

---

## JCHLA Instructions to Authors

---

### Scope of articles

The *Journal of the Canadian Health Libraries Association / Journal de l'Association des bibliothèques de la santé du Canada* (JCHLA / JABSC), formerly known as *Bibliotheca Medica Canadiana* (BMC), is a triannual publication dedicated to providing a voice for issues and interests shared by Canadian health science librarians and health libraries.

The editors of JCHLA / JABSC welcome the submission of manuscripts or other information pertaining to the broad area of health sciences librarianship, particularly as it relates to Canada. For possible topics, refer to the section below, **Suggested topics for JCHLA / JABSC**.

Contributors should consult recent issues for examples of the type of material and general style sought by the editors. Submissions in either English or French are welcome. All queries should be directed to the Editor.

### Suggested topics for JCHLA / JABSC

The following topics are suggested as topics within the scope of JCHLA / JABSC, but the list should not be considered definitive:

- Primary health care reform, health system integration, health information networks, etc.
- Personal health space – personal medical records (electronic health record)
- Consumer health information services
- Provincial health information networks – role of librarians in these, role of consumer health information
- Health information services
- Evidence-based medicine, EBP, evidence-based librarianship
- New and changing roles for librarians, digital libraries, intranet information delivery
- Distance services
- Library management, consortia, partnerships, collaboration with other sectors
- Databases, handhelds, and the Internet (e.g., an article on new features of a database)
- Accreditation (Library – CCHSA, JCAHO and AHIP through MLA)
- Mentoring and encouraging library school students to pursue health librarianship
- Education (continuing, current health sciences curricula of library schools, etc.)
- Grants (identifying, writing, and obtaining)
- Working in remote/rural environment (e.g., role of the Internet and national consortia, and impact on libraries/librarians in these settings)
- Health literacy
- Emerging technologies and virtual reference
- Role of Web 2.0 in the library

### Types of articles

The JCHLA / JABSC publishes accepted manuscripts covering a range of article types to serve its readership. General guidelines for the most frequent types are described below:

#### Research Article

Robinson ME. Publishing a research article in BMC. BMC. 2000;21(3).

The following guidelines, adapted from The Uniform Requirements for Manuscripts Submitted to Biomedical Journals [1], are meant as general guidelines for potential contributors of full-length observational and experimental articles.

#### Components of a Research Article

The text of research articles is typically structured in the following sections: Abstract, Introduction, Methods, Results, and Discussion. Long articles may need subheadings within some sections (especially the Results and Discussion sections) to clarify their content.

**Abstracts** must be typed on a separate page and should contain not more than 250 words (excluding section indicators). All abstracts should be structured and include as a minimum the following: Introduction (including Objective and Scope), Methods, Results, and Discussion (including conclusions) [2]. All section indicators should be bolded and follow the form of a paragraph. References should not be included unless they are absolutely essential and complete bibliographic information is given.

The **Introduction** should clearly state the purpose of the article, summarize the rationale for the study or observation, and review the literature relevant to the work. Only strictly pertinent references should be included.

**Methods** describe the selection and important characteristics of the subjects. The description should identify the experimental design and procedures in sufficient detail to allow others to reproduce the results.

Statistical methods should also be detailed sufficiently to enable a knowledgeable reader, with access to the original data, to verify the reported results. Authors should name any general-use computer programs used, provide a general description in the Methods section, and specify the statistical methods used to analyze data presented in the Results section. Authors are advised to use graphs as an alternative to tables with many entries and refrain from duplicating data in graphs and tables.

**Results** should be presented in logical sequence in the text, tables and illustrations. This section should emphasize or summarize only important observations rather than repeat all the data in the tables or illustrations.

The **Discussion** should state the implications of the findings, including implications for future research, as well as limitations of the findings. The conclusions should connect with the goals of the study but avoid unqualified statements and statements not completely supported by the data.

At the end of the article, one or more statements should specify contributions that need acknowledging but do not justify authorship, such as acknowledgements of technical help or acknowledgements of financial and material support (which should specify the nature of the support).

