



Author Instructions for Miami Medicine

Thank you for your interest in authoring an article for Miami Medicine, the research publication of the Dade County Medical Association (DCMA)! This is a great opportunity to share your work with the South Florida medical community. If you have questions, please contact Kristy Williford, Managing Editor, at kwilliford@miamimed.com or 904.599.2086.

The below guidelines must be followed in order for your article to be considered.

About Our Articles: *Miami Medicine* is published in two formats: print and online. While some articles will appear in their entirety in the print version, all articles will appear in full on the online version (with an abstract in the print version). In an effort to offer high-quality peer reviewed articles for our physician members, we expect articles to follow standard medical journal outline and structure. All articles should have appropriate citations from valid and reputable medical journals or resources. Review articles should generally contain summary and critical analysis of recent research in a given area. Case reports should include a thorough case presentation, discussion on the findings, and recommendations, when appropriate.

Manuscript Requirements for Miami Medicine: (skip to page 2 for Case Reports)

Title Section:

- Manuscript title
- Author names and affiliations/institutions
- Contact information for the Corresponding Author to include: name, mailing address, telephone number, and e-mail address
- Disclaimers, if applicable
- Source(s) of support in the form of grants, equipment, drugs, or all of these.

Your manuscript should generally include the following sections: *Abstract, Introduction, Methods, Results, Discussion*

Abstract: Provide the purpose and background for the study, basic procedures (observational and analytical methods), key findings, and principal conclusions.

Introduction: Provide context, purpose, and objectives for the study.

Methods: Include only information that was available at the time the plan or protocol for the study was being written; all information obtained during the study belongs in the Results section.

Results: Present your results, with key findings first. Utilize tables and figures to help present the information.

Discussion: Emphasize the new and important aspects of the study and respond to the objectives laid out in your Introduction. Summarize the conclusions that follow from your research.

IMPORTANT: We recommend you follow the ICMJE recommendations to ensure each section of your article includes the appropriate information: Uniform Requirements for Manuscripts Submitted for Biomedical Journals

Case Report Requirements for Miami Medicine:

Title Page:

- Manuscript title
- Author names and affiliations/institutions
- Contact information for the Corresponding Author to include: name, mailing address, telephone number, and e-mail address
- Disclaimers, if applicable
- Source(s) of support in the form of grants, equipment, drugs, or all of these.
- Before submitting to *Miami Medicine*, authors must obtain authorization from the study subject(s) to use the study information in the report

Abstract: (three brief paragraphs, plus keywords)

- Background- purpose for publishing
- Case Report- main details of the case
- Conclusion: principal conclusion the authors draw from the case report

Background: Describe the reason for publishing the case report.

Case Report: Include the details of the case such as (but not limited to) patient information, objectives, diagnosis, treatment, complications, related procedures, follow-up, etc.

Discussion: This section should be brief and concise. Explain the key findings, and implications, and take into account your case in relation to other similar cases/investigations noted in literature.

Conclusion: Wrap up your report with explanation of the key conclusion and its importance. Include recommendations, when appropriate.

IMPORTANT: We recommend you follow the AJCR recommendations to ensure your report includes the appropriate information: Case Reports Instructions for Authors

Article Guidelines

1. Maximum of 3,000 words including references and abstract
2. Correspondence information should be listed at the beginning of the article and should include author name, address, phone, and email
3. Article should be easily understood by physicians in all specialties
4. Patient names can NOT be included in article
5. Submit article electronically in a Word document format
6. No embedded graphics in article (submit separately as .JPG). Figures and tables should be noted within the body of the article as (Figure 1) or (Table 1) in the place where you would like to draw the reader's attention to the graphic.
7. Submit article and form to Managing Editor by specified deadline
8. Articles must be written in third person format

Guidelines for References

1. Average maximum of 30 references for research papers, average maximum of 10 references for case reports. *Exceptions can be made depending on the manuscript.*
2. All references must be in chronological order throughout the article
 - Once a reference is used once, the reference number may be repeated
3. **All references must be in the MEDLINE format**
 - Freedman SB, Adler M, Seshadri R, et al. Oral ondansetron for gastroenteritis in a pediatric emergency department. N Engl J Med. 2006 Apr 20;354(16):1698-705.
4. If there are more than three authors, use "et al" after the first three authors' names

