Guidance for Authors

Journal of Innovation in Health Informatics- http://hijournal.bcs.org/

Contributing to

Journal of Innovation in Health Informatics- http://hijournal.bcs.org /

Instructions to Authors

Journal of Innovation in Health Informatics welcomes correspondence and articles from all those involved in informatics. The instructions below give some information about how contributions should be presented. If any of these need clarification please contact the editor. Please use this guide to write your paper!

Currently we can only accept **email submissions**.

Follow the instructions at   **http://hijournal.bcs.org/**

- **Free full text online.**
- **Free to publish**

Advice about the suitability of an article can be requested from the Editor in Chief

EditorIPC@googlemail.com

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Instructions to authors

1 General

Scope: All material submitted for inclusion in *Journal of Innovation in Health Informatics* should relate to the discipline of informatics and be relevant to the delivery or management of primary care. The journal takes a broad definition of primary care and includes much front line health, community and social care; though the majority of publications are grounded in family practice. The journal uses the Editor's definition of Primary Care Informatics.[1]

Primary Care Informatics is:

 The scientific study of data, information and knowledge, and how they can be modelled, processed or harnessed to promote health and develop patient-centred primary medical care

 Its methods reflect the biopsychosocial model of primary health care and the longitudinal relationships between patients and professionals

Its context is one in which patients present with unstructured problems to specially trained primary care professionals who adopt a heuristic approach to decision making within the consultation.

***Lusignan JAMIA* 2003;10(4):304–9.**

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We take a broad and inclusive view of the extended primary care team – and invite publications from academics and all professional groups including managers and technologists working in or supporting primary care.

Peer review: All papers submitted for publication will be subject to external open peer review. Authors are invited to recommend two appropriate reviewers for their paper; it is at the Editor's discretion as to whether these will be used. Papers are assumed to be submitted exclusively to the journal unless otherwise stated. In general we support the principles for the Uniform [Requirements for Manuscripts submitted to Biomedical Journals](#) from the International Committee of Medical Journal Editors (ICMJE).[2]

When making a submission to *Journal of Innovation in Health Informatics*: Please include the following:

- A covering letter to the Editor setting out:

— why you would like this paper published and the type of publication (e.g. paper, letter, etc.)

— a statement that all the authors have contributed to and agree the submission in its current form. A statement of any [conflict of interest](#).[3]

— suggested reviewers (optional)

- Structured abstract – appropriate to the type of publication
- The article for publication with all author details and the full title on a separate first page.

Covering letter details: Please include a covering letter to the Editor. As well as explaining why the authors want to publish the paper, it should state:

- the final manuscript has been seen and approved by all the authors
- all authors have given written consent to publication
- declare any [conflicts of interest](#).

Structured abstract: Please include a *structured* abstract. For papers, this is of a maximum of 250 words *(Background; Objective; Methods; Results; Conclusions)*. At the end of your abstract, please list a minimum of three keywords. Keywords should, wherever possible, be *MeSH (Medical Subject Headings)*.[4]

First page of all submissions – full author details: The first page of all submissions to the journal should contain the title, the author(s) name(s) and a postal and email address for each author. If there are a large number of co-authors, please use more than one page. Each author should indicate his/her professional discipline, current appointment, institutions and qualifications (degrees, and relevant memberships or fellowships of learned bodies e.g. FBCS, FRCGP). The address of the corresponding author which must be printed with the paper (if published) should be clearly indicated.

