



**Florida Chapter of the  
American Academy of Pediatrics**  
INCORPORATED IN FLORIDA

**Author Instructions – The *Florida Pediatrician*  
Florida Chapter of the American Academy of Pediatrics**

We are delighted that you are considering submitting your manuscript to the *Florida Pediatrician*, the peer-reviewed journal of the Florida Chapter of the American Academy of Pediatrics (FCAAP).

The edition of the journal in which accepted manuscripts will be published as well as the publication date of each edition are at the sole discretion of the FCAAP Editorial Board.

The *Florida Pediatrician* emphasizes manuscript submissions from pediatricians, pediatric subspecialists as experts in their fields, pediatric researchers (clinical and/or bench), family medicine practitioners who provide pediatric care, PhDs involved in pediatric disciplines, pediatric PharmDs, pediatric nurses including APRNs, physician assistants providing pediatric care, pediatric quality improvement specialists and researchers, medical-legal professionals on pediatric issues, and additional pediatric professionals as the discretion of the editor. The *Florida Pediatrician* gives special emphasis and encouragement to medical students and pediatric professionals in training to submit manuscripts, including fellows, residents and pediatric trainees in all the disciplines described above. The *Florida Pediatrician* wishes to provide an important platform for pediatric trainees to showcase their work through manuscript submission with guidance and co-authorship of supervising mentors.

**Manuscript Criteria**

Manuscript contributions to the *Florida Pediatrician* are to be up-to-date articles of important, novel, and impactful interest to pediatric clinicians particularly in the State of Florida. They should impart relevant knowledge that will provide guidance to the practitioner for children under their care. The editorial board members solicit most *Florida Pediatrician* articles. However, unsolicited article submissions are encouraged.

Authors must carefully follow the *Florida Pediatrician* included in **Instructions to Authors**.

**Careful proofreading of the manuscript prior to submission** is a must. Not doing so may lower the chance of manuscript acceptance independent of manuscript content. Failure to follow the instructions, poor grammar, and/or careless writing are seen as a potential indicator of overall manuscript quality and may result in return of the submission to the author(s) or article rejection. We encourage authors to use the editor function of Microsoft Word® to check for spellings and grammar.

Manuscripts are screened for **plagiarism** via most up-to-date available software. Detection of plagiarism will be considered a breach of publication ethics on the part of the author(s) and harm the chance for article acceptance and future submissions. Authors are strongly encouraged to scan their manuscript(s) for plagiarism prior to submission, utilizing one of the commonly available plagiarism detection software such as CrossRef<sup>®</sup>, iThenticate<sup>®</sup>, etc.

### Journal Style

- 1) All aspects of the manuscript style for the *Florida Pediatrician* must be consistent with the most current **AMA Manual of Style** (<http://www.amamanualofstyle.com>). A quick reference for the Manual of Style published by Wiley is available. (<https://authorservices.wiley.com/asset/Wiley-AMA-Style-Manual.pdf>).
- 2) Submissions that do not meet professional standards in the areas of spelling, punctuation, and formatting will be returned for correction. Significant errors may result in rejection of the manuscript.
- 3) **Authors' names** should be listed in their entirety and include degrees held and institutional and professional affiliations signified by corresponding superscript numbering after their names in the author line of the title page and the corresponding affiliations listed below. (See **Title Page section** of the Instructions). Also, please include if any of the author is a fellow, resident, medical student or student.
- 4) **Corresponding Author:** A corresponding author must be identified on the cover page and should include corresponding authors address, telephone number and email address. All communication will occur with the corresponding author. Corresponding author is responsible for the content, plagiarism check and obtaining any necessary permissions.
- 5) **Conventional measurement units** should be used according to SI conversion tables as outlined by the [AMA Manual of Style, 10<sup>th</sup> edition](#).

