



## AUTHOR HANDBOOK

The FPIN Senior Editors and authors for eMedRef have developed a comprehensive, high quality and easy-to-use point of care resource for family physicians and other clinicians who practice in the outpatient, emergency, general inpatient, labor and delivery or long-term care setting. Our goal is to make eMedRef the best evidence-based, concise, and comprehensive point-of-care tool available.

eMedRef is not intended to be a thorough review (e.g. UpToDate), or a comprehensive set of summaries of original research studies (e.g. DynaMed, InfoRetriever). Instead, the eMedRef content extracts the key elements of comprehensive reviews, the best original research studies, and standard of care recommendations for use at the point-of-care. eMedRef is published through a hand-held and online product known as “PEPID”.

The project manager is always available to answer questions, please email [emedref@fpin.org](mailto:emedref@fpin.org).



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## Table of Contents

- I. Getting Started
- II. Signing Up for a Topic
- III. Search the Resources
- IV. Incorporate the Evidence
- V. The Writing Template
- VI. Reviewing Published Content
- VII. References and Citations
- VIII. Author Checklist
- IX. Before Submitting Your Draft
- X. Submitting Your Draft
- XI. Editorial Review
- XII. What’s Next?
- XIII. Questions? Contact the Project Manager
- XIV. Appendix A – Writing Template
- XV. Appendix B – Author Checklist
- XVI. Appendix C - Reference Examples
- XVII. Appendix D – Types of Studies & the Evidence Pyramid
- XVIII. Appendix E – Avoiding Plagiarism
- XIX. Appendix F – Completed Example

## I. Getting Started

1. Read this handbook and keep it available for reference. The instructions and materials outlined in this handbook have been created to help you make sure that your manuscript is ready for editorial review when you submit it to the project manager.
2. Visit [www.pepidonline.com](http://www.pepidonline.com) to become familiar with how the online content of eMedRef (“PEPID”) is organized. Your username is fpinauthor and your password is pepidpcp
3. Contact your faculty co-author who has completed an eMedRef topic for guidance.
  - a. All resident and student authors must be partnered with a faculty co-author, who will serve as the second or third author on the manuscript. Faculty co-authors are experienced in writing eMedRef topics, and thus can be of great help to first time authors.
4. Develop a game plan, set goals and meet with co-author(s) regularly.
5. The project manager is here to help you succeed. Be sure to contact her often with any questions, concerns, stumbling blocks, difficulties, or just to give an update on how you are doing with your draft. Keeping her apprised will help her to know how to better help you.

## II. Signing Up for a Topic

1. Visit [www.fpin.org](http://www.fpin.org) and register as an FPIN user.
  - a. The “Register” button is at the top left of the page.
  - b. Your username is your email address
2. Check to see if you are interested in a pre-approved topic
  - a. From [www.fpin.org](http://www.fpin.org), mouse-over the “eMedRef” tab. In the middle of the list, click on the “eMedRef Topic Sign Up” link.
  - b. In the middle of the next page, select “Click here to sign-up for an eMedRef Topic”.
  - c. Click on the FPIN Agreement and PEPID Agreement links to read the agreements.
  - d. Click the checkboxes and type in your full name to indicate that you have read and agree to the FPIN and PEPID Agreements.
  - e. On the sign-up form, use the topic list drop-down to see the available topics.

The topic list is on the website to minimize the chance of duplicate assignment of topics. You may abandon the sign-up process if you are not ready to select a topic, but be aware that the topic may be gone in a day or two. Topics are selected daily.
  - f. Select your first draft due date from the due date drop-down.
    - i. Choose a first draft due date that allows authors time to work with all eMedRef contributors. Keep in mind the manuscript will go through multiple rounds of revision before publication.
    - ii. It is suggested to submit your first draft four weeks after signing up. However, you can schedule specific timelines with the project manager.
    - iii. You can expect for there to be approximately two weeks of editorial revisions after each submission. Once all revisions have been made and your Senior Editor approves your content, your manuscript will be sent to the Editor-in-Chief for review. There may be additional revisions needed before the Editor-in-Chief approves the manuscript for publication
  - g. Click on the “Submit” button to complete your sign-up
3. To request your own topic for approval:
  - a. Check PEPID to make sure that your topic of interest is not already covered and up to date.
  - b. Do a quick preliminary search of the resources to make sure that there are adequate references available for your use.
  - c. If the topic is out of date or is not covered in PEPID, and references are available:
    - i. From [www.fpin.org](http://www.fpin.org), mouse-over the “eMedRef” tab. In the middle of the list, click on the “eMedRef Topic Sign Up” link.
    - ii. In the middle of the next page, click on “Submit Your Own Topic”
    - iii. Type your first name, last name, email address and program name into the text boxes provided.

