

General Information

The purpose of *Proceedings of UCLA Health* is to offer Health Sciences faculty in the UCLA School of Medicine an opportunity to describe, discuss and explore clinical issues in a context useful for medical education. Fulltime faculty are required to document creative contributions for advancement in the Health Sciences Professorial series and the *Proceedings* is an excellent vehicle for this purpose. Only original, unpublished materials from UCLA School of Medicine Faculty will be considered for publication. The Journal was started in 1997 and the 2017 volume represents our 21st year of publication. The printed journal was last published in 2003 and the journal has been entirely electronic for the past 12 years.

The website has moved to a new platform in 2016 which includes past submissions from 2009: <https://proceedings.med.ucla.edu/>

Instructions to authors, copyright transferral forms and photographic consent forms are accessible at the website. Formatted PDF files are available for each published article. The journal is not currently included in pub med nor is indexed by the National Library of Medicine. Although all submissions are reviewed by at least one editor, they are not routinely sent out for formal peer review and should not be listed as peer reviewed research. We have welcomed submissions from UCLA affiliated institutions and have associate editors. Azadeh Lankarani-Fard, MD is the associate editor for the Greater West Los Angeles VA Health System, Nasser Mikhail, MD for Olive View and Janine Vintch, MD serves as associate editor for Harbor/UCLA Medical Center. These associate editors serve as resources for their respective faculty and assist in the submission and review process.

Article Submission

Submissions should be made electronically (in Microsoft word format as an email attachment) to DOM Proceedings at DOMProceedings@mednet.ucla.edu . The submitting author will be considered the corresponding author unless otherwise indicated. Disclaimers and copyright release forms are available on the website for download, and should be completed and returned before the submissions can be reviewed.

Previous or Duplicate Publication and Duplicate Submission

When submitting your manuscript to the *Proceedings of UCLA Healthcare* provide full details on any possible previous or duplicate publication of any content of the paper in a cover letter to the Editor. Also attach a copy of any document that might be considered a previous publication. If at any time a paper that is under review by the *Proceedings* is also submitted to another journal, the author must inform the *Proceedings* Editor immediately. Previous publication of a small fraction of the content of a paper does not necessarily preclude its being published in the *Proceedings*. However, the Editors need information about previous publication when making publication decisions.

Copyrighted materials must have permission from the publisher to be included in the journal, including tables and charts.

Authorship

As most of the submissions are brief, authorship should generally be limited to one or two. Submissions with more than two authors should be cleared with the editor prior to the review process. For multi-authored papers (3 or more authors), the specific contributions of the author(s), as well as those listed in the acknowledgements (if applicable) should be indicated in the appropriate section of the Authors' Form (page 2).

Manuscript Format and Style

Full names and degrees of all authors should be listed on the manuscript. All parts of the manuscript should be double-spaced and pages should be numbered consecutively. Normal margins of 1-1.25 inches should be used, and text should not be formatted into columns. Manuscripts should be written so they can be understood by a sophisticated general medical readership. Authors are encouraged to follow the writing style as described in *Writing and Publishing in Medicine*, Third Edition, Edward J. Huth, MD. Copy editing is based on: Iverson C (chair) et al., American Medical Association Manual of Style 9th Edition, Baltimore, MD: Williams & Wilkins; 1998.

Format

The *Proceedings* currently receives the following types of submissions: Clinical Vignettes, Clinical Commentaries, Research Brief Clinical Updates, and Clinical Reviews.

See format descriptions below.

General information:

- 1) Express all measurements in SI and standard units where applicable.
- 2) Limit the use of abbreviations; non-standard abbreviations should be avoided in the text and tables whenever possible.
- 3) Do not use trade names, always use generic names or descriptions (generic names should not be capitalized).
- 4) Handouts can be included as an appendix following the references.
- 5) Respect patient confidentiality. Do not use names, initials, dates or other information that would identify the patient. Images should have all patient identifiers removed and Photographs of patients require written consent for publication. Photographic consent forms are available for download on the *Proceedings* website.

References

- 1) All concepts and supporting information must be supported by published articles from medical/scientific literature or other legitimate sources.
- 2) Data taken from the literature must be cited in a bibliography.
- 3) Number all references in the order that they are cited in the text. **Please do not use endnotes / footnotes** (Microsoft Word feature) as they can be problematic during editing.

- 4) Use the reference style of the National Library of Medicine (e.g. Dana DeLellis, M.D., and Eve Glazier, M.D. Metastatic Breast Cancer in a Node-Negative Patient. *Proceedings of UCLA*. 2016; Volume 20
- 5) Use of electronic citations (hyperlinks) is discouraged, unless the reference is ONLY available online.
- 6) Statements of common medical knowledge should not be referenced.

Tables

- 1) Should be limited.
- 2) Abbreviations may be used in tables, but must be explained in footnotes. However, it is recommended that abbreviations be avoided whenever possible.
- 3) Do not include a table if the information being described is part of the text; avoid duplicating information.

Figures and Clinical Images

- 1) Should be submitted in JPEG format.
- 2) Should be either 3" or 6" wide (to span one or two columns).
- 3) Should have all patient identifiers removed prior to submission.
- 4) Please limit the size of the images to 500 KB each.

Submitting a Manuscript

Submissions to the *Proceedings* should include the following:

- 1) a cover letter (see Previous or Duplicate Publication and Duplicate Submission)
- 2) the manuscript
- 3) permissions (if applicable – inclusion of previously copyrighted materials requires permission from the publisher)
- 4) The Authors Form completed and signed by all authors. Separate pages can be submitted.
- 5) Attestation (on Authors Form) that the Information to Authors has been read and followed by one or more authors.

Manuscript Processing

Acceptance or Rejection:

Manuscripts are read and edited by one or more of the editorial staff. If a manuscript is unsuitable for publication, the Editor will return it to the author for revisions.

Suggested Article Types

Clinical Vignette/Case Report: *suggested length: 800-1600 words*

The Clinical Vignette format offers contributing faculty the opportunity to review, discuss, and provide interesting details of noteworthy cases they have encountered in their practice. This format provides an opportunity for physicians to educate and update fellow physicians and other health professionals. Vignettes follow the tenets of traditional case based instructions. The case should be presented concisely, including

only the pertinent information. Specific identifiers -- patient, dates and location such as the UCLA Emergency Department -- should be avoided. The most effective Clinical Vignettes emphasize teaching points. In keeping with the educational intent of the journal, a Clinical Vignette should generally provide an emphasis on unappreciated aspects of common diseases/treatments rather than a discussion of rare cases. The articles can provide insights into current treatment and diagnosis standards for conditions that may be encountered and identified by the primary care practitioner.

Clinical Commentary: suggested length: 800-2400 words

A Clinical Commentary is a review of potentially controversial topics in clinical medicine from your perspective. It may cover issues related to the practice of medicine such as medical or patient education, insights from practice experience or resource utilization. Although similar to a Clinical Vignette in format, a commentary does not focus on a single patient or case.

Brief Clinical Update: suggested length: 1200-2400 words

A focused review of a specific aspect of a current treatment or diagnosis that highlights recent advances. Tables are helpful in outlining or comparing information.

Clinical Review: suggested length: 1600-3200 words

Similar to a review article in a general medical journal. A Clinical Review should provide a comprehensive review, examination and synthesis of the literature on a pertinent clinical topic. We generally suggest this format for more experienced authors.

Research: Suggested length 1200 – 3200 words. Must include IRB approval statement in *Methods* section.

Please contact the Editor for any questions or concerns:

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