### Program Description

Gagliardi A. The program description: get published in BMC. BMC. 1997;19(2):83.

JCHLA readers are interested in learning from the activities and experiences of other information professionals. As an alternative to the standard research article, a program description relays all important details within a short, concise document.

The following outline provides a simple framework for composing a program description about new services recently implemented in your organization. It summarizes an editorial policy report from the *Canadian Medical Association Journal* entitled "Program descriptions: information for authors and peer reviewers" [3].

If you or your organization has developed a unique and effective program or service, please consider writing a program description of between 1500 and 1700 words in length for JCHLA.

### Components of a Program Description

The **Introduction** should include the problem definition, a brief review of the literature to indicate how the problem was addressed in the past, and the desired outcome.

The **Description** is similar to the methods section of a research article and outlines both the structure of the program as well as the delivery process. This section should describe the following: the information or service offered, the target population, the service providers, and particulars of the setting (location, period, and duration) of service delivery.

**Outcomes** demonstrate the benefit of such a program by including an initial evaluation of its effectiveness. This section should provide descriptive statistics about participants as well as outcome measures. It generally compares before-and-after levels of knowledge, skills, attitudes, and behaviours of the target group(s) as well as their level of satisfaction with the new program.

The **Discussion** is similar to that of any scientific paper and summarizes the usefulness of the program. The Discussion generally includes comparisons with related programs, implications of the new program, an outline of the program's strengths and weaknesses, and future directions.

### Case Report

Gagliardi A. Getting published in BMC: the case report. BMC. 1998;19(3):122.

Parallel to a case study in medicine [4], which typically communicates information about specific patients within the medical literature, the case report facilitates the reporting of unique or noteworthy situations within your library or organization. You might consider writing a case report about an innovative solution to an administrative problem, an effective marketing or promotional activity, a particularly challenging literature search or reference request, etc.

The purpose of a case report is to provide a message, raise awareness, show how one strategy was more effective or suitable than another, help the reader recognize and deal with a similar problem, and most of all, be of interest to the JCHLA audience. A case report of between 250 and 500 words in length should take the form of a structured abstract, using the headings provided below [5].

### Components of a Case Report

The **Purpose** outlines the question, problem, dilemma, situation, event, objective, or challenge being described by the case report.

The **Setting** details the type of organization or library, including any significant details relevant to the challenge being described.

The **Method** provides details of your strategy and why these tactics were chosen. This section should include any sources of data.

**Results** discuss the outcome(s) and provide examples of your findings.

In the **Discussion**, conclude with a summary of your accomplishment, what lesson can be learned from this case, how you would tackle a similar problem again, potential applications, and recommendations for continuing or future work.

### Review Article

Review articles should include the following sections:

- **Question:** one sentence clearly stating the precise objective(s) or question(s) addressed in the study.
- **Data sources:** source of data/studies, including years.
- **Study selection:** inclusion or exclusion criteria used to select the data sources.
- **Data extraction:** method used to extract data from the sources selected.
- **Results:** a precise statement of the major findings of the study; outcomes should be provided and quantified.
- **Conclusion:** all major conclusions supported by the data should be given.

### Comment and opinion

Manuscripts that are primarily editorial and comment on timely and significant topics are published in the comment and opinion section of JCHLA. Submissions do not require abstracts and should not exceed 2500 words.

### Preparation of manuscript

Contributions should be double-spaced and should not exceed 15 pages or 5000 words. Pages must be numbered consecutively in Arabic numerals in the top right-hand corner. Articles may be submitted in French or in English but will not be translated by the editors or their associates. Style of writing should conform to acceptable English usage and syntax; slang, jargon, obscure acronyms and (or) abbreviations should be avoided. Use italic font only for material that is to be set in italics. Use capital letters only when the letters or words should appear in capitals in the printed paper. Spelling shall conform to that of the *Canadian Oxford Dictionary*; exceptions shall be at the discretion of the editors. Authors are responsible for consistency in spelling. Abbrevi-

ations and acronyms must be defined the first time they occur.

JCHLA / JABSC reserves the right to copy edit submissions accepted for publication in accordance with its style and format. All articles submitted to the journal are also edited for clarity and readability.

