FPIN Editorial Handbook

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ABOUT THIS HANDBOOK

This handbook describes the policies FPIN adheres to as an organization and in the publication process for our journal, *Evidence-Based Practice*. This document is made for member authors and editors as a way to provide clarity regarding project expectations and ensure we are on the same page across the organization. It is important to note that this handbook is a dynamic, ever-changing document and we expect contributors to review this reference each time they begin a new manuscript. FPIN will bear the responsibility of updating the document and posting it on the website whenever there are changes. We encourage all of our contributors to contact us with any questions.

1.0 FPIN STEPS TO POLICY SETTING

Anyone in the FPIN community can propose an editorial policy for consideration. The Executive Leadership Team will review proposals for feasibility and importance, make determinations, and communicate one of the following decisions back to the submitter within 4 months:

- **Rejected with brief explanation:** Some policies cannot be approved because of our current infrastructure or funding.
- **Approved with standard language modification:** All approved policies will be modified slightly to match the consistency and language tone of FPIN's Editorial Handbook.
- **Revised and approved:** FPIN receives many good ideas for new policies, but we cannot always approve them "as is". Often times, the policy can be partially approved with significant modification to some of the details.
- **Pending decision after public comment period**: When recommended policies will have far-reaching effects and/or possible implications, the policy may be sent out for public comment to FPIN's Board of Directors, *EBP* Editorial Board, and/or Editor Team. Once the comments are reviewed, a final ruling will be made.

FPIN's Managing Editor will retain a written record of all proposed policies and their decisions. When a new policy has been developed or modified, the Annual Editorial Handbook will be updated, time-stamped, and posted on the FPIN website.

Once a policy is created or amended,

1. The Membership Manager will be responsible for communicating the changes to the FPIN member-base via the website and other mediums.
2. The Vice President of Publications will be responsible to communicating policies to FPIN's team of editors.
3. The Executive Director will be responsible for communicating the changes to the FPIN staff.
4. The FPIN's Managing Editor will be responsible for:
   - Adding or amending the policy in FPIN's Editorial Policy Handbook
   - Configuring necessary changes within the Editorial Management System and/or editorial workflow documents
   - Ensuring there is no conflicting information that exists within all FPIN materials

- The aforementioned implementation steps will be completed within 30 days of the policy's approval.

2.0 AUTHORSHIP POLICY

All FPIN authors need to fulfill the following requirements.

- **Membership.** All FPIN authors need to be employed by an active FPIN-member program. Corresponding Authors must be a part of the family medicine department and must be listed as a faculty member on the ACGME WebAds form. All faculty Corresponding Authors are required to submit manuscripts to the Local Editor on file with FPIN before submitting manuscripts in the EMS. A Local Editor is required for participation.
- **Contribution.** Authors need to fulfill the authorship criteria set forth by the International Committee of Medical Journal Editors (ICMJE).
- **Role.** All FPIN projects require faculty leadership and mentorship. Some projects require faculty to serve as Corresponding Authors, Local Editors, and co-author mentors.
- **Writing Project.** Authors need to fulfill the eligibility and experience requirements of the respective writing projects, and be approved to write. Authors can request this information from the Membership Department or from FPIN Project Managers.
- **Educational.** Authors need to complete any necessary modules through the FPIN Institute as well as thoroughly review the appropriate Member Resource (ie, HDA Author Handbook, GEMs table example, reading *Evidence-Based Practice*, etc.). Author teams and Local Editors are responsible for reviewing these materials for each manuscript as information is updated regularly to provide our members with the best service experience possible.

3.0 PEER REVIEW POLICY

Peer review is an essential part of the publication process at FPIN. We believe that the peer-review process is able to improve manuscripts submitted so we continue to publish the highest-quality work in our journal, *Evidence-Based Practice*.

All manuscripts submitted by FPIN authors are sent to at least one or more, external reviewers. FPIN manages a double-blind review process where names are not available to authors or reviewers.

Peer reviewers serve a dual-role of both providing the authors with constructive feedback on ways to improve their manuscript as well as make recommendations to editors on the paper regarding publication. We also rely on reviewers to report any instances of plagiarism within the manuscript to the editorial office. Reviewers are chosen based on their experience and expertise.

We ask reviewers to answer the following questions in order to provide editors with a clear impression of the manuscript:

- How important is this article for Primary Care Clinicians?
- Does the author clearly convey a takeaway/recommendation/answer based upon the data presented?
- Were reputable sources cited?
- Does the manuscript meet the most critical project specific format guidelines?
- Should this article be published?

Depending on the type of manuscript being reviewed, reviewers will be asked to answer additional questions related to it.

The following article types are peer-reviewed: Good Evidence Matters (GEMs) summaries, HelpDesk Answers (HDA) manuscripts, Diving for PURLs (DfP) summaries, Clinical Inquiries (CI) manuscripts, Quality Improvement (QI), Feature manuscripts, PURL manuscripts. Other contributed work such as Letter to the Editor or Editorials are not usually peer reviewed.

