

*Hospital Physician is a peer-reviewed multispecialty journal dedicated to helping residents and hospital staff physicians attain the fundamental skills and knowledge needed to participate successfully in hospital-based training and care. Hospital Physician publishes comprehensive reviews of clinical topics, case reports, and didactic features that review and reinforce clinical skills and knowledge.*

### MANUSCRIPT CATEGORIES/EDITORIAL REQUIREMENTS

**Clinical Review Articles.** Systematic or narrative reviews that provide a qualitative synthesis of the evidence/information regarding diagnosis, therapy, prognosis, and prevention of conditions or diseases physicians will encounter in practice. Articles offering a rich review of current literature around specific questions and issues pertaining to a topic are preferred over general overviews. First authors of these articles (the one who has contributed the most to the manuscript) must have completed residency training at the time the manuscript is written; this stipulation does not apply to the other types of articles published in the journal. Length is 3000 to 5000 words (including references and tables). Illustrative material is recommended.

**Case Reports.** Short presentations of actual cases illustrating the signs and symptoms, diagnosis, and treatment of a disease or disorder. Reports of interesting cases that physicians in clinical practice might encounter and that convey a clear clinical teaching point are preferred over reports of rare entities or extremely unusual manifestations of disease. Length is 1200 to 3000 words. Authors are encouraged to include key images from the case (eg, those that helped make the diagnosis, changed the direction of the work-up, or represent a “do not miss” finding). Case reports should be divided into 2 sections: Case Presentation and Discussion.

The Case Presentation section should include: patient presentation and history; physical examination; laboratory examination and radiologic studies; and treatment, clinical course, and outcome.

The Discussion section may include: teaching points of case; epidemiology; etiology; physiology/pathophysiology; patient presentation; diagnostic methods; differential diagnosis; and treatment, which may include outcome, complications, recurrence.

**Clinical Practice Exams.** Brief descriptions of actual cases that challenge the reader to make the diagnosis based on an accompanying clinical image. Length is 1000 to 1500 words. Each Clinical Practice Exam must contain the following sections:

- Case Presentation with 1 or 2 images (photos, radiographs, slides, etc)
- What Is Your Diagnosis?—Offer a list of 4 to 6 diagnostic choices, including the correct diagnosis
- Answer—State the correct diagnosis and explain why other diagnoses are incorrect
- Discussion

**Resident Grand Rounds.** Concise reviews of the diagnosis and management of acute, complex conditions frequently encountered in the care of inpatients. These articles present the most pertinent clinical information on core topics from the medical subspecialties while providing insight into clinical decision-making processes. Maximum length is 3500 words, including references. Illustrative material is preferred.

Contact editors before submission to obtain writing guidelines and discuss topic appropriateness.

**Pediatric Rounds.** Reviews that use a case presentation format to highlight important topics and challenges in pediatric diagnosis and management. Contact editors before submission to obtain writing guidelines and discuss topic appropriateness.

**Review of Clinical Signs.** Quarterly articles that highlight the history and physical examination components of patient evaluation in a disease process. The topic of discussion is either a specific disease or a constellation of signs. Maximum length is 3000 words, including references and tables. Illustrative material is recommended. Although these articles are solicited by the editors, submissions are welcome; those interested should contact the editor to confirm the appropriateness of their topic.

**Image Clinic.** This feature presents images that illustrate clinically interesting or important findings in common and uncommon medical conditions. Manuscripts should include a high-quality image(s) ( $\leq 2$ ) and  $\leq 300$  words of text describing the clinical context in which the image was obtained, what the image illustrates, and why it is important. Up to 5 references should be included.

**Career Pulse.** Articles offering commentary and advice about diverse aspects of practicing medicine as a profession, including coping with the demands of residency and other training, planning a career in medicine, and meeting the personal and professional challenges of modern practice. Length is 2000 to 3500 words.

**Perspectives in Legal Medicine and Health Law.** Articles examining the impact of law on practice settings, financial decisions, and physician interactions with patients and other health care professionals. Length is approximately 2500 to 3500 words.

**Code Blue Stories.** Stories of unusual, difficult, humorous, or edifying resuscitative efforts that occurred any time during medical training or practice. Length is approximately 300 to 600 words. Stories are published at the discretion of the editors and are subject to editing.

**Medical Musings.** Brief essays (not exceeding 800 words), which may be humorous, poignant, or instructive, related to the practice of medicine. Essays are published at the discretion of the editors and are subject to editing.

**Letters to the Editor.** Original opinions responding to an article published in *Hospital Physician* or commenting on a current topic in medicine or residency education. Length is approximately 300 to 600 words. References and illustrative material are optional. Letters are published at the discretion of the editors and are subject to editing.