### Manuscript Format

- 1) Manuscript submissions must be in **Microsoft Word document format**. All other formats will be rejected. Use Times New Roman font, size 11. Adhere to line spacing requirements for specific article types as covered in the later section in these instructions titled, "Article Types."
- 2) Include page numbers in new submissions.
- 3) All manuscripts must have a **Title Page** (see Title Page below).
- 4) **Tables** must be in Microsoft Word and separately placed at the end of the body of the manuscript and reference section following a "page break" and must be inserted in numerical order as they are referred to in the body of the manuscript.
  - a. Table must include a title and a legend. The title must be in the following example format:
    - i. Table 1: Table Title as Succinct Clause or Phrase, Capitalize Each Major Word

- ii. Table body
  - iii. Legend
  - iv. Footnotes, abbreviations where applicable
  - v. Appropriate references and/or attributions where applicable
  - vi. Table line may be single or double spaced depending on formatting needed. The editor or associate editor may change such spacing based on publication needs.
- b. **Tables from a third parties** must be clearly identified as such. Copyright permissions **MUST** be supplied to the *Florida Pediatrician*. Permission forms must be submitted separately from the manuscript to the *Florida Pediatrician* Editor or to [publications@fcaap.org](mailto:publications@fcaap.org). Manuscript submissions with copyrighted material without said permissions will be returned to the author(s). Florida Pediatrician does not obtain copyright permissions on authors' behalf. It is the sole responsibility of the Corresponding Author.
- c. Save all **modified tables** (adapted from another source) as .doc files. All modified tables **must** be referenced as to source in the table footnote. Directly copied tables from publications require copyright permissions that must be obtained by the author(s) ahead of manuscript submission.
- d. **Footnotes** are only allowed in tables and figures. Footnotes cannot appear in the manuscript body. Submissions with inappropriate footnoting will be returned to the author(s) for revision and resubmission.
- e. **Abbreviations** in tables should be avoided. If used, they must be defined in the footnote section of the table below the legend. As an important **exception**, abbreviations defined in the manuscript body may be used in the table and need not be defined in the table footnote area.
- 5) **Figures** must be submitted separately from the manuscript.
- a. All **graphics/images** must be original or in public domain without copyright, unless authors have written permission(s) from copyright source(s) to print in the *Florida Pediatrician*. Permission must be obtained by the author(s) ahead of manuscript submission. Public domain images **must** include source information, preferably specific website address(es). This information is for *Florida Pediatrician* internal use only and will not be in the final print of manuscripts selected for publication.
  - b. Images containing print material must be clearly legible. Those difficult to read will be returned to the author(s).
  - c. Ensure that the *Florida Pediatrician* **Permission to Publish Form** is filled out and signed by the corresponding author for **each** graphic/image with copyright.

- d. **Images of patients** must be unidentifiable, including “black box” overlay on subject eyes when applicable. All identifiable information on original **patient diagnostic images** (X-rays, scans, etc.) must be removed or blacked out.
- e. **Formatting requirements for Figures** are the same as that for **Tables**, regarding the title, body, legend, footnotes, abbreviations, referencing, and attributions.
- f. Figures must meet **technical requirements for reproduction** in the *Florida Pediatrician* publication (see below).

### Technical Requirements for Figures

Failure to follow the technical requirements for Figures, including charts, illustrations, photographs, and drawings will result in return of the manuscript to the author(s) for correction and resubmission.

1. **Figures** must not be embedded in the manuscript Word file They cannot be embedded in the body of the manuscript.
  - a. File resolution of 300 DPI or greater; 600 pixels minimum is required.
  - b. Submit **charts** and **illustrations** in PDF format.
  - c. TIFF files are preferred for **photographs**, but JPG and PNG are acceptable for original photographs. All *edited* photographs must be in TIFF format. Photos may be submitted in color or in black and white.
  - d. JPG format is unacceptable for **charts** and **drawings**.

### Required Elements for Manuscript Submissions

#### Title Page

The “Title Page” is the first page for all submitted your manuscripts. More than one page is permissible for the “Title Page.” The following elements are required for title page(s) formatting.