3.1 EDITOR'S ROLE IN PEER REVIEW

Editors play an integral role in the peer review process at FPIN. With a large peer review database at FPIN, editors will score each reviewer once reviews are complete. This ensures that the organization continues to engage qualified reviewers in its review process. Peer reviewers are welcome to inquire for their respective scores if interested. More importantly, editors are also responsible for sharing peer review comments to the author team. If necessary, editors can act as a referee in the process, especially when there is a difference of opinion between parties. Ultimately, editors have the final say in determining the direction a manuscript should take.

4.0 DUE DATE EXTENSION POLICY

To ensure that the publication process goes smoothly for all contributors, FPIN manages due dates rigorously. Corresponding Authors are responsible for submitting their manuscript by the assigned due date. Manuscripts that are not submitted by the assigned due date, and have not had an extension granted through the EMS will be rejected. Authors that miss their deadline (whether it be for your initial submission or a revision); will be given two complimentary reminders before it is rejected from the system. Once it is rejected, you will receive a notification email.

Each author team will be allowed ONE three-week "no questions asked" extension during the writing process. If an extension is needed the request must be submitted before the original due date.

Subsequent extensions are only granted with approval from the Executive Director.

Two important things to know about requesting due dates extensions:

1. If you request a due date extension, your manuscript will lose its place in the editor queue (essentially – your manuscript will be going to the back of the line). Therefore, the editorial process will be longer than normal.
2. If you are approved for more than one extension, it is likely that you will be asked to conduct a second literature search before your HDA is approved for publication to ensure that there is no new evidence.

Our ultimate goal is to support our members. Therefore, we will remain as flexible as possible so long as you stay in communication with us. If there is anything that we can do to help to provide you with better service, please do not hesitate to reach out to us by email: hda@fpin.org or phone 573-256-2066.

Note: FPIN is not responsible for the delivery of emails from our EMS system as some programs have security blocks types of communication from these types of systems. Therefore, we recommend that you regularly check the EMS for updates regarding your current HDA manuscripts.

5.0 QUESTION PROPOSAL POLICY – NEW in 2020

Programs that would like to propose their own HelpDesk Answer questions are required to review the [Developing Clinical Questions document](#) before submitting their questions for review. Once questions have been developed in PICO format, a maximum of **15 questions** can be submitted by the program's Local Editor. Questions will go through a multi-step review process, which will include a duplicate check through FPIN's medical librarian and an editorial review for journal readership appropriateness. Once those questions have completed the approval process, the Local Editor will be contacted to make a decision about which questions they would like to select for the academic year. **Programs will only be allowed to select the number of questions for which they have been approved**, in accordance to the [HelpDesk Answers editorial capacity policy](#). Local Editors will be given three weeks to accept the invitation to select questions. The remaining approved questions that are not selected will be posted as available HelpDesk Answers questions on the sign-up form for the rest of the FPIN community. FPIN no longer has the ability to save and bank questions for members.

6.0 EDITORIAL PLANNING & CAPACITY POLICY

6.1 Good Evidence Matters (GEMs)

5.1.1 GEMs Capacity Limits

A GEMs program can only author the same number of GEMs as its largest class size (ie, an 8x8x8 program can author a maximum of eight GEMs per year).

6.2 HelpDesk Answers

Approval to become an HelpDesk Answer Writing Site
FPIN ardently dedicates itself to quality improvement. Due to a variety of factors including, but not limited to the wide variability in the quality of submissions, inconsistent production, current editorial capacity, our commitment to improving production time and our desire to increase the rigor to meet MEDLINE standards in the future, FPIN programs will now need to be "approved" to write for the HelpDesk Answers project. This quality initiative is certain to benefit *all members* over time. Programs not approved yet, may contact membership@fpin.org to request eligibility requirements and steps for applying.

HelpDesk Answer Capacity Limits

All programs "approved" to write for the HelpDesk Answers project will have foundational capacity limits. The calculation will be standardized for all programs. It can be figured by taking the PGY2 class size (according to current ACGME accreditation status), dividing it by 3, and rounding up. (Example – If a program's size is 5/5/5, then they would have the ability to write 2 HelpDesk Answers). This number will allow every program to write HelpDesk Answers with one class of residents with their faculty in *triad* writing groups and meet ACGME requirements for both faculty and residents.

Programs may *apply* to increase their foundational capacity limits *each year*. FPIN will make every effort to accommodate our program's requests. However, the application criteria for increasing a program's foundational capacity limits will ultimately be based on the following criteria: historical Local Editor Involvement, MET review scores, ability to meet deadlines, current editorial capacity, residency program goals, etc. Programs that want to increase their foundational capacity limits can submit HDA SITE CAPACITY INCREASE APPROVAL FORM HERE. A response can be expected within 7-10 business days.

