

JAAPA Submission Guidelines

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JAAPA's mission is to support the ongoing education and advancement of PAs by publishing current information and research on clinical, health policy, and professional issues. The *Journal* goes to nearly all PAs and second-year PA students in the United States and has the widest circulation of all the PA journals. Our goal is to provide PAs with a high-quality publication that reflects the stature of their profession and to contribute to the professional development of PAs by offering them the opportunity for authorship in a peer-reviewed journal that maintains high scholarly standards.

JAAPA is indexed on MEDLINE and CINAHL, and every issue offers AAPA-approved Category I CME.

- Authors submitting to *JAAPA* should note that manuscripts must be original, written by you (and your co-authors, if any), and not ghostwritten by anyone not named as an author.
- *JAAPA* does not consider articles that a pharmaceutical company or medical education company has written, edited, sponsored, funded, or otherwise been involved with.
- Authors should not submit an article for publication in any other journal while it is being considered for publication in *JAAPA* and should not submit to *JAAPA* a manuscript that is currently under consideration elsewhere. Submissions should be made to only one publication at a time.

The first step

Query letters: Before submitting a manuscript, please submit your article topic via e-mail to the editor at JAAPA@aapa.org to ensure that the topic is suitable and is one that *JAAPA* can use. In your message,

- Describe the topic, and explain why you are interested in it and what you propose to teach your PA colleagues about it.
- Specify which type of article you are proposing to write (see Types of articles published for a list of the kinds of articles welcomed by *JAAPA*).
- We are interested in your qualifications to write about the topic, so please include information about your clinical background and experience.
- Attach a brief outline of what you expect to include in the manuscript.

A special note for PA students and faculty

The *Journal* is regularly contacted by PA students who are asked to prepare a manuscript and submit it for publication as part of their PA program requirements. We ask that students follow these guidelines when contacting *JAAPA*:

- Submit a formal query letter, via e-mail, to JAAPA@aapa.org asking about our interest in the article. Do not send in a manuscript unless we have approved your query first.
- Query us after your topic is chosen. We cannot help students to select topics.
- Specify in your query that you are a student. All student queries (and manuscripts) should be clearly identified as such. If a faculty member contacts the *Journal* on the student's behalf, the faculty member should clearly specify that the manuscript was written by a student.
- After queries are approved, submit the manuscript as an attached file to the *Journal's* editor at tanya.gregory@haymarketmedical.com. Please do not mail hard copies of papers, and please do not e-mail student papers to JAAPA@aapa.org.
- All student papers should be edited to conform to *JAAPA* submission and size requirements before they are sent to us. Authors should clearly specify the type of article they are submitting—case report, clinical review article, etc—and the article should be of a type that *JAAPA* publishes. These types are described later in these guidelines.
- All student papers should list a faculty member (or supervising physician) as a co-author.

We apologize, but we are unable to respond to requests from students that do not adhere to these guidelines.

Students (and inexperienced authors) may want to consult our **Roadmap to Better Writing** (available at www.JAAPA.com) for help on planning and developing a manuscript.

PA competencies

All authors submitting to *JAAPA* should be aware of **Competencies for the Physician Assistant Profession**, a document adopted by the 2005 AAPA House of Delegates. This article was published in the July 2005 issue of *JAAPA* and is available online at www.JAAPA.com/issues/j20050701/pdfs/comp0705.pdf. Feature-length articles in *JAAPA* are rated on the degree to which they address the competencies of medical knowledge, interpersonal and communication skills, patient care, professionalism, practice-based learning and improvement, and systems-based practice. Please consult issues of the *Journal* dated August 2005 or later for examples of competencies ratings. When writing, authors should consider the degree to which their manuscript can address the various PA competencies, bearing in mind that not all the competencies can or should be addressed in every article.

Types of articles published (features)

Prospective authors are encouraged to look at past issues of *JAAPA* to get a feel for how various types of articles read and look in print. Please consult the section called **Problem areas** later in these guidelines for important information on submitting photographs, imaging studies, and other illustrative material; citing references; and borrowing information from a previously published source.

Note that the word limits specified in the following descriptions include all text that is part of the article—the reference list, tables, figure captions, etc.