- iv. Type the topic you would like to author in the large text box in the middle of the page.  
If you are submitting multiple topics for approval, please type each topic on a separate line.
  - v. Select the “I want to write an eMedRef topic” checkbox
  - vi. Please include any additional comments, if you have any.  
Comments regarding the topic’s coverage (or lack thereof) in PEPID are encouraged.
  - vii. Click on the “Submit” button when you are ready.
  - viii. Your topic request will be reviewed by the eMedRef project manager and the Editor-in-Chief. The eMedRef project manager will contact you at the email address you provided to let you know the approval decision and next steps.
4. After you have successfully signed up for a topic, you will receive a confirmation email. This email includes links to your author instructions and template. Please thoroughly review and save this email for future reference.
    - a. If your topic is not a single disease, please contact the project manager and she will advise you on the next step.
    - b. If you do not receive a confirmation email, please follow up with the project manager to be sure your sign-up was confirmed.
  5. Forward the confirmation email to your co-author(s). You are ready to get started with your research!

### III. Search the Resources

1. Search the following databases for recommendations on diagnosis, prognosis, screening, prevention and treatment:
  - a. FPIN Search: <http://www.fpin.org/page/search>  
Includes PURLS, Clinical Inquiries, HDAs, and some eMedRef
  - b. TRIP Database: [www.tripdatabase.com](http://www.tripdatabase.com)  
This MetaSearch will simultaneously search numerous journals and guidelines.
    - i. After entering your search terms, look at the “Filter Your Search” box on the left side of the results page.  
Focus on Evidence Based Synopses, Systematic Reviews, and Guidelines.
    - ii. If you do not find what you need, TRIP will also provide the Medline result for your search terms at the bottom of the “Filter Your Search” box.  
Look in the Medline Articles: Systematic Reviews section for filtered results.
  - c. Additional recommended search tools (freely available):
    - i. Merck Medicus [www.merckmedicus.com](http://www.merckmedicus.com)
    - ii. U.S. Preventative Services Task Force [www.ahrq.gov](http://www.ahrq.gov)
    - iii. Journal of Family Practice [www.jfponline.com](http://www.jfponline.com)
    - iv. American Family Physician <http://www.aafp.org/online/en/home/publications/journals/afp/afpsearch.html>
    - v. National Guideline Clearinghouse [www.guideline.gov](http://www.guideline.gov)
    - vi. Journal of the American Board of Family Medicine [www.jabfm.org](http://www.jabfm.org)
    - vii. Medline [www.nlm.nih.gov](http://www.nlm.nih.gov) or [www.medscape.com](http://www.medscape.com)
    - viii. Family Doctor [www.familydoctor.org](http://www.familydoctor.org)
  - d. Additional recommended search tools (fee-based):
    - i. Cochrane Database of Systematic Reviews [www.thecochranelibrary.com](http://www.thecochranelibrary.com)
    - ii. Clinical Evidence [www.clinicalevidence.com](http://www.clinicalevidence.com)
    - iii. U.S. National Library of Medicine National Institute of Health [www.pubmed.org](http://www.pubmed.org)
    - iv. Textbook of Family Medicine <http://www.mdconsult.com/das/book/body/206745823-2/0/1481/0.html>
2. Search Tips
  - a. Focus on the last 3-5 years of data, although you may go back further if absolutely necessary
  - b. Your search should take no longer than 2 to 4 hours. If you find yourself putting in more time, ask for help from your faculty co-author or project manager to define the terms accurately.
3. Discuss your search results with your co-author earlier rather than later. Identifying the strongest evidence is your goal.
4. Identify articles that you think may be useful for your manuscript. You may want to save or print a copy of these articles for future reference.

5. As you read through the articles you've identified, make notes when you find information that would be useful in a particular section of your manuscript.
  - a. Make sure to note the article and page/paragraph number where the information can be found, so that you can easily locate it later.

#### IV. Incorporate the Evidence

1. Check to see if the evidence has been graded using the Strength of Recommendation Taxonomy (SORT). If you are not familiar with SORT, please review <http://www.aafp.org/afp/20040201/548.html>
2. If the evidence has been graded using SORT, please include this in your manuscript, using the following guidelines: For all citations that use the SORT system (most family medicine publications such as JFP, AFP, JABFM, and all FPIN publications: Clinical Inquiries, PURLS, Help Desk Answers), please indicate:
  - a. The recommendation in written form
  - b. The strength of recommendation (SOR) in letter form
  - c. Insert a superscript number for the citation
  - d. Provide the full citation in the Reference section

Example:

**Diabetes - Screening & Prevention**

○ **Children**

- **High-risk children beginning at 10 years of age or onset of puberty, whichever is earlier (SOR: C)<sup>1</sup>**

**References:**

1. American Diabetes Association. Screening for type 2 diabetes. Diabetes Care. 2004;27(suppl1):S11–S14.

3. **YOU SHOULD ONLY USE PREEXISTING SORT RATINGS IN THE MANUSCRIPT. DO NOT CREATE YOUR OWN.** Each SORT used should be referenced.
4. For many topics you will find no evidence – this is anticipated. If no SORT ratings are available:
  - a. Check to see if an authoritative guideline is available (e.g. from the NIH, etc)
  - b. Include authoritative guidelines with a superscript for the citation

Examples:

The Academy of ABC recommends screening at the age of 10<sup>1</sup>

A Cochrane Systematic Review concluded that the treatment of choice for condition A is Drug B<sup>2</sup>

A systematic review concluded that test X has the highest sensitivity for disease Y<sup>3</sup>

#### V. The Writing Template

The template provides suggested headings as a guideline for your document. If the provided headings are not conducive to your topic, please contact the project manager for suggestions on how to better tailor the template to your topic.