Guidelines for Figures & Tables

1. Graphics MUST be high resolution (300 dpi or higher)
 - To check the dpi of an image, right click on the image file, select "Properties," then select "Details." The horizontal and vertical resolution of an image should be more than 300 dpi.
2. All graphics/images MUST be original, unless you have written permission from source to print
3. Save all images as .jpeg files
4. Do NOT submit photos of patients with identifying features
5. Submit all graphics/images and permission forms with your article to the Managing Editor

If you have further questions regarding style expectations, please reach out to the Managing Editor.

Documents to Complete, Sign, & Return to DCMA Managing Editor:

- Draft of your Article (peer reviewers may request some revisions)
- Copyright Permission Form - This form gives the DCMA permission to publish your article online.
- Permission to Publish Art Form (if applicable)
 - This form is for graphics/images that you would like included with your article. If you borrow a graphic/image from an outside source (other than yourself) you **MUST** have their written permission (attached form) for that graphic to be printed.
 - For graphics that are your own work, please indicate so on the form.
- Images in High-Resolution JPGs (if applicable)

If selected as a CME, you will also need:

- CME Application Worksheet
- Disclosure of Relevant Financial Relationships Form
- Curriculum Vitae or Biographical Sketch
- Post-Test (10 multiple choice questions) & Answer Key

Copyright Assignment/Permission to Publish/Conflict of Interest

Date: _____

Format: Miami Medicine

Manuscript Title: _____

1. In consideration of the Dade County Medical Association (DCMA) considering this manuscript for publication online, I (we), hereby attest that neither this work nor another of substantially similar content has been published or is currently being considered for publication in another journal or format.

2. I (we) hold no financial interests that are or could reasonably be construed as a conflict of interest, other than are disclosed below.

3. I (we) hereby assign copyright to and grant to the DCMA the right to produce, publish, and distribute the titled work above (including tables and illustrations).

AUTHOR _____ **DATE** _____

Financial Disclosures, if any: _____

AUTHOR _____ **DATE** _____

Financial Disclosures, if any: _____

AUTHOR _____ **DATE** _____

Financial Disclosures, if any: _____

AUTHOR _____ **DATE** _____

Financial Disclosures, if any: _____

CORRESPONDING AUTHOR NAME (PRINT):

DATE: _____ **SIGNATURE:** _____

Permission to Publish Art, Photographs, Illustrations or Tables

DATE:

FORMAT: Miami Medicine

MANUSCRIPT TITLE:

This form must be signed by the author(s) or by an authorized agent. In the case of a work commissioned/published by another person or organization, or produced as part of duties as an employee, an authorized representative of the commissioning person, organization, or employer must sign the bottom of this form.

I (we), have received permission and/or grant permission to reproduce the manuscript or publication named above: (List each Artwork, Photograph, Table or Illustration, followed by Name & Source that granted permission. If author created the artwork, indicate Author's Own Work.)

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3. _____

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AUTHOR _____ DATE _____

AUTHOR _____ DATE _____

AUTHOR _____ DATE _____

AUTHOR _____ DATE _____

I grant to the Dade County Medical Association the right to produce, publish, and distribute the artwork, photographs, illustrations and/or tables with the titled work above.

NAME: _____

TITLE: _____

DATE: _____ PUBLICATION/SOURCE: _____



**DADE COUNTY MEDICAL ASSOCIATION
JOINT PROVIDERSHIP
ACTIVITY DEVELOPMENT
WORKSHEET/APPLICATION**
Activity type: Course, Conference, Annual Meeting

Definitions of terms used in this worksheet are on page 5.

Our goal is to help you deliver CME that promotes a measureable change in physician competency and performance, with the ultimate goal of improving health outcomes.