- **Review and CME articles** (3,500 words maximum): These offer either a concise critical assessment of the current state of knowledge about a disease or condition encountered by PAs or a how-to approach to diagnosing or managing a specific problem. The author should avoid writing a standard academic literature review, which is systematic, comprehensive, and heavily referenced, in favor of a selective review and update that emphasizes what is practical, current, and evidence-based. References should be recent and evidence-based; textbook references should be for the most part avoided. Our clinical review and CME articles are intended above all to be useful. Once PAs read the article, they should be able to put the information it provides immediately into practice.
- **Surgical Review articles** (3,500 words maximum): The same parameters apply here as for clinical review and CME articles, except that in this case the subject is surgical. Possibilities include articles on particular types of surgery or medical problems in surgical patients (for example, atrial fibrillation in patients undergoing heart surgery), and reviews that cover recent primary research and new published guidelines.
- **Research Reports** (3,500 words maximum): These should be reports of original research conducted by the author(s). *JAAPA* welcomes health services research on PAs and the PA profession, health outcomes research, and clinical research. In general, manuscripts should be prepared in accordance with the Uniform Requirements for Manuscripts Submitted to Biomedical Journals (www.icmje.org/). All research reports submitted to *JAAPA* should include a detailed cover letter and title page and contain the following sections: abstract, introduction, methods, results,

discussion, limitations, and conclusions. Include acknowledgments if appropriate. More detailed guidelines on research submissions are available from the editor. Please write to tanya.gregory@haymarketmedical.com.

- **Recertification Refreshers** (3,500 words maximum): This series covers a subject in greater depth by combining information “learned in PA school” with more recent research and treatment updates. However, since the recertification examination will not include the very latest treatments, information contained in the recertification series articles should be confined to the current accepted standard of practice. The information needs to be practical yet supply the knowledge needed by a PA who is preparing for recertification. The NCCPA test blueprints have been used to develop the following template for what needs to be addressed:

Introduction and background Discuss the historical background of the disease, how it is defined, and its incidence and/or prevalence. Explain the importance of the topic to a PA facing recertification.

Anatomy and pathophysiology Review basic anatomy as it applies to the disease or topic. Help the reader to understand how clinical and physical findings interrelate to determine underlying pathophysiology.

History and physical exam Review the signs and symptoms of the disorder. Risk factors and historical data should be included. Explain how to recognize and interpret physical findings. Explain any directed physical examination necessary and any specific techniques required. Illustrate particular physical findings and how they differentiate this disease from others in the differential.

Testing, labs, and diagnostics Explain how to select and interpret the most appropriate initial studies. Describe when studies are not indicated, cost effectiveness, and the relative value of tests for this specific condition. Identify the study or procedure most likely to establish the diagnosis or rule it out. Predict the most likely laboratory or diagnostic test result. If invasive, special, or follow-up studies are likely, review these.

Assessment and differential diagnosis Review the reasoning process that leads to the diagnosis of this disease. Place the evaluation in the context of the need for referral, consultation, or hospital admission. Provide a broad differential diagnosis, and highlight the history and physical findings that point to the correct diagnosis. Explain the reasoning process that allows other diagnoses to be ruled out.

Treatment and follow-up Prioritize the management and medical interventions necessary to treat the disorder. Include emergent or acute care if appropriate. Cover standard treatments for the disease, including potential complications and appropriate aftercare guidelines. Include pharmacotherapy selection, recognition of drug properties, and drug-drug interactions. Provide a follow-up schedule and monitoring regimen, and include signs of relapse and treatment failure.

Prevention and patient education Emphasize an approach to the patient most likely to elicit information to allow early identification of those at risk. Provide patient education guidelines and handout materials when possible. Identify groups at greatest risk, and include preventive agents or techniques. Include symptomless, dangerous,

and identifiable disorders that occur among various patient groups that could lead to early identification. List common screening tests for this condition, including the relative value of each test.

- **Case reports** (2,000 words maximum): A case report should recount an experience with a patient, discuss the intervention and the reasons it was chosen, and provide the outcome. In your discussion section, be sure to draw a lesson out of the clinical point you are making. The teaching point (or points) is crucial to the value of a case report and should be clearly specified in the author's query letter. Photographs, radiographs, or other types of clinical images should be submitted if appropriate.