### Title page

The first page should carry the title of the article; the name by which each author is known, with his or her highest academic degree(s) and institutional affiliation; contact information for each author, including telephone, fax numbers, and e-mail addresses; and any necessary footnotes.

The abstract (if applicable) appears on the second page, followed by the text and the reference list. Tables and captions for illustrations must be on separate pages and placed after the reference list.

### Authorship

Each author should have participated sufficiently in the work to take public responsibility for the content. Authorship credit should be based only on substantial contributions to (a) either the conception and design or the analysis and interpretation of data and to (b) drafting the article or revising it critically for intellectual content and on (c) final approval of the version to be published. Participation solely in the acquisition of funding or the collection of data does not justify authorship. General supervision of the research group is not sufficient for authorship.

### Reference style

All references should be formatted according to the Uniform Requirements for Manuscripts (also known as Vancouver style); see NLM's Sample References of the Uniform Requirements ([http://www.nlm.nih.gov/bsd/uniform\\_requirements.html](http://www.nlm.nih.gov/bsd/uniform_requirements.html)) or the examples provided below. For further information about the Uniform Requirements, see the International Committee for Medical Journal Editors (<http://www.icmje.org/>).

References should be numbered consecutively in the order in which they are first mentioned in the text. Identify references in text, tables, and legends for illustrations by Arabic numerals in parentheses. References cited only in tables or in legends should be numbered in accordance with the sequence established by the first identification in the text of the particular table or illustration.

Contributors are responsible for the accuracy of their references. Personal communications are not acceptable as references. References to unpublished works shall be included only if obtainable from an address submitted by the contributor.

References should be numbered consecutively in the order in which they are first mentioned in the text. Each reference must be cited in the text. The reference list must be double-spaced and placed at the end of the text.

### Reference style examples

#### Journal article

Oxman A, Thomson M, Davis D. No magic bullets: a systematic review of 102 trials of interventions to improve professional practice. *Can Med Assoc J*. 1995;153:1423–31.

#### More than six authors

Haynes RB, Wilczynski NL, McKibbin KA, et al. Developing optimal search strategies for detecting clinically sound studies in MEDLINE. *J Am Med Inform Assoc*. 1994 Nov–Dec;1(6):447–8.

#### Book

McKibbin A, Eady A, Marks S. *PDQ: evidence-based principles and practice*. Hamilton (ON): B.C. Decker Inc.; 1999.

#### Chapter in a book

Hersh WR, Detmer WM, Frisse ME. Information-retrieval systems. In: Shortliffe EH, Perreault LE, editors. *Medical informatics: computer applications in health care and biomedicine*. 2nd ed. New York: Springer-Verlag; 2000. p. 545.

#### Paper in conference proceedings

Bengtsson S, Solheim BG. Enforcement of data protection, privacy and security in medical informatics. In: Lun KC, Degoulet P, Pienne TE, Rienhoff O, editors. *MEDINFO 92. Proceedings of the 7th World Congress on Medical Informatics*; 1992 Sept 6–10; Geneva, Switzerland. Amsterdam: North-Holland; 1992. p. 1561–5.

#### Electronic citation

Morse SS. Factors in the emergence of infectious diseases. *Emerg Infect Dis* [serial online]. 1995 Jan–Mar [cited 1996 Jun 5];1(1). Available from <http://www.cdc.gov/ncidod/EID/eid.htm>.

Journal titles are abbreviated according to the NLM/MEDLINE scheme. The list can be obtained through NLM's Web site (<http://www.nlm.nih.gov/tsd/serials/lji.html>). If in doubt, authors should write the name of the serial in full.

### Footnotes

Footnotes to material in the text should not be used unless they are unavoidable, but their use is encouraged in tables. Where used in the text, footnotes should be cited in the manuscript by superscript Arabic numbers (except in the tables; see below) and should be numbered serially beginning with any that appear on the title page. Each footnote should be typed on the manuscript page on which the reference to it is made; footnotes should not be included in the list of references.