APPLICANT ORGANIZATION NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ DATE OF ACTIVITY: _____

ANTICIPATED NUMBER OF CREDITS/HOURS TO BE PRESENTED: _____

TITLE OF ACTIVITY/PRESENTATION: _____

MEDIUM: **Medical Journal – *Miami Medicine***

ACTIVITY DIRECTOR*: _____ Email: _____

* The DCMA Committee on CME requires this person to be a physician. Phone: _____

WILL YOUR ORGANIZATION SEEK COMMERCIAL SUPPORT? Yes No

Whether or not your organization receives commercial support/educational grants from commercial interests such as pharmaceutical companies or medical device manufacturers, the DCMA is committed to ensuring:

1. CME activities will be planned and implemented independent of commercial interests.
2. All commercial support will be appropriately managed.
3. There will be a separation of promotional/sales activities from educational activities.
4. The activity will promote improvements or quality in healthcare and not proprietary interests.
5. Anyone in a position to control content will disclose relevant financial relationships or the absence of such relationships.
6. If potential conflicts of interest exist, DCMA CME Committee policy for resolution of such conflicts is to perform an in-depth review of the speaker's PowerPoint. All issues must be resolved before final approval is granted.

✓	SUPPORTING DOCUMENTATION DUE WITH THIS ACTIVITY DEVELOPMENT WORKSHEET	
	Activity Development Worksheet/Application	These materials must be received 60 days in advance of the activity.
	Disclosure Statement from all planners (anyone in control of the content)	
	Disclosure Statement from all speakers, faculty, authors, co-authors, or moderators	
	Final Version of Article	
N/A	Agenda/Schedule (must include DCMA, & FMA logo)	
N/A	Promotional piece (must include DCMA, & FMA logo, see template)	
	Sample Evaluation (must include DCMA & FMA logo, see template)	
N/A	Sample Certificate (must include DCMA & FMA logo, see template) for physicians and non-physicians	(Managing Editor will provide)
N/A	Written Agreement for Commercial Support from all companies providing educational grants (if commercial support received). This does not include exhibitors.	

All educational activities should attempt to address and potentially change some aspect of the learner’s knowledge, competence or performance, and result in improved patient care

1. Who is the primary target audience for this activity?

- All physicians
- Certain physician specialists; please specify: _____
- Other members of the healthcare team; please specify: _____
- Other professionals; please specify: _____

2. What is the target audience’s problem(s) in practice that will be addressed by this activity?

Think of this as a practice gap which might be defined as the difference between actual and ideal performance. Keep in mind this could be clinical, professional, administrative, or even communication related.

3. How do you know about these problems? What brought these problems to your attention?

<input type="checkbox"/>	Focus panels or Roundtables
<input type="checkbox"/>	Survey of targeted learners
<input type="checkbox"/>	Peer-reviewed literature
<input type="checkbox"/>	Interviews with experts or thought leaders in the area
<input type="checkbox"/>	Previous evaluation/outcomes measurement summaries
<input type="checkbox"/>	National guidelines or specialty society guidelines
REQUIRED: Attach survey results, meeting minutes, or other supportive documents.	

4. Why are you offering this activity

<input type="checkbox"/>	To reinforce knowledge and competence that the target audience already has or should have
<input type="checkbox"/>	To share new ideas, strategies and/or technologies with the target audience that will hopefully result in a change in practice
<input type="checkbox"/>	To convince members of the target audience to adopt a new approach that will potentially result in improved patient outcomes

5. **Objectives - Link the gaps/needs listed above to the content to be presented.**
 These should reflect what you intend the learners to be able to do after they complete your activity.

Objectives/Outcomes
1.
2.
3.
4.
5.
6.

6. **Content Verification**
 CME content must be developed within the context of "desirable physician attributes" or competencies. Indicate which of the following competencies your content will address.

<input type="checkbox"/>	Patient care - Provide care that is compassionate, appropriate, and effective treatment for health problems.
<input type="checkbox"/>	Medical knowledge - Demonstrate knowledge about established and evolving biomedical, clinical, and cognate sciences and apply this knowledge to patient care.
<input type="checkbox"/>	Practice-based learning and improvement - Investigate and evaluate patient care practices, appraise and assimilate scientific evidence, and improve practice.
<input type="checkbox"/>	Interpersonal and communication skills - Demonstrate skills that result in effective information exchange and teaming with patients and their families and with professional colleagues.
<input type="checkbox"/>	Professionalism - Demonstrate a commitment to carrying out professional responsibilities, adhering to ethical principles, and being sensitive to diverse patient populations.
<input type="checkbox"/>	System-based practice - Demonstrate an awareness of and responsibility to a larger context and system of health care. Be able to call on system resources to provide optimal care.