1. Open the template that was sent to you in the confirmation email. You can also find the template at [www.fpin.org](http://www.fpin.org) (under the “eMedRef Resources” link).
2. Please enter your name, affiliation, credentials, email address, and your topic title where indicated.
3. Save this file using the following naming system: topic.your initials.date in MMDDYY format  
Example: hypertension.sh.040611.doc
4. eMedRef topic reviews are VERY structured. Remember to keep the information concise. Deliver the bottom line and supporting evidence only – no editorializing, personal biases, or complete sentences. Just the facts!
5. Web Links: Please insert useful hypertext links into your manuscript to readily available (non-subscription based) online resources, including but not limited to: patient education resources, key reviews, major guidelines, evidence-based resources

used in your revision.

To do this: Go to the desired website, copy the text in the address bar, and paste it into your content or reference.

6. Photos and Line Drawings: If your topic lends itself to photos or line drawings, please submit a copyright free photo or line drawing so this can be included with your topic.
  - a. If you are unable to find something copyright free, please send what you can find, and an illustrator will try to recreate and/or modify as necessary.
  - b. Please indicate the copyright status of each photo/line drawing in your email when you submit your draft for review

## VI. Reviewing Published Content

The goal of this step is to make sure your manuscript is not missing anything important that was included in other previously published material.

1. After completing the template for your topic, visit [www.pepidonline.com](http://www.pepidonline.com). Search and review previously published content for your topic area.
2. Review USPSTF Guidelines in the previously published content. Check to see if you need to update these guidelines in your manuscript. Example:

1. Screening for asymptomatic bacteriuria during pregnancy
  - o Urine culture at 12-16 weeks' gestation is strongly recommended [USPSTF](#)

3. Review Evidence Based Inquiries (Clinical Inquiries, HelpDesk Answers and PURLs) to make sure the recommendations are accurately portrayed. Please make sure that all available Evidence Based Inquiries are linked in your manuscript.
4. Make sure that associated topics published in PEPID are linked in your manuscript.
  - a. To link to associated topics in your manuscript:
    - i. Log in to PEPID
    - ii. Choose “Primary Care Plus”
    - iii. Search for the related topic
      1. Type the topic into the “Find Box” on the left side of the screen
      2. A list of topics will come up, click on the link for the topic you are looking for
    - iv. Copy the web address for the topic
      1. Highlight the address in the address bar
      2. Right click on the address bar and chose “Copy”
    - v. Go to your manuscript
    - vi. Type the name of the related topic in the appropriate place in your manuscript
    - vii. Highlight the name of the related topic by left clicking on your mouse and dragging it over the topic name
    - viii. Right click your mouse on the highlighted section
    - ix. Left click on “Hyperlink”
    - x. A new window will come up entitled “Insert Hyperlink”
    - xi. Right click with your mouse in the “Address” box
    - xii. Left click on “Paste”
    - xiii. The web address you copied earlier should now be visible in the “Address” box
    - xiv. Click “OK”
  - b. When you hover over the link you just created, a box should show up with the web address that the link goes to
  - c. Clicking on the link in your manuscript will likely send you to a page in PEPID saying that you have been logged out, this is expected – just hover over the link to make sure the web address is correct
5. If there are any changes needed, be sure to accurately portray them in your manuscript.

## VII. References and Citations

All references should be embedded in the document using footnotes. All citations should be referenced in the text of the manuscript.

1. Aim to use approximately 10 references in your manuscript. If you are having difficulty locating this many or weeding out excess references, please contact your faculty co-author or the project manager for help.
2. References should be formatted in AMA style. See [appendix A](#) or [appendix C](#) for examples.
3. Information and data from high quality original research, meta-analysis, review articles and guidelines are preferred. DO NOT USE OTHER ELECTRONIC REVIEWS (such as dynamed, emedicine, or uptodate) AS REFERENCES.
4. When appropriate, include a web link in your references. This will be useful for the Senior Editor and Editor-in-Chief. A web link will also allow other family physicians reading your topic to more readily access your references for further information.

To do this: Go to the desired website, copy the text in the address bar, and paste it into your content or reference. Follow this with the date accessed. Example:

- |  |
|--|
| <ol style="list-style-type: none"><li>1. Agency for Healthcare Research and Quality. Screening for Depression: Systematic Evidence Review. <a href="http://www.ahrq.gov/downloads/pub/prevent/pdfser/depser.pdf">http://www.ahrq.gov/downloads/pub/prevent/pdfser/depser.pdf</a>. Accessed March 20, 2007.</li></ol> |
|--|

5. If you are familiar with how to use footnotes or endnotes in Microsoft Word, you may use these functions for citing all referenced material. Otherwise, please insert superscript numbers for all referenced material, using numerical format, starting at “1”, with continuous numbering throughout the document. Example:

- |   |
|---|
| <ol style="list-style-type: none"><li>1. Many cases resolve spontaneously over 9-12 weeks).<sup>1</sup></li></ol> |
|---|

6. If you cite a reference in more than one place within the document, number that reference according to the first citation. Use that number for all subsequent citations.