1. **Article Title.** Maximum of 90 characters [including spaces].
  - a) Abbreviations are not permissible in manuscript titles except in special circumstances that must be approved by the editor or associate editor.
  - b) Drug, device, therapy trade names are not allowed in the manuscript title. Only generic names and terms are allowed.
  - c) Save the manuscript submitted document as the *identical title name.doc*
  - d) Provide a short running title of no more than 4 words
2. **Author listing.** Full names of authors, including degrees, and institutional/professional affiliations. Affiliated institutions are listed separately under the author list, designated by superscript alpha numeric number(s) after the author name and superscript alpha numeric number preceding the institution affiliation(s). The ordering of authors is at the discretion of the manuscript authors. Include no more than 2 affiliations per author.

3. In a separate statement, please indicate authors by name who are trainees (resident/fellow/other) or who are students (undergraduate/graduate/medical/nursing/other). The *Florida Pediatrician* Editorial Board uses this information when considering grouping articles in the publication in special trainee sections to maximize the learner's exposure in the journal editions.
4. **Corresponding Author.** Name and contact information (name, address, telephone, and e-mail).
5. **Author Disclosure Statement** for all authors that includes all relevant financial relationships to the work as presented in the manuscript and whether or not a conflict may occur. Conflicts will not affect acceptance of the manuscript, but failure to disclose will potentially result in manuscript rejection or call for published manuscript retraction. If there are no conflicts to be reported, then the statement "Authors report no conflicts of interest."

### **Body of Manuscript**

Refer to the "Article Types" section for specific guidelines on preparing a manuscript in each category. Note that the requirements regarding abstracts for different categories of article.

### **References**

- 1) Reference limits are listed for each *Florida Pediatrician* article type (See **Article Type** section below). Reference numbers greater than the limits can be considered at the discretion of the primary reviewer, Editor, and Associate Editor.
- 2) Reference all direct quote content appropriately, enclosed in quotation marks. Large paragraph-sized direct quotes should be indented in their entirety as in the following example.
  - a. Example:

The issues regarding large paragraph quotations can be confusing and were described in detail by Muszynski and colleagues in 2021.

A large paragraph which is a direct quote of what was written or said by others must be indented and followed at the end by appropriate superscript reference citation(s). These quotes are more than one sentence and when intended in this fashion obviates the need for quotation marks. Other single sentence or sentence fragment direct quotes should be embedded in the body of the manuscript beginning and ending with quotation marks followed by the appropriate superscript reference number(s).<sup>2</sup>
- 3) Reference formatting is according to the [AMA Manual of Style](#).
- 4) References must be sequentially numbered as cited in the manuscript and listed in that order at the end of the article under a section titled "**References.**"

- 5) Arabic **superscript numerals** are used for all references in the manuscript and must be positioned **outside of periods, question markers, or exclamation marks at the end of sentences**. However, Arabic superscript reference numerals must be placed **inside of colons, semicolons or commas within a sentence**. Do not cite reference numbers using parentheses. Improper referencing formats will be returned to the author(s) for correction.
- 6) **Cite multiple references** for statements within the manuscript text or in figures and tables using commas without spaces to separate the superscript reference numbers.
  - a. Example: The research data in these two studies were inconclusive.<sup>4,5</sup>
- 7) Avoid placing superscript reference numbers after numeric text or % signs.
  - a. Incorrect Example: The findings indicated that 14<sup>7</sup> patients had side effects from the drug and...
  - b. Correct Example: The findings indicated that 14 patients<sup>7</sup> had side effects from the drug, and...  
*OR* The findings indicated that 14 patients had side effects from the drug<sup>7</sup>, and...
- 8) In the reference section of the manuscript, use authors' surnames, followed by author initials and a comma. **Do not use periods between initials**. Do not use "and" before the last author of the citation. A period must be placed at the end of the author list.
  - a. Correct Example: Rathore MH, Horne J, Muszynski MJ.
- 9) In cases of multiple authors in a cited reference, name all unless there are more than 6 authors. For more than 6 authors in a reference, name the first 3 authors with *et al.* after the third author's name. A period should be placed after *et al.*
- 10) It is not necessary to provide Pub Med numbers or doi information at the end of references.
- 11) Use **standard abbreviations** for all journal names and **italicize** the *journal name*.
- 12) All web-based/internet link references must include the **access date** at the end of the reference, i.e. Accessed November 16, 2021.
- 13) Note the formats required for appearance, ordering, punctuation and number spacing style for publication year, volume, issue and page numbers for journal references. Please assure that all such references are in this format. A significant number of deviations in the format may result in return of the manuscript to the author(s) for corrections.

