Guidelines for authors

The Canadian Journal of Dental Hygiene (CJDH) provides a forum for the dissemination of dental hygiene research to enrich the body of knowledge within the profession. Further, the intent is to increase interest in, and awareness of, research within the dental hygiene community.

The Canadian Journal of Dental Hygiene is a peer-reviewed journal. It invites manuscripts relevant to dental hygiene practice and policy, including theory development and research related to education, health promotion, and clinical practice. Manuscripts should deal with current issues, make a significant contribution to the body of knowledge of dental hygiene, and advance the scientific basis of practice. Manuscripts may be submitted in English or French. All accepted submissions will be edited for consistency, style, grammar, redundancies, verbosity, and to facilitate overall organization of the manuscript.

Criteria for submission:

A manuscript submitted to the CJDH for consideration should be an original work of author(s), and should not have been submitted or published elsewhere in any written or electronic form. It should not be currently under review by another body. This does not include abstracts prepared and presented in conjunction with a scientific meeting and subsequently published in the proceedings.

Pre-submission enquiries and submissions to:

scientificeditor@cdha.ca

CJDH welcomes your original submissions on:

1. Professionalism: manuscripts dealing with issues such as ethics, social responsibility, legal issues, entrepreneurship, business aspects, continuing competence, quality assurance, and other topics within the general parameters of professional practice.
2. Health promotion: manuscripts dealing with public policy and a variety of elements integral to building the capacity of individuals, groups and society at large. Based on the key elements described in the Ottawa Charter, this may include health public policy, creating supportive learning environments, developing abilities, strengthening community action, and reorienting oral health services.
3. Education: manuscripts related to teaching and learning at an individual, group and community level. It includes education related to clients, other professionals, as well as entry to practice programs.
5. Community practice: manuscripts dealing with oral health programs including topics related to program assessment, planning, implementation, and evaluation.
6. Oral health sciences: manuscripts dealing with knowledge related to the sciences that underpin dental hygiene practice.
7. Theory: manuscripts dealing with dental hygiene concepts or processes.

Categories of manuscripts accepted for submission:

1. Studies/Research paper – no longer than 6000 words, and a maximum of 150 references. Abstract within 300 words.
2. Systematic review – between 3000 and 4000 words, abstract in 250 words and references as necessary.
3. Literature review – no longer than 4000 words and as many references as required. Abstract within 250 words.
4. Position paper – no longer than 4000 words and a maximum of 100 references. Abstract within 250 words. This category includes position papers developed by CDHA.
5. Case report – between 1000 and 1200 words, and a maximum of 25 references, and 3 authors. Abstract of 100 words.
6. Editorial – by invitation only, and may be between 1000 and 1500 words, using as many references as required. No Abstract.
7. Letter to editor is limited to 500 words, a maximum of 5 references, and 3 authors. No Abstract.

Peer Review: All papers undergo initial screening for suitability by the Scientific Editor with assistance from the Editorial Board. Suitable papers are then peer reviewed by two or more referees. This also applies to position papers generated by CDHA, given that they involve an analysis of literature. Additional specialist advice may be sought for peer review if necessary, for example from a statistician.

Revision: When a manuscript is returned to the corresponding author for revision, the revised version should be submitted within 6 weeks of the author’s receipt of the referee reports. The author(s) should address the revisions asked in the cover letter, either accepting the revisions or providing a rebuttal. If a revised manuscript is returned thereafter, it will generally be considered as a new submission. Additional time for revision can be granted upon request, at the Publishing Editor’s discretion.

Appeal for re-review may be addressed to the Scientific Editor by e-mail (journal@cdha.ca) who will take it forward to the CDHA Research Advisory Committee. The committee members may decide to seek a further review or reject the submission. There are no opportunities for a second appeal.

Submission checklist:

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<th>Check</th>
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<td>1</td>
<td>Used standardized fonts such as Arial, New Times Roman, Verdana in 10–12 points.</td>
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<td>Double spaced text in body of manuscript.</td>
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<td>3</td>
<td>Manuscript has standard margins of 1 inch (2.5 cm) at the top, bottom, left and right.</td>
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<td>4</td>
<td>Pages are numbered consecutively, starting with title page.</td>
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<td>5</td>
<td>Cover letter accompanies manuscript with your declaration of originality, any conflict of interests, and your contact information.</td>
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<td>6</td>
<td>Placed figures, tables, graphs, photos at the end of the manuscript.</td>
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<td>7</td>
<td>Provided signed permissions for any text or pictures of client/patient.</td>
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<td>8</td>
<td>Are all previously published illustrations appropriately credited? Have you checked their publisher’s website for restricted use or permissions?</td>
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<td>Included corresponding author’s contact information in the title page.</td>
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<td>10</td>
<td>Included all the authors’ academic titles, and their current affiliation(s).</td>
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<td>Cover letter contains names and contact information of 2 possible and willing reviewers for your submission.</td>
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<td>13</td>
<td>Used only the Vancouver style of referencing in the manuscript: <a href="http://www.nlm.nih.gov/bsd/uniform_requirements.html">www.nlm.nih.gov/bsd/uniform_requirements.html</a></td>
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**Guidelines for authors_November 2012**

**Manuscript components:**

1. **Title page:** The title must provide a clear description of the content of the submission in 12 words. It should be followed by each author’s name (first name, middle initial and last name) with respective degrees and any institutional affiliation(s). Corresponding author’s name, address, and e-mail. All authors should have participated sufficiently in the work to be accountable for its contents.