## VIII. Author Checklist

The author checklist is your guide to submitting the best draft possible.

1. Download the author checklist from [www.fpin.org/page/emedrefresources](http://www.fpin.org/page/emedrefresources)
2. In completing the author checklist, you will check to make sure all appropriate sections and all required submission criteria are met.
3. Save this file to turn in with your completed manuscript using the following naming system:  
ac.topic.your initials.date in MMDDYY format  
Example: ac.hypertension.sh.040611.doc
4. YOUR TOPIC CANNOT BE REVIEWED UNTIL YOUR AUTHOR CHECKLIST IS SUBMITTED.

## IX. Before Submitting Your Draft

1. Complete the author checklist
2. Send your draft to your faculty co-author for review
3. Incorporate any comments from your faculty co-author
4. Review your completed manuscript one additional time
  - a. Check your manuscript for clarity and quick understanding. Is the content concise enough to be useful at the point of care? Have the relevant FPIN CIs, HDAs, and/or PURLs been included? Are there links to additional reference and resources creating a rich database for learners?

## **X. Submitting Your Draft**

1. Email the project manager at [emedref@fpin.org](mailto:emedref@fpin.org) by your first draft due date
  - a. Attach your completed draft

The file should be saved as a WORD file using the following naming system:  
topic.your initials.date in MMDDYY format  
Example: hypertension.sh.040611
  - b. Attach your completed author checklist when submitting your first draft

The file should be saved as a WORD file using the following naming system:  
ac.topic.your initials.date in MMDDYY format  
Example: ac.hypertension.sh.040611
  - c. Include any additional comments in the text of the email
2. Once the project manager has received your first draft and author checklist, she will screen your draft for common errors.
3. After the project manager approves your draft for editorial review, she will assign your Senior Editor. The project manager will email you to let you know who your Senior Editor will be.
4. The project manager will forward your draft to your Senior Editor.

## **XI. Editorial Review**

1. What to Expect
  - a. Expect feedback from your Senior Editor approximately two weeks after each submission.
  - b. You and your Senior Editor will go back and forth with revisions, until the draft is ready for final review by the Editor-in-Chief.
  - c. The Editor-in-Chief will then review your manuscript and request any additional revisions if necessary.

Note: there may be additional rounds of revisions needed before your manuscript is ready for publication
  - d. After all revisions have been made and the Editor-in-Chief approves your manuscript for publication, the project manager will submit your manuscript to PEPID. The project manager will email you to let you know when you can expect to see your manuscript published.
2. Incorporating Revisions
  - a. Your Senior Editor will make comments on your draft using track changes.

For questions about track changes, download an instructional PowerPoint at <http://office.microsoft.com/en-us/templates/TC102429201033.aspx>
  - b. Please review the comments made for understanding and agreement.
  - c. If you do not understand why a change has been suggested or how to make the change, please contact the project manager or the Senior Editor for clarification.
  - d. If you do not agree with the suggested changes, please discuss your thoughts with the Senior Editor (be sure to copy the project manager on all emails).

The comments made on your manuscript are suggestions, not orders. Both you and your Senior Editor should be comfortable with any changes that are made to the document.
3. Submitting Revised Drafts
  - a. Please save your revised draft using the current date in the same naming system as before  
topic.your initials.date in MMDDYY format  
Example: hypertension.sh.051211.doc
  - b. You may submit your revised draft as an email attachment directly to your Senior Editor, but please be sure to copy the project manager on the email as well. This way, the project manager can keep track of where your draft is at in the process and provide encouragement and assistance along the way.

## **XII. What's Next?**

So, your manuscript has been approved by the Editor-in-Chief, what now? We ask that you take a short survey about your experience so that we can adjust as needed. We want this to be pleasant and educational for you! When the eMedRef project manager sends you the link, please take a moment to let us know how things went.

Congratulations on a job well done! Please see the guidelines below for citing your publications on your CV.

1. **FPIN Database Publication:** Each topic review is published in full with rich text and all available links on the FPIN website, through the FPIN searchable database.  
Sample citation for your CV:  
Singh, A., Osteoporosis. eMedRef. Columbia, MO: FPIN. February, 2010. <http://www.fpin.org>
2. **EBP Publication:** Portions of some topic reviews are published in the print version of Evidence-Based Practice with a link to the full-text version. If chosen, you can expect your topic to be published in EBP within 3 to 5 months of completion.  
Singh, A., Osteoporosis. Evidence-Based Practice. 2010; 10(7):7.
3. **PEPID Publication:** Each topic review is published in an electronic and online version in PEPID with some embedded links, as determined by the publisher. You can expect your topic to be published in PEPID within 4 to 6 months of completion.  
Singh, A., Osteoporosis. PEPID Primary Care Plus. Evanston, IL: PEPID. April, 2010 <http://www.pepidonline.com>

## **XIII. Questions? Contact the Project Manager**

Additional assistance is always available; please do not hesitate to contact us. We're always excited to hear from eMedRef authors or welcome new contributors to this stimulating and worthwhile project.