### **Sample References**

- 1) Iverson C, Christiansen S, Flanagan A, et al. *AMA Manual of Style*. 10th ed. New York, NY: Oxford University Press; 2007.
- 2) Lundberg GD. SI unit implementation: the next step. *JAMA*. 1988;260:73-76.

- 3) Système International conversion factors for frequently used laboratory components. *JAMA*. 1991;266:45-47.
- 4) Thompson LA, Wegman M, Muller K, et al. The Health IMPACTS for Florida Network. Improving adolescent health risk assessment: A multi-method pilot study. *Matern Child Health J*. 2016;20 (12):2483-2493.
- 5) Perneger TV, Giner F, del Rio M, Mino A. Randomized trial of heroin maintenance programme for adults who fail in conventional drug treatments. *BMJ* [serial online]. 1998;317:20-24. Available at: <http://www.bmj.com/cgi/content/full/317/7150/13>. Accessed March 4, 2003.
  - a. Note: the above citation example is with pages; some online journals do not have page numbers, thus, use same format as in the above example, but do not include pages; e.g., *BMJ* [serial online]. 1998;317. Available at:
- 6) Additional format examples for other references types (book chapters, various media, other internet sites, preprint articles, etc.) can be found in the AMA Manual of Style. (<https://authorservices.wiley.com/asset/Wiley-AMA-Style-Manual.pdf>)

### Additional Author Instructions

1. Word limits for article types. All limits **exclude** acknowledgements, references and abstract.
  - a. Original Research—5,000-word limit
  - b. Review Articles are limited to 5,000 words
  - c. Quality Improvement (QI) articles are capped at 1,500 words
  - d. Department Update are capped at 1,500 words.
  - e. Case Reports are capped at 1,500 words. However, a 2,500-word limit applies to a Case Series.
  - f. Nurse Notes are capped at 1,500 words.
2. Manuscripts should be easily understood by all physicians, in all specialties.
3. Do **not** “double -space” after periods and other sentence ending punctuation. Single space only.
4. Do **not** “tab indent” paragraphs. Do not create paragraph indents with multiple spaces. Basically, **no paragraph indents**.
5. Do **not** use special characters for spaces, ellipses (...). Use a standard space, 3 typed periods, etc.
6. Patient names or initials **cannot** be included in any article.
7. Remove all tracked changes from final version.

8. Submit the article electronically in a .doc (MS Word® document) format. Use the title of the manuscript as the title of the .doc submission. You may shorten the .doc file title, but do not summarize or condense the actual title.
  - a. Example. The manuscript title “The Health IMPACTS for Florida Network. Improving adolescent health risk assessment” can be shortened to “The Health IMPACTS for Florida Network” for the .doc file title.
9. Fill out and sign the **Copyright Assignment/Permission to Publish/Conflict of Interest** and **Permission to Publish Art** forms.
10. Submit article and permission forms to [publications@fcaap.org](mailto:publications@fcaap.org) by specified deadlines.
11. Ensure that the **Permission to Publish Art** form is filled out and signed for each graphic/image.
12. Submit all graphics/images and permission forms with your article to the Editor or to [publications@fcaap.org](mailto:publications@fcaap.org).