Additional editorial information:

- The Editor reserves the right to make minor adjustments and, if necessary, to shorten the article without changing the meaning.
- All manuscripts should be typed in double line spacing, with a margin of three centimetres all round, and pages should be numbered consecutively.
- When first using abbreviations in the text, the term that the author wishes to abbreviate should be spelt out in full with its abbreviation in brackets. Thereafter the abbreviation can and should be used. Abbreviations should be in capital letters and unpunctuated.
- Submissions should be made to via email – to EditorIPC@googlemail.com. Please save the document in any version of Microsoft Word.
- An acknowledgement of receipt of the manuscript will be sent to the corresponding author by email.
- Wherever a randomised controlled trial is reported, we expect the report to follow the Consolidated Standards of Reporting Trials (CONSORT) guidelines.[5] This is now a requirement for submission, though the Editor will consider individual cases where this has not been possible to apply.
- Generally evaluation studies should follow the Statement on Reporting of Evaluation Studies in Health Informatics (STARE-HI).[6]
- Referencing should follow the Vancouver style. [7]
- The PubMed Medline abbreviated form for *Journal of Innovation in Health Informatics* is: "Inform Prim Care." Please use this label when looking at previous publications in the journal.   All recent editions of the journal can be found at: **www.ingentaconnect.com/content/rmp/ipc/**.All abstracts are freely available, there is a charge for downloading recent publications; however papers more than one year old are "Free full-text on-line."

2 Types of publications accepted for *Journal of Innovation in Health Informatics*

The principal type of publication we like to accept for *Journal of Innovation in Health Informatics* are scientific papers reporting original research. This research can either be primary (experimental) or secondary (based on literature reviews.) In summary, we welcome the following range of other submissions:

- scientific/research papers
- short reports
- technology reports
- study protocols
- letter to the editor
- review articles and systematic reviews
- editorials and commentaries (generally by invitation, but we will consider unsolicited proposals)
- informatics curio: unusual and interesting phenomena in informatics, which also make a serious point!

Please read the relevant part of Section 2 ANDthe general instruction in Section 3 – before submitting your publication.

2.1 Scientific/research papers

Research papers should be set out with the authors details page first; next a structured abstract and keywords; followed by the main paper, which should usually be written in IMRAD format (Introduction, Methods, Results, and Discussion). We prefer a structured discussion and a box explaining *where this study fits in.*

Many studies we receive could be better referenced in the informatics literature and be explained in the context of other studies published in *Journal of Innovation in Health Informatics*.

- **Link your paper to appropriate previous papers in *Journal of Innovation in Health Informatics***: Please can authors carefully look through previous issues of *Journal of Innovation in Health Informatics* – available at: www.ingentaconnect.com/content/rmp/ipc/. Abstracts are all freely available and the journal contents are free once a year old. Authors are requested to look at the contents of the last one to two years of the journal for articles relevant to their current study.
- **Cite the relevant informatics literature**: Please also look in the wider informatics literature as we require authors to include relevant background within their introduction; to include a "Comparison with the literature" within the structured discussion; and finally wherever possible to provide a box about "Where this study/article" fits in.

Notes about how to lay out scientific papers for *Journal of Innovation in Health Informatics* are set out in Section 3 below.

2.2 Short reports

- Short reports follow the same structure as a full paper. However, the abstract is limited to 150 words and the paper to 1000 to 1250. Two tables or figures are allowed and up to six references.
- Short reports provide an opportunity to report a more limited set of data, or findings.
- Occasionally where a paper has limited data, we may offer to publish a short report instead.

2.3 Technology reports

- Technology reports follow the same structure as full papers. However, instead of methods and results, there should be Development and Application sections – an IDAD – Introduction, Development, Application, Discussion.

— The development section should describe the generic type of technology. How it was developed and barriers/technical challenges that had to be overcome to develop it.

— The application of the technology section should describe the context in which the pilot application or other technology should be used and give any early feedback about its use. Even limited real world data are useful in this section. Technologies which come with even limited usage data are more likely to be published. Wherever possible, a link to a demonstration web-site should be provided.

— We will also prioritise publication about Free/Libre /Open Source Software (FLOSS). In these cases, a link to and supply of the source code and a web-link should also be supplied.

- The paper should follow the general advice given in Sections 1 and 3.

2.4 Study protocols

- Journal of Innovation in Health Informatics is happy to publish summary protocols, especially of trials and major evaluations of IT systems.
- Generally we will only consider publication after ethical approval has been gained for the study.
- Please contact the Editor if you wish to publish a study protocol.

