



Diagnosis – Information for Authors

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1. Scope and general policies of the Journal

Diagnosis globally welcomes all researchers and authors interested in how diagnosis determines the quality of medical care. *Diagnosis* focuses on how diagnosis can be advanced, how it is taught, and how and why it can fail, leading to diagnostic errors. Areas covered include: Factors that promote diagnostic quality and safety; Clinical reasoning and cognitive psychology of medical decision making; Diagnostic errors in medicine: what is known and what is unknown; The factors that contribute to diagnostic error: human factors, cognitive issues, and system related breakdowns; Improving the value of diagnosis – eliminating waste and unnecessary testing; How culture and removing blame promote awareness of diagnostic errors; Training and education related to clinical reasoning and diagnostic skills; Advances in laboratory testing and medical imaging that improve diagnostic capability; Local, national and international initiatives to reduce diagnostic error.

Diagnosis is issued quarterly, and it is published in print and electronically. Authors publishing in *Diagnosis* are not charged for publication. *Diagnosis* welcomes both fundamental and applied work, as well as reports of improvement initiatives, opinions and debates to encourage new thinking on improving this critical aspect of healthcare quality. The *Journal* publishes only English-language articles in the following categories:

- Research Reports – Reports of original research.
- Short Communications – Reports of early research results and pilot studies
- Reviews – Systematic, narrative, and focused reviews. Review articles are normally published by invitation, but suggestions to the Editors are welcome.
- Opinion Papers and Editorials
- Letters to the Editor
- Point/Counterpoint Papers
- Guidelines and Recommendations
- Innovations in diagnostic testing – Advances in laboratory testing or diagnostic imaging are appropriate subjects, or evaluations of recent innovations.
- Learning from Cases – Case Reports of diagnostic error are welcome and should include the facts of the case, a discussion focused on a root cause analysis, take-away points or action items resulting from the analysis, and whenever possible input from both the affected patients and their providers.
- Patient-Focused Articles – Papers in this category should be written in lay language on a topic of interest to the patient stakeholder community.
- Diagnosis in the News – Brief reports of news-worthy advances in diagnosis, or problems involving diagnostic error.

Peer review *Diagnosis* is a single-blind journal. Manuscripts are reviewed anonymously by at least two independent reviewers selected by the Editors.

Turnaround times *Diagnosis* aspires to notify authors about the review decision within 3-4 weeks from submission date. Revised manuscripts should be returned within 6 weeks. Accepted articles are published online within 4 weeks after acceptance.

Rejection Manuscripts dealing with subjects that have been well studied in the literature, or that do not resolve questions raised by previous studies, or manuscripts that are statistically underpowered, are likely to be rejected without peer review. Reporting of negative results must be justified by prior evidence that a positive result would be expected. Manuscripts are also returned to authors if they do not comply with the Information for Authors.

Unpublished material Submission of a manuscript to *Diagnosis* implies that the work described has not been published previously, except in the form of an abstract, academic thesis or lecture; that it is not under consideration for publication elsewhere; that publication of the work is approved by all authors and tacitly or explicitly by the responsible authorities where the work was carried out; and that, if accepted, it will not be published elsewhere, in English, German, or in any other language, without the written consent of the Publisher.

2. Ethical conduct of research

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If the manuscript does not contain any study that requires human or animal ethical approval, the following statement should be included in the Methods section: Ethical approval: The conducted research is not related to either human or animals use.

Conflict of interest and author contributions A conflict of interest for a given manuscript exists when a participant in the peer review and publication process – author, reviewer, and editor – has ties to activities that could inappropriately influence his or her judgment, regardless of whether judgment is, in fact, affected.

Financial relationships with industry (for example, employment, consultancies, stock ownership, honoraria, expert testimony), either directly or through immediate family, are usually considered the most important conflicts of interest. However, conflicts can occur for other reasons, such as financial support of the study, ties to health insurance, politics or other stakeholders, personal relationships, academic competition, and intellectual passion.

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Author contributions: All authors have accepted responsibility for the entire content of this manuscript and approved its submission.

Competing interests: Authors state no conflict of interest.

Informed consent: Informed consent was obtained from all individuals included in this study.

Ethical approval: Research involving human subjects complied with all relevant national regulations, institutional policies and is in accordance with the tenets of the Helsinki Declaration (as revised in 2013), and has been approved by the authors' Institutional Review Board (xxxx) or equivalent committee. (xxx-Nr.: xx/x).

OR Research involving animals complied with all relevant national regulations and institutional policies (xxxx) for the care and use of animals. (xxx-Nr.: xx/x).

OR The local Institutional Review Board deemed the study exempt from review.

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3. Submission of manuscripts

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4. Preparation of manuscripts

Language Manuscripts should be written in clear and concise English. Please have your text proofread by a native speaker or professional language service before you submit it for consideration. At proof stage, only minor changes other than corrections of printers' errors are allowed.

Cover letter Each manuscript should be accompanied by a cover letter containing a brief statement by the authors describing the novelty and importance of their research.

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- Ethical approval is obtained and mentioned in the text.
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General format and length of the types of articles accepted for submission. Word count: title page, abstract, tables, figures, references and supplemental material are excluded.