1. **Additional questions:** If at any time you have questions about format, content, process, timelines, or anything else, please contact the project manager at [emedref@fpin.org](mailto:emedref@fpin.org) or 573-256-2066. The project manager is here to help, and will be glad to offer assistance.
2. **Additional resources** are also available for download from the FPIN website. Please visit <http://www.fpin.org/page/emedrefresources>. Here you can find out how to avoid or overcome common tripping points, view a completed topic example, get instructions to download PEPID, and more.
3. **Additional educational support and program development:** Online and onsite resources are readily available to help individuals and programs to develop robust curricula using the eMedRef teaching project model. Contact [workshops@fpin.org](mailto:workshops@fpin.org) for more information.

## XIV. Appendix A – Writing Template

The writing template is available for download at <http://www.fpin.org/page/emedrefresources>.

### eMedRef “Single Disease Card Template”

#### Evidence-Based Revision Template

Author Name/Email Address: **(Required)**

Senior Editor/Email Address (Approval Date):

PEPID Editor (Approval Date):

FPIN Editor in Chief:

TITLE: All CAPITALS, UNDERLINED

#### 1. **Background**

1. ICD-9 Code(s) (PEPID will do this)
2. Definition (if needed / appropriate)
3. General Information

#### **Pathophysiology**

2. Pathology of Disease
3. Incidence, Prevalence
4. Risk Factors
5. Morbidity / Mortality

#### **Diagnostics**

1. History
2. Physical Examination
3. Diagnostic Testing
4. Laboratory evaluation
5. Diagnostic imaging
6. Other studies
7. Diagnostic “Criteria” (If indicated)
8. **Recommendation (GRADE... e.g. SOR X<sup>1</sup>)**

#### **Differential Diagnosis**

1. Key Differential Diagnoses
2. Extensive Differential Diagnoses

#### **Therapeutics**

1. Acute Treatment
2. Further Management (24 hrs)
  - (May include critical complications to watch for)
3. Long-Term Care
  - (May include appropriate important signs of complications to watch for)
4. **Recommendation (GRADE)**

#### **Follow-Up**

1. Return to Office

- Time frame for return visit
- Recommendations for earlier follow-up
- 2. Refer to Specialist
  - Recommendations / urgency
- 3. Admit to Hospital
  - Recommendations / urgency

### **Prognosis**

1. Recommendation (GRADE)

### **Prevention**

1. Recommendation (GRADE)

### **Patient Education**

- 1.

### **6. References**

1. Acuin JM. Chronic Suppurative Otitis Media. BMJ Clinical evidence, Clinical Evidence 2007; 02:507. (as example of preferred formatting)

Date Edited/Initials:

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### **7. Quick Author Tips:**

1. Cite references as you use them
2. If adding SOR, cite any pertinent references
3. Do not try to change the template. If you copy and paste from an article into the template, do so one line at a time to avoid mixing formatting
4. As much as possible, try to use bullets and no articles (a, an and the), like you might write a brief progress note
5. Please do not use summary references like UpToDate, eMedicine, DynaMed, FirstConsult or similar sources. Please use only primary (e.g. NEJM, JABFM, Annals of Family or Internal Medicine) or review sources (American Family Physician, Family Practice, etc.).

## XV. Appendix B – Author Checklist

The author checklist is available for download at <http://www.fpin.org/page/emedrefresources>.



### AUTHOR CHECKLIST

The purpose of this tool is to guide you through a final review of your manuscript. This tool will help you eliminate the most common errors that authors make. Please save your completed author checklist as ac.topic.your initials.date in MMDDYY format (example: ac.hypertension.sh.040611.doc). PLEASE NOTE THAT YOUR TOPIC CANNOT BE REVIEWED UNTIL YOUR AUTHOR CHECKLIST IS SUBMITTED

GENERAL INFORMATION	
Author(s):	
Senior Editor:	
Topic:	
Are you interested in keeping your topic up to date (you would continue to receive PCP for free)?	
Have you written for eMedRef before?	If yes, what topic?
Would you like an iPod or SmartPhone version of PCP?	If yes, for what device?
Number of references listed:	
FORMAT	X
Reviewed the PEPID PCP product	
Topic is in approved template format	
All authors are listed on the manuscript	
Abbreviations are defined in text	
All references are cited within the text	
If a reference is cited multiple times within text, the reference is cited using the same number each time	