2.5 Letters to the Editor

- We welcome Letters to the Editor on contemporary issues of the day. Please consider writing a balanced account of an issue.

- Letters should ideally be 250 to 500 words with a maximum of one diagram or table and three references. We welcome the report of limited research findings (e.g. from a Masters dissertation) as well as from audits, or implementations of healthcare systems. We will also publish letters about new technologies where there is insufficient material to write a technology report.
- We will often ask for responses to letters from other stakeholders prior to publication.
- Please see the general comments in Sections 1 and 3 before submission.

2.6 Review articles and systematic reviews

- The journal will accept literature reviews and systematic reviews.
- Please supply as a supplementary file the precise search strategy, so that interested parties can reproduce or update your search.
- These are subject to the same word limits as full paper, generally 2200 to 2700.
- Please see the general comments in Sections 1 and 3 before submission.

2.7 Editorials

- Editorials are generally invited and address a topic of the day; and generally link to papers published within the same edition of the journal.
- Editorials are usually commissioned, but we will accept unsolicited approaches.
- They should explore generaliseable issues in informatics
- Editorials are usually 800 to 1200 words in length and have up to five references.
- Occasionally Editorials will include a table or figure.
- Please see the general comments in Sections 1 and 3 before submission.

2.8 Commentaries

- Commentaries are generally commissioned, especially where a submission reports unexpected findings. Where a publication does not adequately explain where it fits in, we may use a commentary to fill in this gap.
- Commentaries are usually 200 to 300 words plus up to five references..
- Please see the general comments in Sections 1 and 3 before submission.

2.9 Informatics curio

- An informatics curio is intended to make a serious point in a light-hearted way. The aim is to "name and shame" poorly thought out processes – where publication of these issues might lead to an improvement in practice or an information system.
- Generally an informatics curio will consist of 200 words and one or two screenshots, or tables of information to illustrate the relevant point.
- Please see the general comments in Sections 1 and 3 before submission.

2.10 Workshop/ Conference reports

- It is important that consensus statements and viewpoints from workshops and other important meetings are reported.
- We will accept workshop/conference reports of 1700 to 2200 words.
- Please write the report in an IMOD format – Introduction, Method (using the structure below); Outputs; and Discussion.
- A workshop report should be set out like a scientific paper, except the methods section should have the following sections:

— **Objectives**: What did the workshop set out to achieve.

— **Participants and context:** Details of all participants should be included (number and where from, not names). The nature of the meeting is an important bias which should be acknowledged in any workshop report. The authors should give details of the group who attended and how this might bias their results/outputs.

— **Educational method**. What sessions were held and how data from the workshop was collected. The methods used to capture the data from the workshop should be listed in detail: Tape recording, transcription, thematic analysis, etc.

- The workshop outputs should replace the results. The results should report the findings of the workshop and how these findings were used to produce any consensus statement, guideline or other output from the workshop.
- Please see the general comments in Sections 1 and 3 before submission.

2.11 Notification of conferences organised by not-for-profit organisations
- We will accept notifications about conferences – relevant to primary care – from not-for-profit organisations
- Due to the long lead time from acceptance to publication please only send notifications for conferences at least six months ahead at the time of submission.

3 Notes about writing research or review papers for *Journal of Innovation in Health Informatics*
3.1 Title
- The title should accurately describe your study or principal finding; and incorporate the method.
- Generally the first part of the title is separated from the second by a colon, e.g. The barriers to clinical coding in general practice: a literature review.
- Please think very carefully about your title as this also may determine how likely your paper is to be found by search engines, and consequently read and cited!