7. List each individual involved in planning this activity. Include everyone engaged in choosing topic(s), speaker(s), or content, including the Activity Director. Depending on their role in the activity, this may not include the Activity Coordinator if she/he is responsible for clerical/administrative tasks only. **Each person listed must complete a Disclosure Form.**

PLANNER LAST NAME	DISCLOSURE STATEMENT Y/N	Disclosure(s) relevant to the topic presented

8. List each speaker, presenter, abstract author, panelist and/or moderator who is an author for this activity. Each person listed must complete a Disclosure Form.

AUTHOR LAST NAME	DISCLOSURE STATEMENT Y/N	Disclosure(s) relevant to the topic presented
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

9. What formats are best to achieve the learning objectives?

- Lecture/didactic
- Panel Presentation
- Case Presentation
- Small Group Activities
- Q&A
- Other: Medical Journal

10. How will you determine the effectiveness of your CME activity? Evaluations are a simple method to determine whether the result you intended has actually been achieved.

- Evaluation form with questions related to anticipated changes in practice (minimum requirement/use DCMA template)
- Pre- and Post-Testing utilizing paper tests
- Pre- and Post-Testing utilizing audience response technology
- Assimilation of knowledge and/or clinical strategies via questions incorporated in presentation utilizing audience response technology
- Other: _____

11. **Will you share any tangible tools that support the achievement of intended results for this activity?**

These tools are sometimes called *non-educational strategies to enhance changes*. This could be any tool or strategy shared during the activity to encourage physicians to make desired changes in practice (e.g. standard order sets, reminder stickers for use on charts, patient handouts, posters for display, etc.).

- Yes (explain below) No

12. **Ten days after your activity, follow-up materials are due. What is this date:** _____ N/A

This includes:

- Sign in attendance and credits worksheet listing all participants and the amount of credit each person earned
- Evaluation Summary Report
- Budget Report
- Set of handouts as distributed on site, exactly what attendees received, but no giveaways like pens, hats, etc.

DEFINITION OF TERMS:

1. Activity Director: Physician charged with oversight of the educational activity.
2. Activity Coordinator: Primary contact with the DCMA and individual responsible for administrative tasks.
3. Planner: Anyone involved in choosing speaker, topic, or content, this includes the Activity Director; it may/may not include the Activity Coordinator depending on her/his role in planning the activity.
4. Commercial Support: Educational grants (monetary or in-kind) received from commercial interests such as pharmaceutical companies.
5. Commercial Interest: An entity that produces, markets, re-sells or distributes health care goods or services consumed by or used on patients. Commercial interests do not include government agencies or organizations which provide services directly to patients
6. Competence: Knowing how to do something, application of knowledge and skills
7. Conflict of Interest: A *potential* conflict of interest exists when a person has both control over the content of an activity (planner or faculty) and a financial relationship with a commercial interest which provides products or services which has a direct bearing on the subject matter of this CME activity.
8. Desired Results: What physician learners should be able to do after participating in this course.
9. Knowledge: Having the necessary information, skills or facts.
10. Mechanism to resolve Conflicts of Interest: The DCMA CME Committee policy to ensure that content is objective and free of commercial bias is to perform an in-depth review of the content to be presented. All speakers who disclose a relevant financial relationship with a commercial interest must provide a copy of their PowerPoint. A member of the DCMA CME Committee, specialist, or designee will review the slides with regard to objectivity and an absence of commercial bias for or against any company or product.
11. Problem/Professional Practice Gap: What physician learners need to know or know how to do, strategies that they are not using that should be incorporated into their practice, the difference between actual practice and ideal practice. What a learner is doing now as compared to what s/he would do if they had the requisite knowledge, skills and strategies.



