient Safety and Quality Improvement Exemplars, Innovation Highlights, and Case Reports. Abstracts are not required for Research and Quality Improvement Briefs, Reflections in Medicine, Commentaries, and Invited Editorials.

**Manuscript Body**

Manuscripts should be structured with the subheadings found in Table 1.

No information should be reported in the abstract that does not appear in the text of the manuscript.

**Tables**

- Tables should be prepared in Microsoft Word or Excel.

- Number all tables with Arabic numerals in the order of their citation in the text.
- Tables should include a brief title.
- The same data should not be presented in both a table and graph form or repeated in the text.
- Tables should be single-spaced and include headings and footnotes in this order, as applicable: \*, †, ‡, §, ||, #, \*\*.
- Tables should be self-explanatory without reference to the text.
- Abbreviations used in a table should be defined in a footnote at the bottom of the table.
- Units of measure should be included in the heading row rather than in the body of the table.
- All tables should be included at the end of the manuscript file on a separate page.

## Figures

- Number all figures with Arabic numerals in the order of their citation in the text.
  - Descriptive legends should begin with a brief title and include sufficient description to ensure the figure is understandable without reading the body text. Any symbols or abbreviations should be defined in the figure or its legend.
  - Staff editors require figure files that can be opened and manipulated during editing. If such files are not provided, the author will be required to make all changes requested by the staff editor.
  - Figures should be submitted as TIFF, EPS, PSD, or PPT files. High resolution PDF files are also acceptable. Color figures created in applications other than PowerPoint must be at least 600-dpi resolution, and grayscale figures must be at least 300-dpi resolution. Color figures should be submitted in RGB mode.
  - Data should not be added to nor removed from an image by digital manipulation. Figures assembled from multiple images should include visible dividing lines. Any linear adjustment of contrast, brightness, or color must be applied to all parts of an image equally. Any nonlinear adjustments must be disclosed in the figure legend and should include a description of the adjustment and the software used. If in doubt about whether a digital manipulation is acceptable, disclose the manipulation in the figure legend and consult with staff editors. Authors must be prepared to submit the original, unaltered source files from which the submitted figures were derived, upon request.
  - Each figure must be saved and submitted as a separate file. Figures should not be embedded in the manuscript text file.
  - Axes of graphs should be clearly labeled and standardized throughout.
- 
- Multipanel figures should include panel labels in uppercase letters (eg, A, B, C) in boldface Arial font. Figure font size should be 11 point or higher. All text within a

figure should be the same style and size, or vary by no more than 2 points, with standardization between figures to the extent possible.

- Photomicrographs should include a scale bar.
- Permission should be provided for any figure reprinted or adapted from another source. Indication that permission was provided should be included in the figure legend along with the original citation and copyright date.

### Acknowledgements

All other persons who substantially contributed to the submission (eg, data collection, analysis, or editing) but who do not fulfill the authorship criteria may be listed in this section. Authors should include details about specific contributions of each person named. Authors are also required to notify all parties of their acknowledgement.

### References

- The corresponding author is responsible for providing accurate and complete references in accordance with AMA style.
- Citations should appear as superscripts after punctuation and, when necessary, embedded in the sentence.
- References must be numbered in the order in which they appear in the text.
- References should be typed double-spaced and start on a new page.
- References appearing in tables/figures should be cited in succession in the text at the location of the table or figure notation.
- Use MEDLINE ([National Library of Medicine](https://pubmed.ncbi.nlm.nih.gov/)) abbreviations for journal titles.

Table 3: Reference Examples

Reference Type	Example
<b>Journal article, ≤ 6 authors</b>	Hu P, Reuben DB. Effects of managed care on the length of time that elderly patients spend with physicians during ambulatory visits: National Ambulatory Medical Care Survey. <i>Med Care</i> . 2002;40(7):606-613. doi:10.1097/00005650-200207000-00007
<b>Journal article, &gt; 6 authors</b>	Geller AC, Venna S, Prout M, et al. Should the skin cancer examination be taught in medical school? <i>Arch Dermatol</i> . 2002;138(9):1201-1203. doi:10.1001/archderm.138.9.1201
<b>Journal article, no doi</b>	Mishori R, Aleinikoff S, Davis D. Primary care for refugees: challenges and opportunities. <i>Am Fam Physician</i> . 2017;96(2):112-120. Accessed July 17, 2019. <a href="https://www.aafp.org/afp/2017/0715/p112.pdf">https://www.aafp.org/afp/2017/0715/p112.pdf</a>