3.2 Structured abstract
- The structured abstract should be on a separate page and follow the authors details page(s), i.e. First page of any submission is the authors details page and the second page is the structured abstract.
- How you choose to word your abstract is really important as it affects how easily your paper can be found by others looking for it. For example, some people call computerised records *Electronic Patient Records (EPR),* some use the term *computerised medical records (CMR),* others use *"clinical computer system,"* and I have also seen *electronic health record (EHR)* used as a synonym. The nearest MeSH (Medical Subject Heading) is *"medical record system, computerized."* When editing your abstract, please take into account that most people searching for information about a subject will use search engines that look at your paper title, keywords and abstract contents. If a search term that they might use is not included, then your paper will not be found or cited.
- The abstract should contain the following sections for a scientific paper – substituting more appropriate titles in technology reports. The sections of a structured abstract are:

— **Background:** This is a brief description of the context of your study. It should justify the investigation you are reporting in the rest of your paper. Usually two sentences are enough; one describing in a generic sense the problem or information gap and the second in a more specific way.
— **Objective:** This describes what you set out to do. This should link the context of the study to your method and results. It encompasses the research question your study set out to answer.
— **Method:** Please include the subjects of your research, the setting and the technology.
— **Results:** What did you find? Include the key findings and any key statistical differences.
— **Conclusion:** Report your key finding.
— Try to make your abstract a complete description of your paper. Also use as many terms and phrases that someone searching to find it might use. The better your abstract, the more likely it is to be cited. Show your abstract to a colleague and ask them to describe what they think your paper is about.

- **Keywords**: Use MeSH headings for keywords, wherever possible.[4] Using MeSH headings also contributes to how easily your paper will be found in databases indexed using MeSH headings; including Medline. We require a minimum of three keywords, but again remember that your paper may be searched for from a number of perspectives.

4 General layout of your paper *(Notes for new authors)*

New authors have often approached the Editor about how to write for *Journal of Innovation in Health Informatics*. This section is primarily a guide for new authors. However, experienced authors may wish to follow it too. A standardised format for papers may help authors communicate their findings more clearly and readers assimilate them more easily.

Most submissions to *Journal of Innovation in Health Informatics* should follow the IMRAD format (Introduction, Method, Results, Discussion. We recommend that new authors follow the following format: Author page; Structured abstract and keywords; then a main paper consisting of: Introduction: two paragraphs, Methods and results: seven paragraphs in each and a structured discussion of six paragraphs. We will accept other formats, but this preferred layout helps our readers find the information in your paper. Details of our preferred structure is set out below:

- **Introduction**: This should consist of two paragraphs. The first paragraph should be a "seminar" describing the context of the study – and be broad in its scope.   The second paragraph should give the more specific context of the study and when combined with the first should provide the rationale for your study, e.g. The first paragraph of a paper might start: *"Cardiovascular disease is an important cause of mortality and morbidity";* with the rest of the paragraph quantifying this effect. The second paragraph might then commence: " *UK general practice is almost universally computerised and most electronic patient record (EPR) systems contain a mechanism for estimating cardiovascular risk."* The introduction should end with a key sentence. This key sentence should link the two paragraphs of your introduction and between them describe the rationale for your study. *For example, "We carried out this study to develop a consensus statement as to how information technology might best support the assessment of cardiovascular risk in the consultation.".*

- **Method**: The method should contain seven paragraphs and progressively describe your method in sufficient detail that someone could reproduce you study. We like the method to follow some conventions, where possible. Please describe your literature review in the first paragraph. Describe the search strategy, and where relevant the number and type of articles found. The last two paragraphs should describe statistical methods used and ethical considerations. The readers of *Journal of Innovation in Health Informatics* tend to be technologists or clinicians with an interest in primary care. All statistical tests (except the most basic) should be explained. The paragraph on ethical considerations should list any ethical issues, and if ethical approval had to be obtained, the details of the research ethics committee who granted permission.

- **Results**: This section should consist of seven paragraphs. The results should be described in the same order as the method. Both sections should follow the same sequence.

- **Discussion**: The discussion should be set out in six labelled paragraphs. The six headings and what should be described within them is set out below:

— **Principal findings:** Set out in a narrative your principal findings – without repeating your results. The first sentence of your principal findings is a critical sentence in your paper. This should encapsulate what you found.