### **Florida Pediatrician Article Types**

#### **Review Articles**

1. Maximum of 5,000 words excluding acknowledgments, references and Abstract

#### **2. Review Article Format**

- a. Review Articles provide a scholarly synopsis of the state-of-the art understanding of an important and/or timely clinical topic and/or question(s).
- b. Reviews are generally advised to limit the review to developments reported in the research literature of the previous 5 years. However, interesting and/or important historical references are allowed
- c. Unstructured Abstract
  - i. Single paragraph with 250-word limit.
  - ii. It is suggested that the abstract be a “grabber” review that entices the reader to further examine the article.
- d. Article Body
  - i. An Introduction or Background section is advised to begin the article.
  - ii. Article section may have titles at the discretion of the author(s). The should pertain to the subjects to subsequently discussed.
  - iii. A Conclusion section is encouraged but not required. Conclusions may also be structures as the final paragraph of the Review Article.
- e. Acknowledgments (*optional*)
- f. References
  - i. Limit of 25 references



## **Original Research**

1. Maximum of 5,000 words excluding acknowledgments, references and Abstract.
2. ≤5 tables and/or figures
3. All original Research involving human subjects must have IRB approval, and attestation of that approval must appear in a specific statement at the end of the Title Page.
4. **Original Research Manuscript Format**
  - a. Structured abstract
    - i. Maximum 250 words
    - ii. Structured as 4 titled paragraphs
      1. Objectives/Background
      2. Methods
      3. Results
      4. Conclusions
  - b. Article Body
    - i. Introduction
      1. Include background that generated study question(s) and the study hypothesis
    - ii. Methods
      1. State inclusion and exclusion criteria
      2. Methods chosen for data collection and analysis including statistical method(s)
      3. All human subjects research requires official approval or exemption from the institutional review board (IRB) of proper jurisdiction, and a detailed statement of that approval, including the IRB name, must be included as the last statement of this section.
    - iii. Results
      1. Organized reporting of results collected per the methods with obvious relationships(s) to the study aims, questions, and hypothesis. The ordering of results must follow the same related ordering in the methods section.
    - iv. Discussion
      1. This section includes a review of the recent literature related to the study topic(s), question(s) and aims, followed by an analysis of how the current study adds to or changes understanding(s) of the problem addressed by the study. An ending section stating the strengths and limitations of the current study should be included.

- v. Conclusion
  - 1. A brief paragraph highlighting the most salient aspects of the study with conclusion(s) on how the results may implicate or impact current understandings and/or management of disease or clinical process. Speculation as to the current studies impact or potential impact on future research direction(s) is highly encouraged.
- vi. Acknowledgments (*optional*)
- vii. References
  - 1. Limit of 50 references

### **Case Reports and Case Series**

1. **Case Reports** and **Case Series** must be high quality and concise with a significant impact factor. Impact factor is increase by the following attributes of the manuscript submission: novel in reporting an entity or association not previously reported that defines potential new concepts or approaches; generates a new hypothesis or hypotheses for future study; concerning a rare disorder in a fashion that adds understanding regarding that disorder; high educational value, especially if addressing Florida pediatric generalist. Cases of novel or unusual findings or presentations by themselves are discouraged and may not be accepted for publication.
2. **Definition of case reports** is a maximum of 3 subjects in the report. **Case Series** articles present >3 cases with related medical aspects. (See Section 2.a.vi below).
  - a. A medical case report is not human subjects research if it fulfills **all** of the following:
    - i. It is a description of medical observations or an interesting medical condition, innovative treatment, disease presentation, disease progression or outcome, **and it**
    - ii. Reports on three or fewer patients, **and it**
    - iii. Reports on patients treated by the clinician preparing the case report, **and it**
    - iv. It is a description of observations which is not a systematic investigation designed to advance generalizable knowledge, **and it**
    - v. It is a retrospective report with no data analysis or testing of a hypothesis.
    - vi. **Note:** Manuscripts containing cases of >3 subjects are considered a **Case Series** and requires Institution Review Board approval (IRB) or official, written IRB exemption. Such case series are often

declared exempt by IRBs depending on the rules of the individual IRB. In such cases the action of the IRB of jurisdiction must be stated at the end of the Title Page.