<b>TOPIC CONTENT</b>	<b>X</b>
Content is based on evidence based information	
SORT Recommendations (if any) have been found and incorporated If none available, please mark NA	
You have NOT created your own SORT Recommendations	
All Clinical Inquiries, HelpDesk Answers and PURLs (if any) are included and accurate If none available, please mark NA	
Non-subscription based hypertext links to helpful information are included	
Copyright free photo(s) or line drawing(s) are included, if appropriate If none available, please mark NA	
<b>REFERENCES</b>	<b>X</b>
No other electronic reviews are used as references (i.e. UpToDate, eMedicine, etc)	
References are formatted in AMA style	
References are numbered consecutively in the order they appear	
Web links are included for all references which are accessible online	
<b>FINISHING TOUCHES</b>	<b>X</b>
Manuscript is saved as a WORD file as topic.your initials.date in MMDDYY format (hypertension.sh.040611.doc)	
Draft has been reviewed by faculty co-author (Note: all students and residents must have a faculty co-author). If not applicable, please mark NA	
Review your manuscript one last time for clarity and quick understanding before submitting to the project manager	

## XVI. Appendix C - Reference Examples

Refer to the table below for specific reference styles depending upon the nature of the source.

Type of Entry	Reference Examples
Book—single author	Shepard TH. <i>Catalog of Teratogenic Agents</i> . 7th ed. Baltimore, MD: Johns Hopkins Press; 1992.
Book—more than one author (list all authors if six or less, otherwise list first three followed by "et al.")	Baselt RC, Cravey RH. <i>Disposition of Toxic Drugs and Chemicals in Man</i> . 4th ed. Foster City, CA: Chemical Toxicology Institute; 1995.
Book—with editors	Armitage JO, Antman KH, eds. <i>High-dose Cancer Therapy: Pharmacology, Hematopoietins, Stem Cells</i> . Baltimore, MD: Williams & Wilkins; 1995.
Chapter from a book	Degner LF, McWilliams ME. Challenges in conducting cross-national nursing research. In: Fitzpatrick JJ, Stevenson JS, Polis NS, eds. <i>Nursing Research and its Utilization: International State of the Science</i> . New York, NY: Springer; 1994:211-215.
Article from journal—single author	Moldofsky H. Sleep, neuroimmune and neuroendocrine functions in fibromyalgia and chronic fatigue syndrome. <i>Adv Neuroimmunol</i> . 1995;5(1):39-56.
Article from journal--more than one author (list all authors if six or less, otherwise list first three followed by "et al.")	Raux H, Coulon P, Lafay F, Flamand A. Monoclonal antibodies which recognize the acidic configuration of the rabies glycoprotein at the surface of the virion can be neutralizing. <i>Virology</i> . 1995;210(2):400-408.
Monographic series	Davidoff RA. <i>Migraine: Manifestations, Pathogenesis, and Management</i> . Philadelphia, Pa: FA Davis; 1995. Contemporary Neurology Series, No. 42.
Online journals with volume and page information	Simon JA, Hudes ES. Relationship of ascorbic acid to blood lead levels. <i>JAMA</i> . 1999;281:2289-2293. <a href="http://url">http://url</a> . Accessed July 11, 2009.
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Online web site	King MW. The Medical Biochemistry Page. <a href="http://themedicalbiochemistrypage.org">http://themedicalbiochemistrypage.org</a> . Updated July 14, 2009. Accessed July 14, 2009.

## XVII. Appendix D – Types of Studies & the Evidence Pyramid

**Meta-analysis** is a systematic review which uses quantitative methods to summarize the results. The analysis will thoroughly examine a number of valid studies on a topic and combine the results using accepted statistical methodology as if they were from one large study. Some clinicians put meta-analysis at the top of the pyramid because part of the methodology includes critical appraisal of the selected RCTs for analysis.

**Systematic reviews** are articles in which the authors have systematically searched for, appraised, and summarized 'all of the medical literature' for a specific topic. Systematic reviews usually focus on a clinical topic and answer a specific question. An extensive literature search is conducted to identify all studies with sound methodology. The studies are reviewed, assessed, and the results summarized according to the predetermined criteria of the review question. The Cochrane Collaboration has done a lot of work in the area of systematic reviews.

**Randomized controlled clinical trials** are carefully planned studies, testing the effect of a therapy on real patients. The group of patients is randomized into an experimental group and a control group. These groups are followed up for the variables/outcomes of interest. RCTs include methodologies that reduce the potential for bias (randomization and blinding) and that allow for comparison between intervention groups and control groups (no intervention).

**Cohort studies** involve the identification of two groups (cohorts) of patients, one which received the exposure of interest, and one which did not, and following these cohorts forward over time for the outcome of interest. A cohort study involves a large population and follows these patients who have a specific condition or receive a particular treatment over time and compares them with another group that has not been affected by the condition or treatment being studied. Cohort studies are observational and not as reliable as randomized controlled studies, since the two groups may differ in ways other than in the variable under study.

**Case control studies** are studies in which patients who already have a specific condition are compared with people who do not. They often rely on medical records and patient recall for data collection. These types of studies are often less reliable than randomized controlled trials and cohort studies because showing a statistical relationship does not mean that one factor necessarily caused the other.

**Case series report** on a series of patients with an outcome of interest. No control group is involved. These studies consist of collections of reports on the treatment of individual patients or a report on a single patient. Because they are reports of cases and use no control groups with which to compare outcomes, they have no statistical validity.