— **Implications of the findings.** Say why your findings are important, and what their implications are for practice. This section should answer the "So what" question about what you have found.

— **Comparison with the literature:** How do your findings compare with the literature?   It is really important to compare your findings with the existing body of knowledge so it is clearly understood by readers what this study adds.

— **Limitations of the method:** Please critically appraise your method. Was the sample representative? Was your intervention delivered as intended?

— **Call for further research:** What further research is needed to substantiate your findings?

— **Conclusions:** The conclusions should generally contain three sentences. The first should describe what you have found overall. The second should summarise any potential limitations or bias. The third should convey the message of your paper. This last sentence is potentially the most important sentence of your paper

- Please use active sentences, e.g. We carried out a literature review. NOT A literature review was carried out.
- Please structure your paragraphs into an initial opening sentence which describes the paragraph, then use the rest of the paragraph to develop the argument or to describe the concept in more detail.
- Please avoid "Background" sections in submissions.
- This suggested structure is only a guide. However, we think that authors following this guidance may be more likely to have their papers published and readers may find more structured papers easier to navigate around.
- Author's are recommended to consult Tim Albert's websites and books for further guidance. www.timalbert.co.uk/ta_books.htm or direct from the publishers: http://www.radcliffe-oxford.com/books/bookdetail.aspx?ISBN=1846192471

5 Structured discussion section
- All submissions should have a structured discussion as set out above in Section 3.2.
- The sections of a structured discussion are:

— **Principal findings –** Please describe the principal findings of your paper, without repeating the results. Describe the new knowledge or finding which your study adds to existing understanding of an issue or technology.
— **Implications of the findings –** Describe the implications of what you found. What might need to change as a result of the new knowledge that has arisen from your study? How might the technology you describe be used to support clinical practice or improve patient care?
— **Comparison with the literature –** How do your findings compare with what is known in the literature. This section should reference key publications in the area. It should also link to previous articles in Journal of Innovation in Health Informatics relevant to your subject. Consider searching PubMed Medline using the search terms *Inform Prim Care [Journal]* and the MeSH heading key words that describe your article to identify relevant paper. Alternatively previous issues of *Journal of Innovation in Health Informatics* can be browsed at: www.ingentaconnect.com/content/rmp/ipc
— **Limitations of the method –** Please critically appraise your method in this section. This is an important part of scientific discipline. Please particularly address: your sample and any associated bias (e.g. As the workshop was part of an informatics conference, the delegates…); the method, and any possible confounding factors.
— **Call for further research (or development) –** Taking into account your findings and their limitations what further research or development of your technology should next take place.
— **Conclusions –** Please weigh up your finding in the light of any limitations and give in the last sentence of your conclusions a clear message about the overall message of your article.

6 What this paper adds?
- Please add a text box to your discussion saying what your paper adds. This text box can contain up to five bullet points. It should draw on the implications of your findings and how they compare with the literature.
- Please particularly draw on any relevant comparisons with papers in *Journal of Innovation in Health Informatics* which our readers may have read in the previous year. See: www.ingentaconnect.com/content/rmp/ipc

7 Tables, figures and illustrations
- As far as possible, articles should be suitably illustrated but not contain more than three tables.
- Tables should not duplicate, but rather supplement, information given in the text. They should be typed on a separate sheet and have a caption. Do not use vertical rules in tables.

- Tables should only be used when data cannot be expressed clearly in any other form. Figures should not duplicate information provided in the text.
- Illustrations may be line drawings or black-and-white photographs of good quality, preferably with a gloss finish. Illustrations will not be returned after publication unless specifically requested. All illustrations are submitted at the owner's risk, the publisher accepts no liability for loss or damage while in possession of the material.

8 Length of article

Research articles/Scientific papers: Scientific articles should not exceed 3000 words. However, our readers prefer scientific papers to be 2200 to 2700 words. Quantitative papers are allowed up to six tables or figures. Qualitative reports may include quotes which are not included in the word count (in lieu of tables and figures).