- vii. The *Florida Pediatrician* does not require a statement of IRB review of Case Reports unless the institution IRB or IRB of jurisdiction of the author(s) has such a requirement.
  - viii. The *Florida Pediatrician* **does** require IRB review of a Case Series as defined above.
  - ix. Authors should consult with their designated institutional IRB to confirm their local IRB obligations.
3. Maximum of 1,500 words for Case Reports. **Special exception** of 2,500 words for Case Series.

#### 4. Case Report and Case Series Format

- a. Unstructured Abstract
  - i. 250-word limit
  - ii. Single paragraph format
- b. Background
  - i. Brief (1-2 paragraphs suggested) stating the salient issues addressed by the report and past knowledge concerning the subject at hand.
- c. Primary Objective
  - 1. Single sentence concisely describing the objective of the report.
- d. Subject Presentation
  - 1. Details regarding the presentation, diagnostic considerations, initial working diagnosis, eventual diagnosis, and outcome
  - 2. Format should be in prose style with proper paragraphing. Subheadings can be used, but only when salient and should be kept to a minimum.
- e. Discussion
  - 1. Must include a concise review of the literature relevant to the case, and define what impact the Case Report will have on the understanding about the condition, such as clinical recognition, diagnostic approach(es), and/or treatment(s), and/or if the Case Report suggests new research questions that can be further pursued. An overall conclusion sentence is recommended.
- f. Acknowledgements (*optional*)

g. References

1. Limit of 30 references for Case Reports and 40 references for Case Series

**Quality Improvement (QI) Articles and Reports**

1. Maximum of 1,500 words, not including acknowledgements, references and abstract.
2. The *Florida Pediatrician* generally follows the SQUIRE 2.0 guidelines outline for QI article/report content (<http://www.squire-statement.org/guidelines>).
3. IRB approval for QI reports and articles is usually not required. However, some institutions require submission of QI proposals to their IRB. Authors should consult with their designated institutional IRB to confirm their local IRB obligations. If IRB review was required, then include an IRB review statement on the title page of the manuscript.

**4. QI article Format**

a. Structured abstract

- viii. Maximum 250 words
- ix. Structured as 4 short titled paragraphs
  1. Objectives/Background
  2. Methods
  3. Results
  4. Conclusions

b. Introduction

Address statement of the problem, background (including what is known), rationale, and project aims.

c. Methods

QI design, Including Intervention(s), analysis, and measurements used.

d. Results

Data collected and their analysis, statistical analyses recommended.

e. Discussion

Brief summary, interpretation of project results, project strengths and limitations, conclusions and project implications, and recommendations if applicable.

c. Acknowledgments (*optional*)

d. References

- i. Limit of 25 references

## **Department Update**

Department Updates are solicited by the editor in consultation with the Editorial Board. However, prospective Department Update authors may contact the Editor or Associate Editor with suggested article submissions. Department Updates are intended to showcase developments at a pediatric medical institution, such as pediatric residency programs, pediatric fellowship programs, university hospital systems, university-affiliated systems, non-affiliates systems, governmental entities, pediatric PharmD programs, among others. The Update should cover material and reports that would be of broad interest to Florida pediatric clinicians. Coverage of special or important department achievements and advancements are encouraged.

### **1. Department Update format**

- a. No Abstract
- b. Introduction labelled as such
- c. Article Body
  - i. Labels/Titles of paragraphs or paragraph grouping are at the discretion of the author(s)/ changes may be suggested or required by the editorial board reviewers.
- d. Conclusions/Summary/Impact Section
- e. Acknowledgements (*Optional*)
- f. References (*If Applicable*)
  - i. 15 References Limit

## **Nurse Notes**

1. Nursing colleagues are highly encouraged to submit manuscripts in any of the above described article types adhering to the instructions.
2. Nurse Notes manuscript submissions may also be commentary articles in the same fashion as a Department Report and may discuss important nursing issues, challenges, controversies, or advancement(s) related to the care of children.

*Revised March 2022*