5.3 Clinical Inquiries (CIs)

Program Authorship Eligibility & Approval

Any FPIN member program that has faculty with experience writing Clinical Inquiries or at least two HelpDesk Answers, or writing for other peer reviewed, indexed publications *may* qualify to become a Clinical Inquiry site. Programs interested in growing and developing the Clinical Inquiries writing series amongst faculty and residents need to contact the CI Project Manager at ci@fpin.org to apply. Once FPIN determines that there are qualified faculty authors at the institution, programs will need to adhere to a 2-year CI site agreement in order to participate in the writing project. Programs are also expected to participate in routine calls as outlined in the agreement.

7.0 RIGOROUS SELECTION AND REJECTION POLICIES

7.1 Managing Editor Team (MET) Review – Reject & Resubmit Policy

All HDA manuscripts will undergo a MET review upon first submission. Manuscripts that do not meet the minimum requirements of the project based on the MET review scoresheet will be rejected. Authors are given one attempt to revise the manuscript and resubmit it for a second review. ***Manuscripts that fail to pass the second review will be permanently rejected and authors will lose possession of the question.***

7.2 HDA Deputy Editor Rejection Policy

The Deputy Editors of FPIN assist our member authors with creating high-quality manuscripts appropriate for publication. Members are responsible for reading, understanding, and following the HDA writing instructions. Authors are also responsible for rapidly incorporating feedback from the deputy editors in revisions of their manuscripts. Should a manuscript fail to improve rapidly during editing and revision, it may be rejected.

Rejection will occur when:

- The manuscript has been revised a minimum of 3 times (Note: This does not include any revisions during the initial MET review phase.)
- The authors have received consistent guidance on deficits from the deputy editor including:
    - Clear and concise editing requests on each version.
    - Requests to review the HDA Author Instructions webpage and the HDA Author Handbook.
    - Requests to read published HDAs to get familiar with writing style.
    - Communication with the faculty co-author, the program's local editor, and the HDA project manager requesting their assistance.
- AND, in the opinion of the deputy editor, the manuscript still does not meet our basic and well-published requirements and/or prior deputy editor advice has not been incorporated.

Deficits that trigger a rejection may include, but are not limited to:

1. Not extracting the evidence that is most pertinent for the question
    a. From a systematic review/meta-analysis – not extracting most pertinent studies and/or subgroup analyses with appropriate PICO descriptors
    b. From individual study – not extracting most pertinent subgroup analyses with appropriate PICO descriptors
2. Missing key patient/population descriptors
3. Missing key intervention and comparison descriptors
4. Outcome measures not defined accurately
5. Not discovering the required number or relevant studies to appropriately answer the question
6. Numerical results not summarized accurately
7. Evidence Based Answer incomplete, inaccurate, or does not match Evidence Summary
    a. does not include conclusions from all references
    b. conclusions are inaccurate based on Evidence Summary or editor review of references
    c. contains conclusions not supported by the Evidence Summary
8. Not addressing requests in margin comments
    a. Two or more comments not addressed through two versions
    b. Each version has two or more comments that were not addressed until requested second time

8.0 MEMBERSHIP CANCELLATION POLICY

FPIN member programs who do not intend to renew their membership but have active drafts in process will have one of two options for their work in progress:

a. Authors that have manuscripts already assigned to a Deputy Editor will have 4 months to complete their work. No due date extensions will be granted during this time period.
b. Authors that have manuscripts submitted but not yet assigned to a Deputy Editor will be assessed a fee for editorial services provided during the editorial review process. The amount will be determined by the Executive Director and FPIN's Membership Department.

9.0 PLAGIARISM POLICY

Plagiarism is unacceptable for any FPIN publication. If a sentence or paragraph is used from an existing publication, that sentence or paragraph should be placed in quotation marks and the original authors attributed. In accordance with the recommendation from the International Committee of Medical Journal Editors (ICMJE), FPIN initiates procedures detailed by the **Committee on Publication Ethics (COPE)**.

FPIN takes a proactive approach to preventing plagiarism by educating and encouraging our peer reviewers, MET Editors, Deputy Editors, and Editors-in-Chief to be on the lookout for plagiarism infractions. In addition, FPIN has joined other highly respected medical research organizations across the world who utilize the **iThenticate plagiarism software** to detect potential plagiarism.

If a plagiarism breach is suspected, FPIN will conduct a full investigation of discovery to determine the severity, cause, and details. A **formal inquiry** will be sent to the author team. The project's Editor-in-Chief and/or FPIN's Executive Editor will make the final determination if plagiarism exists or not and any action needed, which *may* include rejecting the manuscript and in some circumstances future FPIN work.

10.0 ERRATUM POLICY

An erratum is a correction of errors inadvertently made to the article or published manuscript. An erratum will usually be included in next published issue of the journal. Editors will work closely with authors to publish errata when important errors are found and will consider retractions if errors are crucial enough to invalidate the work. Authors and readers who notice an error in their work should contact the editorial office immediately to notify editors of the incident.

10.1 LETTERS TO THE EDITOR

We encourage the submission of Letters to the Editor to *Evidence-Based Practice* as a way to incorporate readership feedback, share real life experiences and call out any discrepancies as a reader sees fit. All Letters to the Editor will be reviewed by the journal editor-in-chief. Letters that are accepted will also be shared to the authors for an opportunity to solicit a respond.