Short reports: 1200 words plus up to two diagrams or tables and five references.

Technology reports: Up to 2000 words and six diagrams or illustrations

Study protocols: We will consider publishing up to 3000 words, but may request a shorter summary with an online reference to the full protocol.

Letters to the Editor: Generally 300 words is ideal, (however we will accept letters from 250 to 500 words) with one diagram or figure and up to three references (a fourth is allowed if it refers to a paper in the journal). We will consider research letters of up to 600 words.

Review articles and systematic reviews. Generally these should be the same length as scientific papers 2200 to 2700 words.

Editorials. Editorials should be 800 to 1200 words. Generally these are commissioned – however we consider unsolicited material. Generally they don't have diagrams or figures but one illustration will be considered. Usually no more than five references.

Commentaries. These are generally commissioned or requested when peer review indicates that although a paper is worthy of publication there are either other important viewpoints which should also be presented or more information is needed about where this study fits in. Generally commentaries are 200 to 300 words.

Informatics curio. A section which demonstrates something which is unusual or may hinder rather than aid patient care. Usually one or two screen shots or illustrations are requested plus up to 200 words in text plus one or two references.

Conference/Workshop reports: Conference reports should be 1700 to 2200 words. We will generally consider workshop and conference reports from major informatics societies. These include: International Medical Informatics Association (IMIA), European Federation for Medical Informatics (EFMI); the American Medical Informatics Association (AMIA); and World Organisation of Family Doctors (WONCA) Primary Care Working Groups.

9 Structural aids - subheadings

Subheadings are encouraged, when suitable, to break up the text as well as to improve readability. Please use subheadings in the abstract and discussion as listed above. Please do **_not_** number sub-headings.

Subheadings should be used in the structured abstract and discussion.

10 Referencing your contribution

- The style of referencing is the Vancouver system. References should be numbered in the text and listed consecutively at the end of the article in the order that they appear in the text. They should be assigned superscript numbers, outside any punctuation.
- The references for *Journal of Innovation in Health Informatics* should follow the International Committee of Medical Journal Editors Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Sample References.

- See: www.nlm.nih.gov/bsd/uniform_requirements.html
- The list of references should include: names and initials of all authors (unless there are more than six, in which case the first three should be mentioned followed by et al.). The format of references is as follows:

Example 1: author of whole book or other publication

1. Albert T. *Winning the Publication Game*. Oxford : Radcliffe Publishing, 2008.

Example 2: chapter in a book

2. de Lusignan S and Robinson J. Clinical knowledge management – A model for primary care. In: Dwivedi A (ed) *Healthcare Knowledge Management*. New York : Springer,2007, pp.11-27.

Example 3: journal article

3. de Lusignan S and Chan T. The Development of Primary Care Information Technology in the United Kingdom . *J Ambul Care Manage*. 2008;31(3):201-210.

Example 4: online journal article

4. de Lusignan S, Kumarapeli P, Chan T, Pflug B, van Vlymen J, Jones B and Freeman GK. The ALFA (Activity Log Files Aggregation) Toolkit: a method for precise observation of the consultation. *J Med Internet Res* 2008;10(4):e27. [www.jmir.org/2008/4/e27*/*](www.jmir.org/2008/4/e27/)

Example 5: Editors of a whole book or other publication

5. Bryden J, de Lusignan S, Blobel B and Petroveki M (eds) *Medical Informatics in an Enlarged Europe . Proceedings of the European Federation for Medical Informatics Special Topic Conference*. Berlin: Akademische Verlagsgesellschaft Aka (Aka-Verlag), 2007.