**Guest Commentaries.** Editorials providing unique insight into a wide range of clinical and social issues relevant to residents and hospital staff. Length is approximately 1500 to 3000 words.

### MANUSCRIPT PREPARATION

For information on manuscript preparation issues not addressed below, please refer to the *Uniform Requirements for Manuscripts Submitted to Biomedical Journals*, 5th edition.

**Format.** Manuscripts (including tables and figure legends) must be typed, double-spaced.

**Title page.** The title page should contain the title of the manuscript, names with clinical and academic affiliations of all authors, contact information for the corresponding author (phone number, fax number, e-mail address), sources of financial support, word count (text and references), and number of tables and figures.

**References.** Manuscripts should include as many references as necessary to support discussions. References to the primary literature should be used rather than secondary sources (eg, book chapters, general review articles). Cite references in text in numerical order using superscripted style and include a complete list at the end of the manuscript (do not use an automated footnote program). References should conform to *Uniform Requirements* style, except for number of authors listed. List all 4 authors when there are 4 or fewer; when there are 4 or more, list the first 3 followed by "et al."

**Tables/Figures.** All illustrative material must be numbered consecutively according to citation in text. Provide complete reference information for previously published material. Each figure must be accompanied by a legend that describes the figure and defines all abbreviations and symbols. For images in which the subject can be identified, the author must obtain and submit a signed statement of informed consent from the subject or next of kin that grants permission to publish the image. Authors must be able to document that they have adhered to their institution's policy governing use of patient information (eg, medical record, images, test results) for media activities, including obtaining patient consent.

Digital format is preferred for photographic illustrations, radiographs/images, or line drawings. Digital files should be e-mailed or submitted on a disk in their original format, preferably GIF or JPEG. The required resolution is 300 dpi for black-and-white or color photographs and at least 600 dpi for line drawings. Otherwise, for photographic illustrations submit color or black-and-white prints or slides, and for drawn figures, submit a clean, scannable copy. Authors should keep at least one copy of all original art work to guard against loss or damage by mail.

**Financial support/Competing interest.** Authors must disclose (1) any sources of support for the work in the form of grants, equipment, drugs, or any combination of these and (2) any financial arrangements or affiliations with companies or organizations having a direct interest in the subject of the article.

### EDITORIAL PROCESS

**Peer review.** All manuscripts submitted to *Hospital Physician* are read by an Editor, who decides whether to reject the paper or send the paper for peer review. Code Blue Stories, Mecal Musings, and Letters to the Editor may be published

without peer review. Manuscripts sent for peer review are reviewed by at least 2 external reviewers, who are asked to comment on the importance of the topic, the clinical usefulness of the content, and the quality of the writing. The quality and promptness of external reviews are graded to help maintain an effective and efficient peer review process. Based on the reviewers' comments, manuscripts may be accepted, rejected, or recommended for revision. Manuscripts almost always require some revision before they are accepted for publication. Decisions about manuscripts sent for peer review are typically made in 10 weeks of receipt. Papers not accepted for publication are not returned unless specifically requested.

**Copy editing and page proofs.** Manuscripts are edited for clarity, consistency, and grammatical construction. Authors are asked to review the edited manuscripts to ensure clinical accuracy and address any queries. Page proofs are sent to the corresponding author for approval. A 48-hour turnaround for proof review is requested.

**Originality and copyright.** All manuscripts must be original and must not be under consideration for publication elsewhere. The copyright of manuscripts published in *Hospital Physician* must be transferred to Turner White Communications, Inc.

**Authorship/Financial disclosure.** Upon acceptance of a manuscript, each author will be asked to certify that he/she has significantly contributed to the conception, design, and writing of the manuscript, that any affiliations with a direct financial interest in the subject matter have been disclosed, and that any financial project support has been acknowledged.

### MANUSCRIPT SUBMISSION

Submissions must include a cover letter and an electronic copy of the manuscript and may be sent by e-mail or regular mail.

**Cover letter.** In a cover letter, authors should (1) indicate the category for which the manuscript is being submitted; (2) give details on any possible previous or duplicate publication of any content; (3) state that the paper is not under consideration for publication elsewhere; and (4) disclose any financial support or competing interests. The latter information may be made available to peer reviewers.

**Send an electronic copy of the manuscript with figures as separate attachments along with a cover letter to:**

hpmanuscripts@turner-white.com, **OR**

**Send a complete copy of the original manuscript, an electronic copy on a disk, and a cover letter to:**

Editor, *Hospital Physician*

125 Strafford Avenue, Suite 220

Wayne, PA 19087-3391

Telephone: (610) 975-4541, ext. 118

Fax: (610) 975-4564