Note that a case report is not the venue for a complete review of the literature on a topic. You may cite other articles and studies, but be concise about it. Refer to only a few published reports of the condition you are about to discuss.

Types of articles published (departments)

- **CAT Clinic** (1,600 words): A critically appraised topic (CAT) is a brief, evidence-based assessment of the one or two most relevant studies retrieved to answer a focused clinical question that may have arisen from a real-life situation. A CAT is not a comprehensive review of a subject or a synthesis of all the available knowledge and should generally run no more than 2 or 3 pages in the *Journal*. A CAT should contain the following elements:

Case presentation: In one paragraph, describe the patient's age and sex, clinical and geographic setting, presenting complaint, relevant medical history, and pertinent physical and lab findings.

Clinical question: To achieve a focused, pertinent clinical question—the key aspect of a CAT that leads to a well-defined literature search and pertinent results—consider the “PICO” approach. Answers to PICO questions help you clarify the type of information you need to answer your clinical question and shape your online search terms.

P — Patient population. What group do you want information on (eg, postmenopausal women)?

I — Intervention. What medical event do you want to study the effect of (eg, estrogen replacement therapy)?

C — Comparison. Compared to what? Better or worse than no intervention at all, or than another intervention or test (eg, no estrogen replacement)?

O — Outcomes. What is the effect of the intervention (eg, incidence of osteoporosis, breast cancer, endometrial cancer, death)?

Search criteria: Choose the type of study that is most relevant to your question. Randomized clinical trials are most appropriate for questions about therapy; cohort studies for questions about prognosis, modifying risk factors, and quality of life given a particular treatment. Questions about diagnostic studies are best answered by studies that look at sensitivity, specificity, and predictive values. On the PubMed

Web site (www.ncbi.nlm.nih.gov/entrez/query), use the filters under the “Clinical Queries” link to focus your search on diagnosis, treatment, or prognosis. Briefly describe the decision-making process that guided your search, and provide the terms of your search so that others can repeat it.

Search results: How many citations did you retrieve? List the one or two citations you chose to evaluate and why you chose them.

Evaluating the evidence: Briefly describe the paper and its major outcomes and conclusions. Describe any problems with the study, particularly as it relates to your clinical question. A CAT should not grade study authors on their epidemiologic skill but should assess the validity and importance of the study as it relates to your clinical question. The use of evidenced-based medicine concepts such as likelihood ratios, predictive values, and numbers needed to treat is encouraged.

Clinical bottom line: Will the study change or affect how you practice medicine? Why or why not? (Ask yourself if your findings are worth telling your colleagues about.)

- **Case of the Month** (900 words maximum): This 1-page department offers a forum in which to share case reports that demonstrate interesting, unusual, or particularly instructive presentations of common problems. (Cases involving rare or obscure conditions require a bit more information or detail than will fit in Case of the Month and thus are better suited to a longer, feature-length case report.) The write-up should be brief, as though you were describing the case to a colleague over coffee. Include the presentation, results of the history and examination, and the relevant test results. Provide a short list of the differential diagnosis (without definitions, please), the final diagnosis with a brief description or definition, and the outcome. We encourage you to provide one image that was integral to the presentation or diagnosis, such as an ECG tracing, radiograph or CT scan, or clinical photograph. No references are required.
- **Dermatology Digest** (900 words maximum): Your manuscript should provide a brief description of a patient with a particular dermatologic diagnosis, a question about the diagnosis or the case with 4 plausible responses, and a brief discussion section that explains what the right answer is and why. Please consult issues of *JAAPA* for examples. Include one high-quality photo that illustrates the patient’s condition. This should be a high-resolution digital image file, jpeg or tiff format, 300 dpi or better.
- **Diagnostic Imaging Review** (1,800 words maximum): Manuscripts for this department provide a brief case description, followed by a discussion of how the imaging studies obtained revealed the diagnosis. A brief review of the disease diagnosed may also be included. Please consult issues of *JAAPA* for examples.

Authors must provide copies of the imaging studies. These should be high-resolution digital image files, jpeg or tiff format, 300 dpi or better. Please send two copies of each image; one should be clean, and the other should be labeled with arrows or other marks that point clearly to the pathology revealed by the study. Provide caption material for each image as well.

- **When the Patient Asks** (900 words maximum per page): This is JAAPA's patient education department and consists of 2 pages printed back to back. Please consult issues of the *Journal* for examples. The first page of When the Patient Asks is for the PA and provides a brief review of the topic in question. The second page is for the patient and provides educational information in a question-and-answer format. The page for the PA should include references (no more than 10). The page for the patient should have no references and should be written at a 5th- to 6th-grade reading level. It is possible to include a small table or graphic element on each page, if the text is shortened correspondingly.
- **The Surgical Patient** (2,000 words maximum): This is a department for surgical PAs. Some articles can be written for others in your subspecialty. Topics might include innovations in surgical care (such as new procedures), procedure outlines, or other how-I-do-it pieces. Case histories that culminate in a description of how a surgical procedure dealt with the problem are also appropriate here. Other articles might be aimed at all surgical PAs, as well as at PAs who care for hospitalized patients. Topics might include preoperative management of the surgical patient, intensive care management of the surgical patient (fluids, shock, respiratory complications), the implications of specific medical problems (diabetes, hypertension, coronary disease, etc) for surgical management, or specific surgical pharmacology issues. This department can include clinical art.
- **A Day in the Life** (1,600 words): This department reflects the great variety of work that PAs do, the interesting settings they work in, and the challenges and rewards of being a PA. Manuscripts should be written in diary style, using times of day as the organizing principle. Authors may choose to represent a literal, actual day in their life, or a composite day that reflects the totality of what they do. Authors should include a couple of photos (one of which should be a head shot) of themselves at work. Please send high-resolution digital image files (300 dpi or better), jpeg or tiff format.
- **Sounding Board** (900 words maximum): This is a forum for PA opinions on clinical and professional issues and is essentially JAAPA's op-ed department. The purpose of a Sounding Board is either (1) to educate your fellow PAs about an issue of importance to their professional life, or (2) to provide a brief persuasive argument for how a problem of importance to the PA profession should be addressed or solved. Note that in some cases a Sounding Board may be published on the Web only and not in the print version of JAAPA.
- **In Retrospect** (900 words maximum): This department allows PAs to write about personal experiences that would be meaningful to colleagues. An "In Retrospect" piece is not expository or analytical. It is a reflective narrative about a single experience, or a series of related experiences, that came to have some larger significance or meaning for the writer. As models for this department, please see "A Piece of My Mind" in *JAMA* and "On Being a Doctor" in *Annals of Internal Medicine*. Note that in some cases In Retrospect may be published on the Web only and not in the print version of JAAPA.

Letters to the Editor

- Letters to the Editor must be written in response to articles published in *JAAPA*. Letters on other subjects cannot be considered.
- Authors of the published article will be given a chance to respond to the letter.
- Letters should be timely and, ideally, should be received within 3 months of the *JAAPA* article's publication.
- Letters submitted to *JAAPA* become copyrighted material when they are published. Thus, writers should not submit duplicate letters to any other print or online publication.
- Letters should follow the same scholarly standards required of other content in *JAAPA*. They should be referenced if appropriate, using evidence-based sources.
- Limit letters to 300 words (including references) and no more than 5 references. Letters will be edited for clarity and style and may be shortened for space requirements.
- All letters must include the writer's full name and degrees, work affiliations, city, state, and e-mail address. Anonymous letters or those in which the writer incompletely identifies himself or herself cannot be considered for publication. In certain cases we will agree to publish a letter with the writer's name withheld, but contact information must be provided when the letter is submitted.
- Submit all letters via e-mail to the editor at tanya.gregory@haymarketmedical.com.

Publication basics

All manuscripts accepted for publication become the property of the *Journal* and may not be published elsewhere without the written permission of the publisher. The authors of an accepted manuscript must sign copyright release and conflict of interest disclosure forms before we can schedule, edit, and publish their article. A small honorarium (\$200 for features, \$100 for departments) is mailed to authors in the month that their article is published.

Problem areas

Authors should pay special attention to *JAAPA* guidelines for citing references, providing images to illustrate a manuscript, and adapting or reusing previously published material.

- **Citing references:** Reference lists should not be overly long. Please consult recent issues of the *Journal* to get an idea of what constitutes an appropriate reference list. When compiling references for your article, please keep the following guidelines in mind:

Cite recent sources. If you are citing a paper that was published more than 5 years ago, the paper should be either one of a kind (a seminal study) or the only source for the data you are citing. If neither of these is the case, you probably either do not need to cite a source at all, or you need to find a more recent one.

Cite primary sources whenever possible since these carry the most weight. The primary source is the place where the information was first published. Check the paper you are citing carefully to make sure that the authors have not in fact taken their information from another source. If they have, that other source is probably primary.

Multiple references are not required in most cases. Usually, you can cite the most recent reference, the most respected reference, or the primary reference and let it go at that. (If you can't decide which reference is most respected, there probably isn't one. Sometimes this is obvious, however. For instance, if you are citing epidemiology figures for sexually transmitted diseases, probably the best source is MMWR from the CDC.)

Do not reference statements that most clinicians would consider common knowledge. Many citations from textbooks fall into this category, and in general, citation from textbooks should be avoided.

Do reference all statements that cite data or studies.

Do reference statements that your readers might consider to be controversial.

Do reference anything that is someone else's thoughts, data, or conclusions.

Number references sequentially in the text using superscript Arabic numbers. If a reference is cited more than once, it should always have the number assigned to it at its first occurrence. Key in references at the end of the text in numeric sequence using the form prescribed in the *AMA Manual of Style* or the "Uniform requirements for manuscripts submitted to biomedical journals" (available online at www.icmje.org/index.html). Use the abbreviations for journal titles provided on PubMed.

Do not use word processing options that automatically number references or embed information in a footnote or endnote. When you key in references at the end of the text, please number them manually.

Save the hard copies of your references after submission. If your article is accepted, we will ask you to send the hard copies to us for use during editing and fact-checking.

A special note on hard copies of references: The standards of scholarship require (1) that authors obtain and read primary source material during the research phase of manuscript preparation and (2) that they not cite anything in a scholarly paper that they haven't read and evaluated themselves. Authors must provide a hard copy of the primary source reference of all material cited when their manuscript is accepted. Abstracts from **MEDLINE** are not sufficient, nor is it sufficient to cite references that have been cited by another author without looking at the primary source yourself. When we edit, we must be able to consult the primary source to determine whether the information you have cited is actually in that article and that you have represented it accurately.

- **Providing images:** If you have photographs, imaging studies, ECGs, or other visual illustrations to submit with your article, please do not embed these in the article or place them at the end of the text file. We cannot extract images provided in this fashion at a resolution sufficient that they will reproduce well in print. Please submit

images as individual digital files, via e-mail or on a CD. These should be jpeg or tiff files at a resolution of at least 300 dpi. Note also that images scanned from a previously printed source, such as a textbook or journal article, cannot be used because they will not reproduce well. We must have original images, either as digital files or hard copies.

Although digital files are preferred, we can also accept good quality color or black and white photographs. If you choose this option, please provide two copies of each photograph and label them clearly. Do not bend photographs or mount them on cardboard. Please tell us if you wish the photographs to be returned to you after publication. Please also do not submit original photographs without keeping a duplicate in your files.

Provide legends or captions for all figures, and label top and bottom clearly for orientation. Legends for photomicrographs should note stain and magnification.

If the pathology being shown will not be completely obvious to any and all clinicians, please place arrows or circles on a hard copy of the image to identify the area of interest and mail us the copy. As an alternative, you may provide two digital copies for the image: One should contain the arrows or circle, and one should be clean and unmarked.

Mail or fax signed releases for photographs showing identifiable persons. A parent or guardian must sign the release for a photograph that shows a child.

- **Borrowing material from another source:** Authors picking up previously published material need not write to the publisher of the material to obtain permission to use it. The *JAAPA* editorial staff will do that. Authors should, however, clarify the copyright status for every item in their manuscript that is not part of the main text. (“Every item” means all tables, graphs, algorithms, photos, imaging studies, ECGs, etc.)

In your letter of submission (which may be the e-mail message to which you attach your article files), list each accessory item in the article and state clearly whether the item is original to you or, if not, who holds the copyright.

For each item, authors should specify one of the following:

1. The accessory material is original to you (and hence requires no permission to use)
2. The material was created by you from material in another source (and hence requires a source or reference line, but does not require permission)
3. The material was borrowed in its current form from another source (and does require permission).

In the case of items two and three, please key in the source reference below the item as it appears in your submitted article.

If any accessory material in your manuscript does require us to write to the original publisher for permission to reuse, please e-mail, fax, or mail us a copy of the original item as it previously appeared in print, along with full contact information for the original publisher. Our legal department requires that we obtain this material and keep it on file.

Please also note the following important points:

Permission is required **ONLY** if the item appeared in print **IN THE SAME FORM** that it appears in your article. For example, if you have re-used a table that appeared as a table in the original source, we are legally required to request permission (even if you “adapted” the table or changed it slightly). If, however, you created the table yourself using data or text material from the source, that requires only a source line.

Bear in mind that to reuse material that has been previously published, we must request permission from the **ORIGINAL** holder of the copyright. In some cases, you may have to determine who that is before we can proceed. It is not uncommon for authors to pick up an item—for example, a table—from a journal article they have read, not realizing that the authors of that journal article themselves picked up the table from yet another, in this case primary, source. To use the table, we must write to the publisher of the primary source because that publisher owns the copyright to the material. Please take care to check all of your accessory items to see whether a primary source is referenced.

Specifications for preparing a manuscript

- Write to the size specified for the type of article you are submitting. Word length limits are listed earlier in these guidelines. Note that the word length specified – for example, 3,500 words for feature-length articles – includes everything: main text, reference list, and supplementary text such as the content of tables, sidebars, and figure captions. If a manuscript is clearly too long, we will ask the author to cut before we edit it, or we will cut during editing.
- Use a plain, readable typeface, such as 12-point Arial or Times New Roman. Do not use decorative or italic fonts that make the manuscript difficult to read. Do not place borders or section breaks in the manuscript or use other types of formatting that may be difficult to remove or may otherwise make editing difficult.
- Provide a title page. On the title page, list all authors in the order they should appear on the published article. Identify the corresponding author if there is more than one author. For each author, include full name with degrees, followed by work affiliations with city and state (as they should appear in the bio box on the published article) and contact information (mailing address, phone and fax numbers, e-mail address).
- Provide an abstract of your article (150 words or less for research articles, 50 words or less for other feature articles; departments do not require abstracts). If you are submitting a feature article that you think would be good for CME, provide a list of 3 to 5 learning objectives and a needs assessment (essentially, an explanation of why this article is important for PAs to read).
- Create all text—the article body, tables, figure captions, etc—in Microsoft Word so that it can be edited. Do not use Excel or any other spreadsheet application to create tables; please create tables using the Microsoft Word table program. PowerPoint may be used if you are providing a graphic illustration, such as a bar graph, that we can recreate; in this instance, please supply the numerical data used to create the graphic.

- Number the pages of your manuscript.
- Provide appropriate headings and subheadings throughout the text that will clarify the organization of information for the reader.
- Expand all acronyms on first mention. Example: white blood cells (WBCs).
- Provide units of measure for all laboratory values or other clinical measures that are expressed in number form. Example: mg/dL when giving a blood glucose level.
- Refer to drugs using their generic names. Provide the salt if this helps to clarify which drug you are talking about. Example: use cefuroxime axetil for the oral form and cefuroxime sodium for the IM or IV form. If you are recounting a case and the patient took a specific brand name drug, please provide the brand name as well.
- Be sure that every table and figure has been “called out” or cited at an appropriate place in the text. Example: The text should say “see Table 1” where you want Table 1 to appear. Number items sequentially in the order in which they are to appear.
- Place figures, tables, and algorithms at the end of the file (or in a separate file), and number them consecutively in order of their appearance in the text. Do not embed this material in the body of the text.
- For guidelines regarding images, please see **Problem areas** above.
- For guidelines regarding the types of references to cite and when to cite them, see **Problem areas** above.
- In your e-mail submission letter, list each accessory item in the article and state clearly whether the item is original to you or, if not, who holds the copyright. (See **Borrowing material from another source** under **Problem areas** above.)
- In your e-mail submission letter, confirm that the manuscript is original, written by you (and your co-authors, if any) and not ghost-written by anyone not named as an author; that no pharmaceutical company or medical education company was involved with or paid for its development; and that it is not being considered for publication elsewhere.
- Submit the manuscript electronically to JAAPA@aapa.org as an e-mail attachment. Identify the manuscript and provide your contact information in the body of your message. Note that we must have an electronic copy of your article or we cannot have it screened by the *JAAPA* editorial board or evaluated by peer reviewers.

What happens when you submit

After an article has been submitted to *JAAPA* and passes a preliminary screening by the editor and editorial board, blind copies of the manuscript are sent to a selected panel of peer reviewers, who determine whether the manuscript will be accepted, rejected, or recommended for revision. Preliminary screening and peer review normally take 8 to 10 weeks.

After peer review is complete, *JAAPA* will notify the author of the manuscript's status. If revision is recommended, we will send revision instructions to the author. Authors are asked to provide a revised manuscript for re-evaluation within 6 weeks.

Articles are not scheduled for publication until after they are accepted, and they are edited approximately two months before publication.

Authors should be aware that *JAAPA* receives a high volume of submissions and that, as a result, many articles cannot be scheduled for publication for 6 to 12 months after acceptance. Review articles that are not appropriate for CME take the longest time. CME articles and length case reports are typically published within a year of acceptance; department pieces usually appear within a few months.

All articles that have been accepted and scheduled for publication are subject to editing. Authors should be aware that editing can be extensive and that further revision may be required (see **What to expect during the editing process**).

Edited manuscripts are e-mailed to the author for review before printing. Authors are typically asked to respond with corrections and comments within 1 week of receipt. Authors can make no further changes after this point.

What to expect during the editing process

While preparing a manuscript for publication, the editor will

- Review and correct spelling, grammar, and punctuation
- Correct inconsistencies in capitalization, compounding, style of numbers, use of italics and underlining, sequence of anything alphabetical or numerical, and subject/verb agreement
- Check completeness, accuracy, and format of tables and figures; put all tables and figures into consistent format
- Put references into AMA style and query the author to supply any incomplete information
- Check heads in text and tables against content; query the author as needed
- Check parallelism throughout text and rewrite as necessary; be sure all lists are consistent in format
- Check all pronouns; make sure all have clear antecedents; rewrite or query author as necessary
- Check for use of passive voice; replace with active voice whenever possible
- Check for shifts in verb tense; correct or query author
- Check for shifts in tone or style; correct or query author
- Check coherence of sentences for misplaced parts, dangling modifiers, missing words or phrases and rewrite as needed
- Eliminate biased language; be consistent with number and person

- Expand at first mention any acronyms not on the *JAAPA* acronym list
- Check any math
- Check descriptions of tables and figures in text against information in tables and figures themselves; refer out to tables, figures, and sidebars where appropriate in the text
- Review manuscript for—and fix—any sentences, paragraphs, and sections that need to be rewritten, placed in another part of the manuscript, or deleted
- Add or delete subheads as needed
- Check organization of each section of the manuscript, and of the overall manuscript, and rewrite or reorganize as needed
- Rewrite awkward, turgid, confusing, or ambiguous sentences, paragraphs, or sections
- Review logic and flow; query author as needed
- Write transition sentences when needed
- Check accuracy of content; query author as needed
- Eliminate redundancies and wordiness at all levels of the manuscript, making extensive cuts if appropriate or needed to reduce the manuscript to the appropriate number of words
- Shorten the manuscript as needed if the author has not limited its length as specified in the guidelines
- Check for or query author on any reviewer queries that were not satisfactorily answered in revision
- Recast, rebuild, or build illustrative materials (tables, graphs, algorithms, etc.), with the author's cooperation, as appropriate.

JAAPA uses the *AMA Manual of Style*, *Dorland's Medical Dictionary*, *Webster's Collegiate Dictionary*, and the *Chicago Manual of Style* as primary references.

Last updated 6/08