<b>Journal article, ahead of print</b>	Fahy AS, Polites SF, Thiels CA, et al. Early Hospital Discharge After Helicopter Transport of Pediatric Trauma Patients: Analysis of Rates of Over and Undertriage [published online ahead of print April 24, 2018]. <i>Pediatr Emerg Care</i> . 2018. doi:10.1097/PEC.0000000000001481
<b>Book</b>	Brownson, RC. <i>Evidence-based Public Health</i> . 2nd ed. Oxford University Press; 2011.  Boyd B, Basic C, Bethem R, eds. <i>Trace Quantitative Analysis by Mass Spectrometry</i> . John Wiley & Sons; 2004.
<b>Book chapter</b>	Prince M, Glozier N, Sousa R, Dewey M. Measuring disability across physical, mental, and cognitive disorders. In: Regier DA, Narrow WE, Kuhl EA, Kupfer DJ, eds. <i>The Conceptual Evolution of DSM-5</i> . American Psychiatric Publishing Inc; 2011:189-227.
<b>Reports</b>	World Health Organization. <i>World Health Report 2013: Research for Universal Health Coverage</i> . World Health Organization; 2013.  National Institute of Arthritis and Musculoskeletal and Skin Diseases. <i>Questions and Answers About Sprains and Strains</i> . National Institutes of Health; 2015. NIH publication 15-5328. Accessed January 28, 2016. <a href="http://www.niams.nih.gov/Health_Info/Sprains_Strains/default.asp">http://www.niams.nih.gov/Health_Info/Sprains_Strains/default.asp</a>
<b>Websites</b>	Recommendations for primary care practice. US Preventive Services Task Force. Accessed March 9, 2019. <a href="https://www.uspreventiveservicestaskforce.org/Page/Name/recommendations">https://www.uspreventiveservicestaskforce.org/Page/Name/recommendations</a>  Charlton G. Internal linking for SEO: examples and best practices. SearchEngineWatch. Accessed February 10, 2016. <a href="https://searchenginewatch.com/sew/how-to/2428041/internal-linking-for-seo-examples-and-best-practices">https://searchenginewatch.com/sew/how-to/2428041/internal-linking-for-seo-examples-and-best-practices</a>  Zika travel information. Centers for Disease Control and Prevention. January 26, 2016. Updated August 11, 2016. Accessed June 18, 2019. <a href="https://wwwnc.cdc.gov/travel/page/zika-travel-information">https://wwwnc.cdc.gov/travel/page/zika-travel-information</a>

### Supplemental Material

Decisions about whether to include supplemental material files will be made by staff editors. Supplemental materials will not be checked for accuracy, copyedited, typeset, or proofread. Authors are responsible for ensuring the quality of supplemental materials

for publication. Any published supplemental material will display a disclaimer to this effect.

### **Cover Letter**

In the cover letter, include the following information.

1. Introduction of work to the journal
2. Abstract word count
3. Body text word count (excluding title, abstract, acknowledgments, references, table text, and figure legends)
4. Conflict of interest statement. All authors should disclose any financial or other conflicts of interest that might be construed to influence the results or interpretation of the submitted manuscript. All sources of financial support for the project must be disclosed at submission.
5. If applicable:
  - Explanation of any prior presentations
  - Clinical trial and/or IRB registration numbers
  - Permission to use tables or figures previously published
  - Permission to use images including human subjects

### **Submission Process**

1. Assemble required submission elements (see [JMMC Author Submission checklist](#)).
2. On the JMMC home page, select the "Submit Manuscript" button and follow the instructions.
3. Under "Warranties & Ownership Overview," review the "Submission Agreement" and indicate agreement by clicking "Accept."

Note: JMMC does not charge fees for manuscript processing, submission, or publication.

### **What to expect**

#### **After submission**

- Authors will receive notifications of manuscript receipt and editorial decisions by email. During the review process, authors can check the status of their submitted manuscript via the JMMC author submission portal.
- All submitted manuscripts will be reviewed by the managing editor for completeness before forwarding to the editor-in-chief and staff editors.
- Staff editors review the submissions based on several criteria, including alignment with the journal's mission, originality, contribution to the literature, importance, generalizability, study methods, and clearness of writing. Manuscripts that do not satisfy these criteria will be rejected promptly. Other manuscripts will be sent to expert consultants for peer review.

- The journal uses a double-blind peer-review process. Peer reviewer and author identities are kept confidential.
- Peer reviewers are required to maintain confidentiality about the manuscripts they review.
- Final decisions regarding manuscript publication will be made by an editor who does not have any relevant conflicts of interest.
- Most decisions are made within 90 days of manuscript submission. Authors will be notified of decisions via email. Manuscripts receive one of the following decisions:
  - Accept with minor (or no) revisions
  - Reconsider with major revisions
  - Reject

See [reviewer instructions](#) for more information about JMMC's peer-review policy.

### **After acceptance**

- All authors will be required to complete the authorship and copyright agreement forms.
- Accepted manuscripts will be copyedited and returned to the corresponding author for approval by the assigned staff editor.
- Authors will be responsible for all statements made in their work, including changes made during copyediting and production that are authorized by the corresponding author.
- Once accepted, submissions will appear in the next issue of JMMC.

### **After publication**

Requests to publish corrections should be sent to the editorial office at [jmmc@mmc.org](mailto:jmmc@mmc.org).

## **Questions**

For questions, please contact the JMMC editorial office at [jmmc@mmc.org](mailto:jmmc@mmc.org).

## **Research Subject Protection Requirements**

- Original research or any report involving research using human or animal subjects must have appropriate Institutional Review Board (IRB) or Institutional Animal Care and Use Committee (IACUC) approvals or determinations prior to submitting. Note this status clearly in the cover letter and manuscript's Methods section. You may be required to provide proof of appropriate oversight.
- If the submitted work is not research based on a determination from an IRB (e.g., QI projects), please indicate this.

- Submission types that do not involve human subjects do not require IRB approval.
- If an IRB is not available at an author's institution, review of the research by an institutional compliance or HIPAA-related committee may be sufficient. This must be described in the cover letter and manuscript's Methods section. Use of a commercial IRB is also an option.
- Identifying information, including names, initials or hospital numbers, should not be published in written descriptions, photographs or pedigrees unless the information is essential for scientific purposes and the patient (or parent or guardian) gives written informed consent for publication. Informed consent must be obtained if there is any doubt that anonymity can be maintained.
- The Journal of Maine Medical Center does not charge authors article processing or publication fees of any kind.