### Appendices

Figures and tables used in an appendix should be numbered sequentially but separately from those used in the main body of the paper, for example, Fig. A1, Table A1, etc.

### Illustrations

Each figure or group of figures should be planned to fit into one or two columns of text. The maximum finished size of a one-column illustration is 8.6 cm × 23.7 cm (3.4 in. × 9.3 in.) and that of a two-column illustration is 18.2 cm × 23.7 cm (7.2 in. × 9.3 in.). The figures (including halftones) must be numbered consecutively in Arabic numerals, and each one must be referred to in the text and self-explanatory. All terms, abbreviations, and symbols must correspond with those in the text. Only essential labeling should be used, with detailed information given in the caption.

## Tables

Each table should have an Arabic number and a brief title. Each table must be referred to in the text but should be self-explanatory. Column headings should be brief but may be amplified by footnotes. Vertical rules should not be used. Footnotes in tables should be designated by symbols (\*, †, ‡, §, ll, ¶, #) or superscript lowercase italic letters. Descriptive material not designated by a footnote may be placed under a table as a Note. Tables should be typed on separate pages and placed after the list of references.

## Line drawings

All lines must be sufficiently thick (0.5 points minimum) to reproduce well, and all symbols, superscripts, subscripts, and decimal points must be in good proportion to the rest of the drawing and large enough to allow for any necessary reduction without loss of detail. Avoid small open symbols; these tend to fill in upon reproduction. Also avoid patterns with shades of gray; instead, use clearly distinguishable well-spaced dots or diagonal lines. The same font style and lettering sizes should be used for all figures. Characters should be scaled so the minimum height is 1.5 mm and the maximum height 2.5 mm.

## Photographs

A photograph, or group of photographs, should be planned to fit into the area of either one or two columns of text with no further reduction.

## Preparation of electronic illustration files

The preferred graphic file formats of JCHLA are \*.cdr, \*.tif, \*.eps, and \*.pdf.

All figures should be submitted at their final published size. For figures with several parts (e.g., a, b, c, d, etc.) created using the same software application, assemble them into one file rather than sending several files.

Remember that the more complex your artwork becomes, the greater the possibility for problems at output time. Avoid complicated textures and shadings, especially in vector illustration programs; this increases the chance for a poor-quality final product. The proper resolution should be used when submitting illustration files. The minimum requirements for resolution are 300 dpi.

## Manuscript submission

Manuscripts should be submitted electronically as attachments to the editor at [editor@chla-absc.ca](mailto:editor@chla-absc.ca). Text (including tables) should be provided in a standard word-processing file format. For the formatting of figures, refer to the section **Preparation of electronic illustration files**. The senior author's telephone, fax, mailing and e-mail addresses should be listed on any correspondence.

## Copyright policy

Copyright remains the author's. The author assumes final responsibility for the content of the manuscript.

Upon acceptance of a manuscript, the author will be sent a blank **Authorship Responsibility & Copyright Release Form**. Before any article can be published a dated and signed copy of the form must be returned to the Editor. It is the responsibility of the primary author to ensure that co-authors sign and submit this form.

The forms states that the submitted article is either an original work, or, that written permission has been received from the original copyright holder(s) for any use of their work(s). Copies of the letters of permission should accompany the signed Author Responsibility and Copyright Release Form.

## References

1. International Committee of Medical Journal Editors (ICMJE). *Ann Int Med*. 1997 Jan 1;126(1):36-47.
2. Bayley L, Wallace A, Brice A. Evidence based librarianship implementation committee research results dissemination task force recommendations. *Hypothesis*. 2002 Spring;16(1):6-8.
3. Huston P, Elmslie T. Program descriptions: information for authors and peer reviewers. *Can Med Assoc J*. 1996;155(8):1069-71.
4. Wildsmith JA. How to write a case report. In: Hall GM. *How to write a paper*. BMJ Publishing Group; 1994.
5. Haynes RB, Mulrow CD, Huth EJ, Altman DG, Gardner MJ. More informative abstracts revisited: a progress report. *Ann Int Med*. 1990;113:69-76.

**Revised March 2010**