The **evidence pyramid** is a useful tool for evaluating the relevance of the research to the clinical setting. The types of studies described above are represented on the pyramid. As you move up the pyramid, the amount of available literature decreases, but increases in relevance to the clinical setting.



## **XVIII. Appendix E – Avoiding Plagiarism**

### **What is plagiarism?**

Plagiarism is when you present someone else's work as your own, whether intentional or unintentional. Most people know that copying and pasting someone else's written work without giving credit to the original author is plagiarism, but there are many other ways in which you could accidentally plagiarize someone else's work. For example, paraphrasing another author too closely, or even changing the author's original intent too much can constitute plagiarism.

### **Why does it matter?**

Plagiarism is a crime. If plagiarized content is published through eMedRef, then all of the authors of the topic, FPIN, and PEPID can all be held liable. It's much better just to avoid plagiarism than to deal with the consequences.

### **Tips for Avoiding Plagiarism:**

Follow the golden rule: If in doubt, cite your source. If you aren't sure if you are plagiarizing another author, it's always safer to just go ahead and give credit to the source by citing it. Our Senior Editors would much rather help you clean up excess citations, than try to find missing citations.

When you are collecting information from your sources, it's a good idea to take notes in your own words. One method for doing this is to use a separate document (or note cards, or something similar) list the source and paraphrase the information you think might be useful in your own words. Do not look at the original source while you do this. Refer to these notes rather than the source when you are writing your manuscript. Be sure to cite your reference.

Start including citations as soon as you start writing. Don't wait to go back and put them in after you've written a section or even your entire draft – you might forget some.

After you've written your draft, compare your referenced items with the original sources. Consider the following questions:

How similar are they? Make sure you haven't used the same key words, phrasing, or sentence structure as the original.

Does your cited information stay true to the original source? Make sure that all cited information in your manuscript accurately reflects the original intent of your reference.

Are the non-referenced items "common knowledge"? Would most people already know the information presented without reading your manuscript? If not, be sure to cite & reference your source.

For more information about plagiarism, please visit <http://www.plagiarism.org>

If you have any questions or concerns about plagiarism, the project manager will be happy to help you. Please contact her at [emedref@fpin.org](mailto:emedref@fpin.org)

## XIX. Appendix F – Completed Example


### eMedRef “Single Disease Card Template”

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PEPID Senior Editor (Approval Date): Ewigman

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[Rel. Topics]  (Pepid will create)

### COMPLEX REGIONAL PAIN SYNDROME

#### Background

1. ICD-9 Code(s) (Pepid will do this)
2. Definition: chronic pain condition, not necessarily confined to specific nerve distribution, usually affecting one limb or portion of one limb, often characterized by allodynia (pain in response to non-noxious stimuli)
  - Complex regional pain syndrome I – no demonstrable nerve damage (previously known as reflex sympathetic dystrophy) About 90% of cases.
  - Complex regional pain syndrome II – demonstrable nerve damage to specific nerve (previously known as causalgia)
3. General Information:
  - Stage I: occurs shortly after an injury or with no apparent trigger. Burning/throbbing pain, vasomotor instability, hypesthesia, sensitivity to heat or cold, possibly edema
  - Stage II: progression of soft tissue edema, skin thickening & color changes (brawny), muscle wasting, early bone demineralization
  - Stage III: contractures, significant osteopenia, waxy skin, brittle nails

#### Pathophysiology

1. Pathology of Disease:
  - Not completely known
  - A disease of the sympathetic nervous system.
  - Multiple theories including sympathetic nervous dysfunction related to nociception, peripheral pain receptors hypersensitive to circulating catecholamines, changes in pain sensing in dorsal horn of spinal cord.
2. Incidence, Prevalence:
  - 1-5% of patients who have sustained peripheral nerve damage
  - 30% in patients post-Colles fracture
  - Many cases resolve spontaneously over 9-12 weeks.<sup>1</sup>
3. Risk Factors: precipitating event often unknown. Inactivity can increase risk, especially after trauma
  - Trauma: sprain, fracture, nerve injury
  - Iatrogenic: after carpal tunnel release or arthroscopic surgery, venipuncture, IM injection
  - Medical conditions: diabetic neuropathy, malignant invasion of nerve plexus, etc.
  - Psychosocial stress is NOT a risk factor, but can develop as a result of the disease.
4. Morbidity / Mortality:
  - Morbidity: osteopenia (from inactivity), muscle atrophy, substantial psychosocial stress related to pain management

#### Diagnostics

1. Diagnosis based on history & physical exam **[SOR B]<sup>2</sup>**

2. History:
  - a. Chief complaint includes:
    - i. severe dysesthesia (spontaneous occurrence of pain in absence of painful stimuli)
    - ii. allodynia (painful response to thermal or mechanical stimuli that would not normally cause pain)
    - iii. hyperesthesia (prolonged/exaggerated response to painful stimuli)
  - b. HPI:
    - i. pain can be throbbing, burning, constant, or aching
    - ii. pain often begins days or weeks after triggering incident, and lasts much longer than anticipate for normal healing
    - iii. pain often triggered by change in temperature, light touch, movement, or psychosocial stress/excitement
    - iv. pain can progress proximally to involve entire limb
3. Physical Examination:
  - a. Compare affected & unaffected limb for: color, warmth, sensitivity to touch, edema, atrophy
  - b. progressive changes may occur
    - i. initially affected area warm, erythematous and dry, with accelerated hair and nail growth
    - ii. hair then becomes sparse, nails grooved and brittle
    - iii. skin becomes cool, cyanotic and moist
    - iv. swelling and vasomotor changes can lead to skin dystrophy
    - v. soft puffy edema changes to tight, shiny swelling and loss of skin creases
    - vi. atrophic limb develops: decrease in fat pads, digits thin & pointed, muscle spasms & wasting, joint thickening
    - vii. eventually marked bone and muscle atrophy, weakness and flexor tendon contractures
4. Diagnostic Testing: no definitive testing available
  - Laboratory evaluation
  - Diagnostic imaging
    - X-ray: may show osteopenia (69%)<sup>3</sup>
    - Bone scan may be helpful if x-ray non-diagnostic
  - Other studies: immersion in ice water triggers substantial pain similar to pain patient describes as characteristic
  - Diagnostic Criteria: Listed below are the International Association for the Study of Pain diagnostic criteria<sup>4,5</sup> (note: other acceptable criteria include Bruhl's & Veldman's)
    - for complex regional pain syndrome type I
      - presence of initiating noxious event or cause of immobilization (this criterion not necessary for diagnosis)
      - continuing pain, allodynia or hyperalgesia with which pain is disproportionate to inciting event
      - evidence at some time of edema, changes in skin blood flow or abnormal sudomotor activity in painful region
      - diagnosis excluded by existence of conditions that would otherwise account for degree of pain + dysfunction
    - for complex regional pain syndrome type II
      - continuing pain, allodynia or hyperalgesia after nerve injury, not necessarily limited to distribution of injured nerve
      - evidence at some time of edema, changes in skin blood flow or abnormal sudomotor activity in painful region

- diagnosis excluded by existence of conditions that would otherwise account for degree of pain + dysfunction

## Differential Diagnosis

### Key Differential Diagnoses:

- Musculoskeletal: sprain, fracture, bursitis, myofascial pain syndrome, rotator cuff tear
- Neurologic: postherpetic neuropathy, diabetic neuropathy, radiculopathy
- Infectious: cellulitis
- Psychosomatic: Munchausen's, malingering (esp when secondary gain issues exist, e.g., workmen's compensation)

### Extensive Differential Diagnoses

- Vascular: Reynaud's disease, vasculitis
- Rheumatic: systemic lupus erythematosus, rheumatoid arthritis

## Therapeutics

- 1) Acute Treatment: diagnosis of CRPS made over weeks to months, acute treatment is not relevant
- 2) Further Management (24 hrs): NA
- 3) Long-Term Care: develop clear treatment plan, develop mutual goals and expectations for therapy.
  - a) Spontaneous resolution is frequent
  - b) Watchful waiting and psychological support appropriate early in course
  - c) Initiate medical and physical therapy simultaneously for optimal effect.<sup>1</sup> Expect some effect over 2-3 weeks, with gradual resolution of symptoms over months
  - d) Educate patient that pain does not represent ongoing injury, that mobilization & desensitization of affected area are keys to successful recovery.
  - e) Medical: Listed therapies may have some effect, and are unlikely to cause harm.
    - i) Topical DMSO: particularly helpful for analgesia during therapy [SOR B]<sup>1</sup>
    - ii) IV bisphosphonates: requires 4-8 weeks of therapy, good long term effect [SOR A]<sup>1</sup>
    - iii) Calcitonin [SOR B]<sup>1</sup>
    - iv) Oral Corticosteroids (limited course) [SOR B]<sup>1</sup>
  - f) Physical Therapy: mobilization of affected limb important, but painful

## Follow-Up

- 1) Return to Office: follow-up by phone and/or in person to provide psychological support and assess efficacy of watchful waiting and/or interventions such as medical and physical therapy.
- 2) Refer to Specialist: not indicated unless diagnostic uncertainty
- 3) Admit to Hospital: not indicated unless unable to manage pain as outpatient (rare)

## Prognosis

- 1) Not well documented.
- 2) Most patients do experience lessening of symptoms with combined medical, physical, and psychological therapy.
- 3) Many eventually reach level of remission that allows for normal daily activities.

## Prevention

- 1) Early mobilization after trauma [SOR C]<sup>1, 2</sup>
- 2) Vitamin C 500 mg by mouth daily for 60-90 days reduces the risk of CRPS in elderly patients with wrist fractures [SOR A]<sup>2</sup>

## Patient Information

- handout from [American Academy of Family Physicians](#)
- handout including organizations for more information from [National Institute of Neurological Disorders and Stroke \(NINDS\)](#)

Date Edited/Initials:

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