	Word count	Word count in abstract/ structured (S), unstructured (U)	Number of keywords	Number of Tables & Figures	Number of references	Article
Research Article	3500	250, S*	3-6	8	50	Structured into Introduction, Materials (Subjects) and methods, Results, Discussion
Review Article	6000	200, U/S **	3-6	8	150	Structured
Mini Review	3500	200, U/S **	3-6	4	40	Structured
Opinion Paper	3500	200, U/S **	3-6	2	40	Structured
Point & Counterpoint	1500	200, U	3-5	2	15	Structured or unstructured
Short Communication	1500	200, S*	3-5	2	15	Abstract & unstructured text; Materials & methods are described in the legends to Figures and Tables
Letter to the Editor & Reply	1200	n/a	3-5	2	10	Unstructured
Case Reports	4000	250, S***	3-6	6	50	Structured - See instructions below
Patient-Focused Articles	2000	200, U	3-6	3	20	Unstructured
Guidelines and Recommendations	3500	250, U	3-6	6	40	Structured
Diagnosis in the News	1000	n/a	n/a	2	5	Unstructured
Editorial	1500	n/a	n/a	1	10	Structured or unstructured

*Objectives, Methods, Results, Conclusions; ** Background, Content, Summary and Outlook; *** Objectives, Case presentation, Conclusions.

Case Reports. *Diagnosis* accepts submission for two types of case reports that are unique additions to the literature and will help improve the diagnostic process:

1 - “Learning from Tragedy” series: These are case reports of a diagnostic error or dilemma discussed from a multi-stakeholder perspective. These cases **must** include a scholarly commentary on the case from a diagnostic error perspective. They **should** also include comments from at least several of the parties involved, including but not limited to: The patient or family, members of the health care team, a subspecialist in the relevant specialty area, health care administrators, and a risk manager. Please see the [Julia Berg case report](#) as an example.

2 - “Lessons in Clinical Reasoning – Pitfalls, Myths, and Pearls” series: These are case reports in which a clinician discusses their diagnostic approach after clinical information is presented, focusing on a case in which a diagnostic error (or near miss = great catch) occurred. At the end of each case, comments on the diagnostic reasoning process should be provided. These cases should include lessons relevant to improving diagnosis, summarized as (all 3 elements are expected) one or more myths, pearls, and pitfalls. Please see the [prototype case report by Walker et al: “Lessons in clinical reasoning – pitfalls, myths, and pearls: a case of chest pain and shortness of breath”](#) as an example.

These “Lessons in Clinical Reasoning...” cases should also include a fishbone diagram that illustrates the different elements that could contribute to a diagnostic error. Several fishbone templates are available in a PowerPoint file on the [website](#) or from [Mark Graber](#) by request, and these should be customized as appropriate for your case. You are also welcome to develop your own fishbone diagram if you prefer, or if none of the templates are suitable.

Case reports that describe unusual, complex, or novel presentations of a disease are better suited for publication in a relevant subspecialty journal, unless they can be presented in one of the two preferred formats as described above.

INSTRUCTIONS FOR CASE REPORTS: The manuscript submission and editorial process for case reports are collaborative processes between authors and the editorial team. Submissions will generally go through multiple revisions prior to acceptance. Prior to preparing a manuscript, prospective authors must email a pre-submission inquiry to the Case Report Associate Editor, [Dr Andrew Olson](#). Authors will usually be paired with an expert correspondent from the journal editorial team who may become a co-author on the paper.

The inquiry should include a brief summary of the case as well as the diagnostic error or near miss that occurred. For a “Learning from Tragedy” submission, please provide a proposed list of stakeholders whose comments would be included. For a “Lessons in Clinical Reasoning—Pitfalls, Myths, and Pearls” submission, a proposed pitfall, myth, and pearl should be included, along with a draft of the diagnostic error fishbone.

If the inquiry is of interest to *Diagnosis*, the author will then be invited to submit a manuscript for formal review and further development by the Editors. However, initial interest does not guarantee later acceptance for publication.

Case reports may run up to 4000 words in length, include up to 4 figures or tables, and should include an unstructured abstract of less than 500 words. Accepted articles will be published and available online immediately, and will appear in print in the next available issue.

Studies dealing with diagnostic accuracy: Please refer to the 2015 Standards for Reporting of Diagnostic Accuracy checklist ([STARD](#)).

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References Adhere strictly to the reference style of the Journal (Vancouver; recommendations of the “International Committee of Medical Journals Editors”; see [Reference Style](#)). All references mentioned in the Reference list must be mentioned in the text, and vice versa. List and number the references consecutively in the order that they appear in the text, including Tables and Figures. In the text, identify references by Arabic

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Tables Number Tables consecutively using Arabic numerals. Provide a short descriptive title, column headings, and (if necessary) footnotes to make each Table self-explanatory. In the footnote, refer to information within the Table with superscript lowercase letters, and do not use special characters or numbers. Separate units with a comma and use parentheses or square brackets for additional measures (e.g., %, range, etc). Refer to Tables in the text as Table 1, etc. Use Table 1 (boldface), etc. in the title of the Table.