dcma
 DADE COUNTY
 MEDICAL ASSOCIATION
 Miami, Florida 33125
 ESTABLISHED 1903

DISCLOSURE FORM

**DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS FOR
 ACTIVITY DIRECTOR, ACTIVITY COORDINATOR, PLANNERS,
 SPEAKER, MODERATOR, FACULTY, AUTHORS, & CO-AUTHORS**

CME activities are conducted in the public interest. Therefore, it is important to assure the public that education received by physicians is conducted with the highest integrity, scientific rigor, objectivity and absence of commercial bias. All faculty of DCMA-jointly provided activities are expected to disclose financial relationships with any commercial interest that produces, markets, re-sells, or distributes health care goods or services consumed by or used on patients, that *has a direct bearing on the subject matter of the CME activity* in which they are involved. The intent of this form is to inform faculty members of content validation requirements and to resolve potential conflicts of interest; assuring balance, independence, objectivity and scientific rigor in all CME activities.

NAME: _____

YOUR ROLE IN THIS CME ACTIVITY (SELECT ONE OF THE ABOVE): **Activity Director**

IF YOU ARE A CO-AUTHOR, NAME OF PRIMARY AUTHOR: _____ PLEASE PRINT

TITLE OF PRESENTATION: _____

HOST ORGANIZATION: _____ **ACTIVITY DATE:** _____

Do you or your spouse presently (within the past 12 months) have a financial relationship with a commercial interest which produces, markets, re-sells or distributes health care goods or services consumed by or used on patients which has a direct bearing on the subject matter of the CME activity?

Yes No

If you answered yes, list the company name below next to the best description of your relationship.

FINANCIAL RELATIONSHIP

COMMERCIAL INTEREST

Commercial interests do not include government agencies or organizations which provide services directly to patients

Grant/Research Support _____

Consultant _____

Speaker's Bureau _____

Major Stock Shareholder _____

Other Financial/Material Support _____

Please print – recommendations may be delayed if company names are illegible.

How often do you speak on behalf of the above company/companies for product specific education?

Never 1- 5 times/year > 5 times/year

How often do you receive honoraria for a CME presentation funded by the company/companies listed above?

Never 1- 5 times/year > 5 times/year

If applicable, please complete the attestations on the following page

ATTESTATIONS

Please indicate your understanding of and willingness to comply with each statement below. If you have any questions regarding your ability to comply, please contact the activity coordinator as soon as possible.

Agree	Disagree		
			I have disclosed all relevant financial relationships (relevant relationships are those with companies whose products or services may have a direct bearing on the subject matter). This information will be disclosed to learners on promotional materials distributed prior to the activity.
			The content and/or presentation of the information with which I am involved will promote quality or improvements in healthcare and will not promote a specific proprietary business interest of a commercial interest. Content for this activity, including any presentation of therapeutic options, will be well-balanced, evidence-based and unbiased.
			I have not and will not accept any honoraria, additional payments or reimbursements beyond that which has been agreed upon directly with the accredited provider or joint provider.
		Speakers Only	I understand that the DCMA may need to review my presentation and/or content prior to the activity; I will provide the PowerPoint slides and resources in advance as requested.
Agree	Disagree	N/A	
			If I am involved in a live event, I understand that a CME monitor may attend the event to ensure that my presentation is educational and not promotional in nature.
			If I am providing recommendations involving clinical medicine, they will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to, reported or used in CME in support of justification of a patient care recommendation will conform to the generally accepted standards of experimental design, data collection and analysis.
			If I am discussing specific health care products or services, I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available, not just trade names from any single company.
			If I am discussing any product use that is off label, I will disclose that the use or indication in question is not currently approved by the FDA for labeling or advertising.
			If I have been trained or utilized by a commercial entity or its agent as a speaker (e.g. speaker's bureau) for any commercial interest, the promotional aspects of this presentation will not be included in any way with this activity.
			If I am presenting research funded by a commercial company, the information presented will be based on generally accepted scientific principles and methods, and will not promote the commercial interest of the funding company.

I have carefully read and considered each item on this form, and have completed it to the best of my ability.

Print Name

Signature

Date

Please email or fax this form to the organization hosting the CME activity.