2. **Abstract:** Typical formats are outlined below.
   - Study and Research paper: Background (including study question, problem being addressed and why); Methods (how the study was performed); Results (the primary statistical data); Discussion, and Conclusion (what the authors have derived from these results).
   - Literature Review: Objective (including subject or procedure reviewed); Method (strategy for review including databases selected); Results and Discussion (findings from and analysis of the literature), and Conclusion (what the authors have derived from the analysis).
   - Position paper: Same format as Literature Review.
   - Case Report: Introduction (to general condition or program); Description of case (case data) Discussion (of case grounded in literature), and Conclusion.

3. **Key words:** Provide 6–10 key words or short phrases from the text for indexing purposes. Terms from the Medical Subject Headings (MeSH) list of *Index Medicus* are preferred. www.ncbi.nlm.nih.gov/mesh

4. **Text**
   - Studies and Research papers consist of original work arising from the exploration of research questions. Presentation of the study will vary based on the type of research being presented. Introduction: a concise background and rationale for the study. It should include the purpose of the study and its relevance to practice and the profession. A brief review of key themes from current literature is included to provide the reader a context from which to understand the research question. Methods: a clear description of the methodology including materials (stating manufacturer’s name and location; city/state/province/country) if applicable. The study design must be clear and appropriate for the question addressed. Ethics approval: All studies involving human or animal subjects should include an explicit statement in the methods section identifying the review and ethics committee approval, if applicable. Editors reserve the right to reject papers if there is doubt as to whether the study was conducted in accordance with the Tri-Council Policy Statement for Ethical Conduct for Research or the Declaration of Helsinki. Results: a logical sequence as befits the methods used. Tabular data should include relevant test statistics based on the statistical tests used. Discussion: an interpretation of work in light of the previously published work in the area. It should highlight the contribution of the study to dental hygiene practice as well as its limitations. Conclusions: drawn from the body of original work within the context of the literature in the area being studied. Areas of future research to support the further development of knowledge in the area may be highlighted.

b. **Systematic reviews (SR)** identify, investigate, and critically answer a focused question or questions reviewing the latest published evidence. Such evidence based reviews synthesizing information will address the questions raised how such information and resolution contribute to a new perspective of the reader’s understanding and practice in the education, policy framing or delivery of optimal oral healthcare. The SR is structured with objective(s); statement of the problem; background, methods for conducting the SR; results; discussion; conclusion (see #11 – writing a systematic review).

c. **Literature Reviews** provide a synthesis of published work in a particular area. They should be organized in a logical manner. Tables, illustrations, and photographs are encouraged. Objective: a concise background and rationale for the inquiry. It should include the purpose of the inquiry and its relevance to practice and the profession. Method: a clear description of search strategies used including the databases accessed and the key words used in searches. Inclusion and exclusion criteria are also documented if applicable. Results and Discussion: findings from the literature reviewed, its comparison and contrast, and an account for possible differences within the findings. Conclusion: implications of the inquiry for practice and the profession. Conclusion must be supported by the literature analyzed.

d. **Position papers:** the organization supporting the position should be highlighted. Open structure with subheadings according to the relevance of the topic discussed.

e. **Case Reports** are designed to shed light on decision-making within the context of practice problems. The case being profiled should differ to some degree from what is considered a common practice problem. For example, it could involve a unique perspective or challenging diagnostic or treatment focus. It could also relate to a unique program or intervention, and its outcomes. Authors must provide signed client consent for both identifying text and any images, along with manuscript at the time of submission, without which the submission will not be considered. Introduction: If a clinical case, the presenting problem plus a very brief overview of the disease or condition. If a community, population, health or education-based case, the background of the problem or issue that was studied should be described. How does the case benefit the reader? Case Description: should provide demographics of the client(s) or population being studied with intervention(s), clinical or otherwise. If a team is involved in managing the client(s) or situation, the role of each health-care professional in the team should be outlined. Results of actions or interventions should follow. Discussion: results or findings of the case with reference to the literature. What would typically be expected in this or similar situations? Conclusion(s): implications of the study for clinical practice, community care or educational practice. Conclusion must be supported by the case(s) presented.

f. **Letters to the Editor:** discussion or balanced opinions on current issues in the dental hygiene profession or with a focus on articles in the previous editions of the journal in a 6-month period. The Publishing Editor reserves the right to edit letters for clarity, but the letters will not undergo the peer review process.

g. **Short Communication:** Brief article on a topic of significant and relevant interest to the Dental Hygiene community. It should be no longer than 2000 words. It needs to include title, abstract (maximum 150 words) and description sections. The guidelines for a literature review or study should be followed in all other respects. It will be sent for peer review.

5. **Acknowledgements:** