



JGIM INSTRUCTIONS FOR AUTHORS

March 2025

As the official journal of the Society of General Internal Medicine, *JGIM* encourages submission of articles aimed at improving patient care, education, and research in primary care and general internal medicine in all settings. Submissions must be original and not currently under consideration for publication in another peer-reviewed medium (paper or electronic). *JGIM* is committed to making the review process as timely and useful as possible for authors.

To speed the processing of manuscripts, *JGIM* only accepts manuscripts online via the following website (www.editorialmanager.com/jgim/default.aspx). This site contains full instructions for authors (<https://www.springer.com/journal/11606/submission-guidelines>) as well as conflict of interest (COI) forms. Note: We require a completed ICMJE COI form from each author at the time of invited revision.

Please submit cover letters using the appropriate field in our electronic management system. Submitting them as supplemental material may slow down processing of your manuscript.

Authorship Guidelines on Diversity, Equity, Inclusion and Discrimination

JGIM is committed to promoting practices that support diversity, equity, and inclusion in scientific research, science communication and publishing. As a guiding principle, we aim to foster these principles within our internal practices and in published content, embody these values in all our editorial activities and to support and promote these values in clinical, education, policy and research communities. In particular, we encourage authors to consider the following guiding principles:

- 1) Some categories of diversity, such as race, are social rather than biological constructs. We encourage authors to clearly define these constructs, explain the source of classifications used (e.g., self-report, investigator observed, database, electronic health record, survey), and justify their inclusion in analyses.
- 2) We encourage authors to explore the role of discrimination (e.g., racism, gender discrimination, etc.) in study findings and to explore the mechanisms and impact of disparities and inequities.

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MANUSCRIPT CATEGORIES

Submitted manuscripts must fit into one of the following categories:

Article Type	Article Description	Word Limits		Author/ Reference Limits
		Manuscript	Abstract	
Original Research	Original observational or interventional research concerning clinical care, education, or health policy relevant to general internal medicine, including hospital medicine, innovation and improvement, and health disparities. [Details]	3000	300	
Research and Reporting Methods	Original submissions that focus on research methods or reporting standards. [Details]	3500	300	
Concise Research Report	Concise, focused reports of original observational or interventional research concerning clinical care, education, or health policy relevant to general internal medicine, including hospital medicine, innovation and improvement, and health disparities. [Details]	700	None	7 authors 7 references
Qualitative Original Research	Original research concerning clinical care, education or health policy relevant to general internal medicine using qualitative methods. [Details]	5000 (excl. quotes/tables)	300	
Reviews (Systematic)	Reviews that use standard approaches to systematically collecting, appraising and synthesizing evidence about therapy, diagnosis or prognosis. [Details]	3500	300	

Reviews (Narrative)	Reviews that use informal methods to collect and present information that is relevant to general internal medicine [Details]	3500	300 (unstructured)	
Clinical Guidelines	Official recommendations from professional organizations on issues related to clinical practice and health care delivery. [Details]	4000	275	
Position Papers	Official statements from professional organizations on issues related to clinical practice, health care delivery, and public health, of interest to general internal medicine.	4000	300 (unstructured)	
Medicine Then and Now	Original scholarship on the History of Medicine using well-defined primary sources. [Details]	4000	300 (unstructured)	
Perspectives	Views and opinions on issues of importance to generalists. The Editors are particularly interested in publishing well-referenced, evidence-based perspectives on clinical, educational, or policy issues. [Details]	2000	200 (unstructured)	
Viewpoints	Novel perspectives on an important topic of interest to <i>JGIM</i> readers or make a conceptual contribution that advances thinking or debate in that area. [Details]	1200	None	3 authors 7 references
Bottom Line Summaries	Succinct reviews of topical, practice-changing studies to help clinicians integrate new developments in medicine into their practice. They should focus on a single study (trial, observational study, or systematic review/meta-analysis) that has been recently published and is likely to be of broad interest to primary care providers and/or hospitalists. Prior to submitting in this category, email (jgimbottomline@gmail.com) for approval. [Details]	600	None	3 authors 4 references

Shared Decision-Making Cases in Clinical Practice	Common clinical problems illustrating key aspects of shared decision making informed by specific cases	2500	300 (unstructured)	7 authors
Clinical Vignettes	Reports of clinical cases that provide insight into clinical practice and generate hypotheses for innovations in clinical practice, education, and research. At least on author must be an SGIM member. [Details]	2000	None	
Clinical Images	Visual findings in clinical medicine that have educational value. [Details]	200	None	
Exercises in Clinical Reasoning	In this series, a clinician discusses their approach to sequentially presented clinical information. Commentary on the clinical reasoning process is integrated throughout the case presentation. [Details]	3500	None	
Healing Arts: Materia Medica	Well-crafted and engaging personal narratives, essays, or short stories or poetry. [Details]	1000	None	
Healing Arts: Text and Context	Excerpts from the humanities (novels, short stories, historiography, drama, visual art, or creative non-fiction) with an accompanying essay. [Details]	1000	None	
Healing Arts: Sketchbook	Graphic submissions illuminating health and medicine. Black/white/grayscale only.		None	
Innovation and Improvement	Descriptions of innovative approaches to improving programs, including systems redesign and practice management. The hallmark of an innovation is that the idea is new and fills an important gap. [Details]	2000	200 (Structured)	
Innovations in Medical Education	Descriptions of innovative approaches to improving medical education programs, The			

	hallmark of an innovation is that the idea is new and fills an important gap. [Details]			
Editorials	Editorials are <i>solicited</i> by the Editors and provide commentary on articles selected for publication. [Details]	1500	None	
Letters	Letters that comment on material published in JGIM and submitted within one month of print publication of the JGIM material. [Details]	400	None	3 authors 7 references

1. ORIGINAL RESEARCH

These articles describe original observational or interventional research concerning clinical care, education, or health policy relevant to general internal medicine, including hospital medicine, innovation and improvement, and health disparities. Organize manuscript text into Introduction, Methods, Results and Discussion, generally following relevant Abstract headings. **Please proofread the Abstract carefully to ensure that all results and conclusions mentioned in the Abstract are also reported in the main body of the text, figures or tables of the manuscript.** To ensure that studies with various methods have the highest quality reporting, *JGIM* strongly suggests authors use standard formats as described at <http://www.equator-network.org> (i.e. CONSORT for randomized trials, STROBE for observational studies, and SQUIRE for quality improvement studies, etc.). Authors are strongly encouraged to use checklists offered for these guidelines and those checklists may be requested during manuscript review.

Original research articles should have a detailed description of the study's design and analysis. They should not exceed 3,000 words of text (not including title page, abstract, references, tables, figures, figure legends, or appendices) except for reports of qualitative research, which may be as long as 5,000 words, excluding text, quotes, and tables containing quotes.

Abstract: Original research articles should have a structured abstract of 300 words or less. Use the following headings: Background, Objective, Design, Participants (or Patients or Subjects), Interventions (if applicable), Main Measures, Key Results, and Conclusions. Qualitative research articles may substitute "Approach" for "Main Measures."

Tables and Figures: Tables and figures should be used as needed to convey the data; however, the number of combined tables plus figures in the main body of the article should not generally exceed 6. Authors will be asked to delete or combine tables and figures felt to be excessive, or optionally, they may be published online as a supplementary appendix. Authors are encouraged to make liberal use of electronic appendices (including textual, tabular, and audiovisual materials which help to inform the research but are not essential to understanding the main arguments); these will be published online.

Clinical Trials Registration: *JGIM*'s Editors ascribe to the registration policies of the International Committee of Medical Journal Editors (ICMJE) that can be found at <http://www.icmje.org/recommendations/browse/publishing-and-editorial-issues/clinical-trial-registration.htm>. Appropriate registries (such as www.clinicaltrials.gov) must be accessible to the public at no charge and must be open to all prospective registrants and managed by a not-for-profit organization. There must be a mechanism to ensure the validity of the registration data, and the registry should be electronically searchable. Please include the appropriate Trial Registration Number on the Title Page of the submitted manuscript.

Publication Bias is the tendency to not publish, or delay publication of trials reporting non-significant findings. *JGIM* is committed to reducing publication bias and is committed to evaluating and publishing trials, without prejudice based on statistical significance.

Outcome Reporting Bias is the tendency to publish on statistically significant outcomes. Several studies have shown that authors often change the primary outcomes, compared to what was in the approved study protocol and don't report all the outcomes collected. *JGIM* is committed to reducing outcome reporting bias. We encourage authors to register their protocols in a publicly available clinical trial registry and report that registry in their paper. We encourage authors to publish all outcomes, regardless of significance in *JGIM* submissions.

2. Research and Reporting Methods

These articles are original submissions that focus on research methods or reporting standards. Protocol papers will only be considered if they represent a new, innovative approach to conducting research. These articles should have a detailed description of the proposed approach and should not exceed

3500 words of text (not including title page, abstract, references, tables, figures, figure legends, or appendices). The editors may request that the article be shorter, despite these limits, so aim to be concise. Research and reporting methods articles may include results from original research or systematic reviews supporting the proposed method. In that case, structure the article according to our guidance for the pertinent article type. Limit the number of references to seven or fewer.

Abstract: Research and reporting methods articles abstract structure will depend on the nature of the article. If the article includes original research or systematic reviews, follow those guidelines for a structured abstract. If instead the article proposes a new method without data, an unstructured abstract of 300 words or less is acceptable.

Tables and Figures: Tables and figures should be used as needed to convey the data; however, the number of combined tables plus figures in the main body of the article should not generally exceed 4. Authors will be asked to delete or combine tables and figures felt to be excessive, or optionally, they may be published online as a supplementary appendix. Authors are encouraged to make liberal use of electronic appendices (including textual, tabular, and audiovisual materials which help to inform the research).

3. Concise Research Report Letters

These are concise, focused reports of original observational or interventional research concerning clinical care, education, or health policy relevant to general internal medicine, including hospital medicine, innovation and improvement, and health disparities. These are limited to 700 words, with no more than 7 authors, 7 references and a total of 2 tables or figures. These reports would not include online-only material and do not include an abstract. Organize manuscript text into Introduction, Methods, Results and Discussion. To ensure that studies with various methods have the highest quality reporting, *JGIM* strongly suggests authors use standard formats as described at <http://www.equator-network.org> (i.e., CONSORT for randomized trials, STROBE for observational studies). Authors are strongly encouraged to use checklists offered for these guidelines and those checklists may be requested during manuscript review. Do not include supplemental files. Please use the appropriate online portal in our electronic management system to include cover letters.

Clinical Trials Registration: *JGIM*'s Editors ascribe to the registration policies of the International Committee of Medical Journal Editors (ICMJE) that can be found at <http://www.icmje.org/recommendations/browse/publishing-and-editorial-issues/clinical-trial-registration.htm>. Appropriate registries (such as www.clinicaltrials.gov) must be accessible to the public at no charge and must be open to all prospective registrants and managed by a not-for-profit organization. There must be a mechanism to ensure the validity of the registration data, and the registry should be electronically searchable. Please include the appropriate Trial Registration Number on the Title Page of the submitted manuscript.

4. REVIEWS

The Editors encourage reviews of clinical, educational, or methodological topics important to practice, teaching, or research in general internal medicine and/or primary care. Reviews include meta-analyses of randomized trials, systematic reviews (without quantitative meta-analysis), and narrative reviews. Reviews of clinical topics should include references to relevant practice guidelines. Reviews should follow the general format of original articles, not exceed 3,500 words, and include an abstract (see below for specific instructions). Authors are encouraged to submit additional supporting material for publication on the *JGIM* website (for example, a new curriculum or survey). **Due to perceived conflicts of interest, *JGIM* cannot accept review articles sponsored by commercial interests or written by freelance or commercial writers (including writers from communication and education companies).**

Systematic reviews or meta-analyses should follow the guidelines in the PRISMA statement which can be found at <http://www.prisma-statement.org/>. PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) provides an evidence-based minimum set of items for reporting systematic reviews and meta-analyses, and is an update and expansion of the QUOROM Statement. The PRISMA Statement consists of a 27-item checklist and a four-phase flow diagram. **Authors will be required to submit the PRISMA checklist and flow diagram along with their manuscript.** Although PRISMA focuses on randomized trials, the PRISMA Statement can also be used as a basis for reporting systematic reviews of other types of research, particularly evaluations of interventions. Systematic reviews or meta-analyses should, in accord with PRISMA Guidelines

(<http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1001419>), include a structured abstract with the following headings: Background, Methods, Results, Discussion. The Background section should describe study objectives. Methods should include eligibility criteria, information sources, and methods of assessing risk of bias. The Results section should report included studies, synthesis of results, and description of the effect. Finally, the Discussion should include strengths and limitations of the evidence and of the systematic review process or methods. Also include the systematic review registration number and funding source.

Narrative (non-systematic) reviews should address a clinical, educational, or methodological problem by melding expert opinion with a thorough and balanced review of available evidence. Narrative reviews are appropriate when the question of interest is too broad, the body of evidence too sparse, or the topic too new or controversial for a systematic review. Otherwise, systematic reviews are preferred. Structurally, authors should consider starting off narrative

reviews with an illustrative case or example. The review should put the topic into the context of the literature and interpret the evidence to help solve the problem for the reader. Narrative reviews should include an unstructured abstract of 300 words or less.

5. CLINICAL GUIDELINES

JGIM seeks official recommendations from professional organization on issues related to clinical practice. These guidelines should be developed using a transparent process and should follow the appropriate guideline (AGREE or RIGHT) in development and reporting.

Clinical guidelines should not exceed 4,000 words of text (not including title page, abstract, references, tables, figures, figure legends, or appendices).

Abstract: Clinical guidelines should have a structured abstract of 300 words or less. Use the following headings: Description, Methods and Recommendations.

Authorship: At least one specific author should be listed in the byline. Group members can be listed at the end and should be identified as authors or non-author contributors. All individuals named as authors must meet authorship criteria and complete conflict of interest disclosures.

6. MEDICINE THEN AND NOW - HISTORY OF MEDICINE

JGIM seeks high-quality original historic scholarship from health professionals and historians of relevance to clinicians, investigators and educators in general internal medicine recognizing that the relationship between the past and present deserves rigorous analysis. As our patterns and practices of medical care and health care delivery continue to be informed and shaped by the past, so too can historical perspective help to reframe the limitations of the present and provide insight into paths not taken. Submissions should clearly state the historical and clinical importance of the paper, and what it adds to knowledge about understandings of health and illness, the basis of medical practice, structures of health care delivery, and/or public health practices. This should be original historical research using well-defined primary sources. Manuscript must have an unstructured abstract of up to 300 words, up to 4000 words of text with subheadings, and may include tables or figures with up to 75 references.

7. PERSPECTIVES

These articles should provide views and opinions on issues of importance to generalists. The Editors are particularly interested in publishing well-referenced, evidence-based perspectives on clinical, educational, or policy issues. Perspectives should be 2,000 words or less with an unstructured abstract of up to 200 words, and the minimum necessary number of tables and figures.

8. VIEWPOINTS

Viewpoints provide a novel perspective on an important topic of interest to *JGIM* readers or make a conceptual contribution that advances thinking or debate in that area. Manuscripts that are primarily focused on a personal experience and/or reflection should be submitted under the

Healing Arts category. Viewpoints are limited to no more than three authors. Comments may be solicited by the Editors, but *JGIM* also welcomes unsolicited submissions, which may be submitted on the *JGIM* submission site. Viewpoints should have a maximum of 1200 words and have no more than 7 references.

9. BOTTOM LINE SUMMARIES

The Bottom Line Summaries are succinct reviews of topical, practice-changing studies to help clinicians integrate new developments in medicine into their practice. Their defining feature is patient-centered representations of data with practical strategies to efficiently communicate the data to patients during clinical encounters. Bottom Line Summaries should focus on a single study (trial, observational study, or systematic review/meta-analysis) that has been recently published and is likely to be of broad interest to primary care providers and/or hospitalists. The structure of Bottom Line Summaries (400-600 total words not including references) is as follows:

Why Is This Important? (50-100 words) - Provide context for the current study and its importance. Include one or more relevant citations.

Facts (200-400 words) - Summarize important aspects of study design and results. Key points are displayed using bullet points to enhance readability and usability in clinical practice. Include any significant risk of bias or other weaknesses of trial design.

Figure - A graphical representation of the study's primary outcome. Suggested formats include bar graphs or icon arrays.

Tips for Discussion with Patients (100-150 words) - Provide 3-4 bullet points of what the findings mean for patients. These should be written in patient-friendly language (i.e., jargon free, approximately 6th grade reading level).

Study Quality and Application to Patients - describe any methodologic issues including risk of bias and design weaknesses that impact study quality or generalizability. Authors should consult the USPSTF criteria for assessing internal validity to rate study quality as good/fair/poor. The editors will work with you on refining assessment of study quality as necessary. Authors should describe patient populations to which the evidence applies best based on study inclusion/exclusion criteria and enrollment populations.

Please include no more than three authors, and no more than four references.

Prior to submission, interested parties should submit a desired topic or study to ensure appropriateness of subject matter to jgimbottomline@gmail.com.

10. SHARED DECISION MAKING CASES IN CLINICAL PRACTICE

These illustrate key considerations in common examples of shared decision making with patients. The structure should include sections in the following order: 1) Decision, a description of the clinical decision facing the patient and clinician; 2) Participants, description of the patient (with caregiver and/or surrogate as appropriate) and the clinician or care team involved in the decision and any relevant context about the relationships; 3) Pros and cons of the medically reasonable options; 4) Preferences of the patient; 5) Decision Process: sharing information, confirming understanding, and getting to a decision; 6) Outcomes of the decision; and 7) Reflections on the case. You are welcome but not required to add a section of the patient's own

words; if you do so, they should be included as an author. If the patient does not wish to formally participate, please either mask the subject's identity or gain their permission prior to submission; such permission should be confirmed by completion of the *JGIM* Statement of Patient Consent. Please include an unstructured abstract of up to 300 words and text of up to 2,500 words. There is a limit of 7 authors but no limit on the number of references, tables or figures.

10. CLINICAL VIGNETTES

Clinical vignettes are reports of adult (18 years and older) clinical cases that provide insight into clinical practice and generate hypotheses for innovations in clinical practice, education, and research. They should have no abstract and text of up to 2,000 words. The manuscript should include a review of past published relevant cases, a detailed description of the case or vignette, a discussion of why the case or vignette is unique and how it adds to previous literature, and implications for subsequent developments in clinical practice, teaching, or research. Please either mask the subject's identity or gain their permission prior to submission; such permission should be confirmed by completion of the *JGIM* Statement of Patient Consent. The first or senior author of the clinical vignette must be a current *SGIM* member at the time of submission.

11. CLINICAL IMAGES

Clinical images report on visual findings in clinical medicine that have educational value. They can include radiology results, high quality clinical images, or electrocardiograms. Images should have a text description that does not exceed 200 words. No more than three authors may be listed. In the initial submission (for clinical images ONLY), each image should be sent as a separate file with the submitted text. Images should either have individually identifying information removed or masked at submission, or specific written consent to include identifying information. Please either mask the subject's identity or gain their permission prior to submission; such permission should be confirmed by completion of the *JGIM* Statement of Patient Consent.

The first or senior author of the clinical image must be a current SGIM member at the time of submission.

Care should be taken to follow these graphics formatting guidelines when submitting images:

RESOLUTION: Resolution must be at least 300 dots per inch (dpi).

DIMENSIONS: Graphic(s) should be close to the final desired size in print (approximately 4 x 4 inches).

FILE FORMAT: Save line artwork, vector graphics, halftone artwork or photographic images as either Tagged Image File Format (.TIF) or Encapsulated PostScript (.EPS) files.

DO NOT: Use .TIF files created by PowerPoint because they are not sufficiently dense.

DO NOT: send native graphics file formats or RAW files because our typesetters cannot use them.

12. EXERCISES IN CLINICAL REASONING

In this series, a clinician discusses their approach to sequentially presented clinical information. The Exercise is presented in steps: first, a part of the clinical case, then the clinician's thoughts on that part, and finally a commentary explaining how the clinician thinks. This sequence repeats with each new part of the case. The series aims to highlight key aspects of diagnostic and therapeutic reasoning and factors that affect the reasoning process (practice setting, resource availability, etc). When choosing a clinical case for your manuscript, consider what clinical reasoning theme(s) (diagnosis, management, etc) you would like to highlight. The dedicated perspective delving deeper into relevant clinical reasoning theme(s) is a unique aspect of this series. Images, laboratory, and other relevant studies should accompany the case. The Exercise concludes with a brief "Discussion" section highlighting the key clinical reasoning points (3-5 paragraphs) and a "Clinical Teaching Points" section (3-5 bullet clinical points). Submissions should not exceed 3,000 words and have a maximum of 15 references. No abstract is needed.

The manuscript review process for this series often involves several clinical reasoning experts and is a collaborative process between authors, reviewers, and editors. As such, appropriate submissions generally undergo multiple reviews prior to acceptance.

Authorship should be limited to five authors unless approved by the JGIM deputy editors. The editorial staff may add additional authors, if necessary, after evaluation of the manuscript.

The following representative articles illustrate the required format while focusing on different clinical reasoning themes:

Rezigh, A., Garza-Garcia, G.A., Minter, D. et al. [Mirror Mirror: An Exercise in Clinical Reasoning](#). J GEN INTERN MED 38, 228–232 (2023).

Phadke, V.K., Jagannath, A.D., Patel, A.A. et al. [Over the Threshold: An Exercise in Clinical Reasoning](#). J GEN INTERN MED 37, 1290–1294 (2022).

Connor, D.M., Elkin, G.D., Lee, K. et al. [The Unbefriended Patient: An Exercise in Ethical Clinical Reasoning](#). J GEN INTERN MED 31, 128–132 (2016).

Please see [the editorial](#) introducing The Exercises In Clinical Reasoning series.

13. HEALING ARTS

JGIM seeks high-quality creative writing related to medicine and health, especially general internal medicine and primary care. Please read and adhere to our policy (P 16) on the ethics of writing about patients. It is *JGIM*'s policy that all submissions should identify the author, anonymous submissions will not be accepted for review. Authors should identify their manuscripts as one of the following formats:

A. Materia Medica: Well-crafted and engaging personal narratives, essays, or short stories of up to 1000 words or poetry of up to 40 lines. Works should tell a story that informs and illuminates the practice and teaching of medicine. Non-fiction manuscripts must either disguise or protect persons' identities, or permission must be obtained from the individual and confirmed by

completion of the *JGIM* Statement of Patient Consent. Authors will be responsible for keeping copies of patient consent and making it available if requested. Multiple poems should be submitted separately, generating individual manuscript tracking numbers.

B. Text and Context: Medical humanities teaching modules that include a 200-800-word excerpt from the humanities (novels, short stories, historiography, drama, visual art, or creative non-fiction) with an accompanying essay of up to 1000 words discussing the significance of the work for clinical practice or medical education. Submissions should include 1-3 learning objectives or discussion questions and may include up to 5 references. Please consult the January 2010 *JGIM* for an [example](#) of Text and Context. Authors must provide a detailed reference of the cited excerpt and obtain any needed copyright permission if the submission is accepted.

C. Sketchbook: Sketches, drawings, and comics on topics illuminating health and medicine. Black/white/grayscale only. Graphic memoir (sometimes called graphic narrative) will be considered but must fit onto a single page of the print *JGIM*. Provide a title for the Sketchbook submission. Submit two versions: one PDF, and one TIFF file 300 DPI.

14. INNOVATIONS AND IMPROVEMENTS

JGIM seeks high quality and succinct descriptions of innovative approaches to improving programs, including systems redesign and practice management. The hallmark of an innovation is that the idea is new and fills an important gap. Manuscripts should be 2,000 words or less and have no more than two tables or figures. Additional material can be published as online appendices. A structured abstract of no more than 200 words should have the following headings: Background, Aim, Setting, Participants, Program Description, Program Evaluation, and Discussion.

Manuscripts should have headings of Introduction, Setting and Participants, Program Description, Program Evaluation, and Discussion. The Introduction should succinctly describe the problem, prior evidence addressing solutions to this problem, and the aims of the innovation. The Program Description should include the conceptual, evidence-based, or theoretical rationale for the innovation, and a description of the innovation and its implementation with enough detail to address feasibility. Program Evaluation should include the evaluation methods, and the quantitative and/or qualitative data informing judgments regarding success or effectiveness, as well as suggestions for improving the innovation. The Discussion should comment on study limitations, the relationship of the innovation to previous work, and the implications of the study for improving this innovation and for care delivery.

14. INNOVATIONS IN MEDICAL EDUCATION

JGIM seeks high quality and succinct descriptions of innovative approaches to improving medical education. The hallmark of an innovation is that the idea is new and fills an important gap. Manuscripts should be 2,000 words or less and have no more than two tables or figures. Additional material (e.g., detailed curricula or evaluation tools) can be published as online appendices. A structured abstract of no more than 200 words should have the following

headings: Background, Aim, Setting, Participants, Program Description, Program Evaluation, and Discussion.

Manuscripts should have headings of Introduction, Setting and Participants, Program Description, Program Evaluation, and Discussion. The Introduction should succinctly describe the problem, prior evidence addressing solutions to this problem, and the aims of the innovation (for example, the instructional objectives). The Setting and Participants section should describe the learners/participants and the learning environment. The Program Description should include the conceptual, evidence-based, or theoretical rationale for the innovation, and a description of the innovation and its implementation with enough detail to address feasibility. Program Evaluation should include the evaluation methods, quantitative and/or qualitative data informing judgments regarding success or effectiveness, and suggestions for improving the innovation. The Discussion should comment on study limitations, the relationship of the innovation to previous work, and the implications for improving this innovation specifically, medical education generally, and patient care.

A. Special topics: HEALTH POLICY

JGIM encourages submission of health policy articles formatted as Original Research, Reviews, or Perspectives articles. Submissions should be relevant to general internist and should help readers understand more about health policy and its effects on patients, physicians, medical institutions, or populations. Articles examining how alternative legislative policy strategies foster or impede the delivery of high-quality primary care are of special interest (see editorial in *J Gen Intern Med*. 2000; 15: 519-20).

B. Special topics: QUALITY IMPROVEMENT, IMPLEMENTATION AND PATIENT SAFETY SCIENCES

JGIM also encourages submission of articles addressing application of knowledge to real-world healthcare delivery settings in the US and other countries through quality improvement, implementation, and patient safety sciences. This focus includes articles that use or develop science-based approaches to designing, evaluating, and reporting on improvement interventions. Studies of effects of diverse types of interventions such as organizational policy changes, guideline dissemination, or care model implementation, and their effects on care delivery and population outcomes, are welcome. Topics should be relevant to general internal medicine care and the settings in which it is provided, including outpatient, inpatient, and long-term care locations. Articles may be formatted as Original Research (including Concise Research Reports), Reviews, or Perspectives articles. Implementation science articles should consider the publication guidelines in the Standards for Reporting Implementation Studies (StaRI, <http://www.equator-network.org/reporting-guidelines/stari-statement/>), and quality improvement reports should consider the Standards for Quality Improvement Reporting checklist (SQUIRE, <http://www.equator-network.org/reporting-guidelines/squire>). A relevant *JGIM* editorial *J Gen Intern Med*

15 DOI: 10.1007/s11606-021-06645-4 provides additional resources.

17. EDITORIALS

Editorials are *solicited* by the Editors and provide commentary on articles selected for publication. Editorials should be 1200-1500 words in length and be accompanied by **no more than 10 references**.

18. LETTERS TO THE EDITOR

Science, education, and clinical care depend on an active dialogue between developers, assessors, and users of knowledge. We encourage letters of up to 400 words that comment on material published in *JGIM*. Letters should be submitted via the website (www.editorialmanager.com/jgim/default.aspx) within one month of print publication of the *JGIM* material. Be certain the letter includes your name and complete contact information.

Letters are limited to no more than three authors. Letters should be formatted as they appear in the journal and contain a maximum of seven references and no figures. The running title of the article your letter references should be the title of your letter.

Ethical Responsibilities of Authors

This journal is committed to upholding the integrity of the scientific record. As a member of the Committee on Publication Ethics (COPE) the journal will follow the COPE guidelines on how to deal with potential acts of misconduct.

Authors should refrain from misrepresenting research results which could damage the trust in the journal and ultimately the entire scientific endeavor. Maintaining integrity of the research and its presentation can be achieved by following the rules of good scientific practice, which includes:

- The manuscript has not been submitted to more than one journal for simultaneous consideration.
- The manuscript has not been published previously (partly or in full), unless the new work concerns an expansion of previous work (please provide transparency on the re-use of material to avoid the hint of text-recycling (“self-plagiarism”).
- A single study is not split up into several parts to increase the quantity of submissions and submitted to various journals or to one journal over time (e.g., “salami-publishing”).
- No data have been fabricated or manipulated (including images) to support your conclusions
- No data, text, or theories by others are presented as if they were the authors own (“plagiarism”). Proper acknowledgements to other works must be given (this includes material that is closely copied (near verbatim), summarized and/or paraphrased), quotation marks are used for verbatim copying of material, and permissions are secured for material that is copyrighted.
- Important note: the journal may use software to screen for plagiarism.
- Consent to submit has been received from all co-authors and responsible authorities at the institute/organization where the work has been carried out before the work is submitted.

- Authors whose names appear on the submission have contributed sufficiently to the scientific work and therefore share collective responsibility and accountability for the results.

Ethics of Writing about Patients: Checklist

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2. I have reflected on my own motives in writing this essay and have stated them in my cover letter.
3. I have considered the legal, ethical, and personal impact on the patient, family, and colleagues of publishing my personal reflections in a widely circulated medical journal.
4. I have shown this essay to a professional colleague as well as to the patient or someone who has something in common with the patient (i.e., a sensitivity reader), and have incorporated feedback from those individuals into this submission.
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Large Language Models (LLMs), such as ChatGPT, do not currently satisfy our [authorship criteria](https://www.springer.com/us/editorial-policies/authorship-principles) (<https://www.springer.com/us/editorial-policies/authorship-principles>). Notably an attribution of authorship carries with it accountability for the work, which cannot be effectively applied to LLMs. Use of an LLM should be properly documented in the Methods section (and if a Methods section is not available, in a suitable alternative part) of the manuscript.

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Component Order: The manuscript must be a single document, with components in this order: Title Page, Abstract, Text, References, and (if appropriate) Legends for Figures, Tables, Figures, and Appendices.

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- Ann Intern Med 1997; 126:36-47
- N Engl J Med 1997; 336:309-315
- JAMA 1997; 277:927-934

TITLE PAGE

This must be the first page of the manuscript. Start page numbering from the Title page onward. Include the manuscript title (less than 18 words). Provide a running title of 5-6 words. Include full names, highest degree(s) awarded, and institutional affiliations of all authors. Use superscript numbers to designate institutional affiliations for each author. Provide the name and complete address, telephone numbers, and **e-mail address of the corresponding author**. Also include the numbers of references, tables, figures, and appendices along with word length for the article's

text (not including title page, abstract, references, tables, figures, or appendices). Please provide the word length of the abstract and up to five key words or terms for use in indexing.

ABSTRACT

Structured abstracts should adhere to the formats outlined in the instructions for each particular type of article. Include sufficient data in the abstract to inform the reader of the most important quantitative results in the manuscripts. Except for some qualitative papers, it will be unacceptable to include purely qualitative terms in the Abstract, such as “The intervention group had significantly more hospitalizations than the control group.” **Ensure that the abstract and manuscript present consistent information.**

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For all articles, organize manuscript text into sections generally matching Abstract sections. Double-space all text. Use a 12-point font for the abstract, text and references. **Tables and table legends may be single spaced with the font size no smaller than 10- point. Tables should be formatted in portrait orientation unless the manuscript is a systematic review.** Abbreviations should be kept to a minimum and defined when first introduced. Standard medical abbreviations are allowed without being defined if commonly used instead of the full term, such as EKG, IV, etc. It is also not necessary to define standard statistical abbreviations such as N, SD (standard deviation), CI (confidence interval), and OR (odds ratio). Do not abbreviate diseases or conditions (e.g., MI). Use generic drug names. For studies involving human subjects, include documentation of informed consent and institutional review board approval (or exemption) in the methods section. If your study is exempt, please include documentation of that as well. All measurements should be expressed with Système International (SI) units. Other units may follow in parentheses if needed. Do not use footnotes, headers, or footers other than for page numbers. Do not use bulleted text or bolding except in table headings, which should be bolded. Italics may be used.

ACKNOWLEDGEMENTS

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Examples:

- Articles: Braddock CH, Fihn SD, Levinson W, Jonsen AR, Pearlman RA. How doctors and patients discuss routine clinical decisions - informed decision making in the outpatient setting. *J Gen Intern Med.* 1997;12:339-45.
- Books: Fleiss JL. *Statistical Methods for Rates and Proportions.* New York: John Wiley and Sons; 1981:165-8.
- Websites: Health Care Financing Administration. 1996 statistics at a glance. Available at: <http://www.hcfa.gov/stats/stathili.com>. Accessed December 2, 1996.

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Include a brief separate Legend for each figure. The title of the figure should appear in the Legend, not on the figure itself. Use the Legend to identify all abbreviations, lines, bars, etc. used in the figure.

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- *JGIM* tries to fit tables into a single page column whenever possible and never more than the width of a journal page. Tables in manuscripts must be single spaced and submitted one to a page (may continue onto a second page if there are too many rows for one page). Each table width must fit onto an 8.5 X 11-inch page, in portrait layout (i.e., 8.5-inch width) and in no less than 10-point font. If a table does not fit into this format, consider shortening row or column labels, using more than one table or a figure to display the data, eliminating unnecessary data, or converting table data into a figure. Almost all tables will

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- Use abbreviations appropriately and minimally
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- DO NOT use headers or footers, other than page numbers

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