Example 6: A website

6. Biomedical Informatics. St. George's University of London . Activity Log File Aggregation (ALFA) toolkit for the observation of the computer mediated consultation. www.biomedicalinformatics.info/alfa/

- Information taken from unpublished papers, personal communications and observations should only be included in the text and not referred to as a formal reference.
- Authors are responsible for the accuracy of their references.
- Our readers like to know where studies fit in with other articles they have read in *Journal of Innovation in Health Informatics*. Authors should where appropriate reference papers in previous volumes of *Journal of Innovation in Health Informatics*. Please see: **www.ingentaconnect.com/content/rmp/ipc/** All volumes have abstracts freely available. Full text papers are available once over one year old.

11. Final stages in the publication process:

11.1 Revisions

Authors' submissions are either rejected; accepted with amendments or occasionally accepted as is. When you receive feedback on your paper, you are encouraged to revise your paper and resubmit. When you resubmit, please supply a letter explaining how you have responded to each of the reviewer's comments. Generally we like to receive re-submissions within six weeks. If you need longer, please inform the Editorial office.

Proofs

Proofs will be sent to the author submitting the paper and must be returned promptly. This will allow correction of printers' and similar errors. Major changes will not be entertained and authors may be charged for excessive amendments at this stage.

Illustrations

Wherever possible submit graphs, figures and illustrations in black and white. Coloured graphs may not reproduce well.
Please follow the follow the detailed instructions for submitting illustrations on the publishers website. Generally do NOT send images embedded in Microsoft Word or PowerPoint applications. We prefer high quality images, usually something better than .jpg a .tif or .bmp format is preferred.

12 References:
12.1 Summary web contacts for *Journal of Innovation in Health Informatics*
Full text online at:
www.ingentaconnect.com/content/rmp/ipc
N.B. Journal from 2002 onwards - **Free** access to all abstracts + **Free full text** access to papers >1 year old

Full-text free online access to journals 1995 to 2001
www.primis.nhs.uk/informatics
Archive of earlier issues – hosted by PRIMIS

Primary Healthcare Specialist Group of the British Computer Society:
www.phcsg.org/index.php?p=journal
Introduction to *Journal of Innovation in Health Informatics*

Publishers website – Radcliffe Publishing
www.radcliffe-oxford.com/journals/J12_Informatics_in_Primary_Care/

Instructions to authors /contributing:
http://www.clininf.eu/journal.html
Pubmed Medline
www.ncbi.nlm.nih.gov/sites/entrez/
The journal title in Medline is shortened to "Inform Prim Care." Therefore use this phrase or "Inform Prim Care [Journal]" to find papers in Journal of Innovation in Health Informatics.
http://www.ncbi.nlm.nih.gov/sites/entrez?db=pubmed&orig_db=pubmed&term=Inform%20Prim%20Care%20[Journal]&cmd=search&cmd_current
A direct link to the journal contents in PubMed

SCImago Journal Rank (SJR)
www.scimagojr.com/journalsearch.php?q=14760320&tip=iss&clean=0
Information about the citation of articles in *Journal of Innovation in Health Informatics*. You can also compare *Journal of Innovation in Health Informatics* with other informatics journals.

Contacting the Editor
Please contact the Editor – Simon de Lusignan using the following
email: **EditorIPC@googlemail.com**

12.2 References
1 de Lusignan S. What is primary care informatics? *JAMIA* 2003;10(4):304–9. URL: www.pubmedcentral.nih.gov/articlerender.fcgi?tool=pubmed&pubmedid=12668690
2 International Committee of Medical Journal Editors (ICMJE). URL: www.icmje.org/
3 International Committee of Medical Journal Editors (ICMJE). Conf lict of interest statement: URL:www.icmje.org/#conflicts

4 National Library of Medicine (NLM). MeSH database. URL:
www.ncbi.nlm.nih.gov/sites/entrez?db=mesh
5 CONSORT - Consolidated Standards of Reporting Trials, URL: www.consort-statement.org
6 European Federation for Medical Informatics (EFMI). Working Group for the Assessment of Health
Information Systems. STARE-HI - Statement on Reporting of Evaluation Studies in Health Informatics
7 United States National Library of Medicine. Sample references.
www.nlm.nih.gov/bsd/uniform_requirements.html