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Nomenclature Follow the rules of the IUPAC-IUB Commission on Biochemical Nomenclature, as indicated in [IUB Biochemical Nomenclature and Related Documents](#). Enzyme names should be in accordance with the recommendations of the [IUPAC-IUB Commission on Biochemical Nomenclature](#), 1978, as in Enzyme Nomenclature, published by Academic Press, New York, 1992. Genotypes should be given in italics, phenotypes should not be italicized. Indicate the gene symbol and gene name as approved by the [HUGO Gene Nomenclature Committee](#). Nomenclature of bacterial genetics should follow Demerec et al. Genetics 1966; 54:61–76 ([Demerec et al.](#)).

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Single reference	[1]
Series of references	[2, 8, 25]
Range of references	[5–12]
Citation order	Sequential
Issue numbers	Not allowed
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Reference type	Example
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1. Journal	1. Raustorp A, Mattsson E, Svensson K, Costa PT Jr. Physical activity, body composition and physical self-esteem: a 3-year follow-up study among adolescents in Sweden. <i>Scand J Med Sci Sports</i> 2006;16:258–66.
2. Journal with supplement	2. Sallis JF, Saelens BE. Assessment of physical activity by self-report: status, limitations, and future directions. <i>Res Q Exerc Sport</i> 2000;71(2 Suppl):S1–14.
3. Collaboration	3. WHO. The diagnosis and management of non-alcoholic fatty liver disease: practice guideline by the American Association for the Study of Liver Diseases, American College of Gastroenterology, and the American Gastroenterological Association. <i>Hepatology</i> 2012;55:2005–23.
4. et al. usage (more than 6 authors = 6 authors + et al.)	4. Kaye K, Day RD, Hair EC, Moore KA, Hadley AM, Teixeira PJ, et al. Parent marital quality and the parent-adolescent relationship: effects on sexual activity among adolescents and youth. <i>Marriage Fam Rev</i> 2009;45:270–88.
5. Epub ahead of print	5. Mason EB, Burkhart K, Lazebnik R. Adolescent stress management in a primary care clinic. <i>J Pediatr Health Care</i> 2018 Sep 3. DOI: 10.1016/j.pedhc.2018.08.001 [Epub ahead of print].
6. Journal – in press	6. Tappy L, Lara KA. Metabolic effects of fructose and the worldwide increase in obesity. <i>Physiol Rev</i> , in press.
7. Book/monograph	7. Shek DTL, Sun RCF, Merrick J. University and college students. Health and development issues for the leaders of tomorrow. New York: Nova Science; 2013.
8. Book with edition	8. Joannopoulos JD, Johnson SG, Winn JN, Meade RD. Photonic crystals: molding the flow of light, 2nd ed. Princeton, NJ: Princeton University Press; 2008:350 p.

9. Edited book	9. Shek DTL, Ma C, Yu L, Merrick J, editors. Human developmental research. Experience from research in Hong Kong. New York: Nova Science; 2014.
10. Edited book with chapter title and editors	10. Halpen-Felsher BL, Morrell HE. Preventing and reducing tobacco use. In: Berlan ED, Bravender T, editors. Adolescent medicine today: a guide to caring for the adolescent patient [Internet]. Singapore: World Scientific Publishing Co.; 2012.
11. Edited book series	11. Forghieri F, Tkach RW, Chraplyvy AR. Optical fiber telecommunications, Kaminov IP, Koch TL, editors. San Diego, CA: Academic; 1997, vol IIIA.
12. Proceedings/Conferences	12. Musaka K, Akasaka Y, Suzuki Y, Kamiya T. Novel network fiber to manage dispersion at 1.55 μm with combination of 1.3 μm zero dispersion single mode fiber. In: Proceedings of the symposium on robotics, mechatronics and animatronics in the creative and entertainment industries and arts. SSAISB 2005. University of Hertfordshire, Hatfield, UK; 2005.
13. Electronic publications (Available from)	13. IASO. Epidemiology of childhood overweight & obesity in India: a systematic review. International Association for the Study of Obesity ; 2012. Available from: http://www.iaso.org/iotf/obesity/obesitytheglobalepidemic
14. Electronic publications (Accessed)	14. IPAQ Group. Guidelines for data processing and analysis of the international physical activity questionnaire (IPAQ) – short and long forms [Online]. Available from: https://sites.google.com/site/theipaq/scoring-protocol [Accessed 4 Apr 2013].
15. Thesis/Dissertation	15. Cotruvo, J. Kinetic model for chlorophyll degradation [Ph.D. thesis]. Cambridge, MA: Massachusetts Institute of Technology; 1996.
16. Report	16. Rowe IL, Carson NE. Medical manpower in Victoria. East Bentleigh (AU): Monash University, Department of Community Practice; 1981. 35 p., Report No. 4.
17. Patent	17. Pagedas AC. Flexible endoscopic grasping and cutting device and positioning tool assembly. United States patent 20020103498, 2002.
18. Standards	18. Frequency response and bias, NERC Reliability Standard BAL-003-0.1b, May 2009 [Online]. Available from: http://www.nerc.com/files/BAL-003-0_1b.pdf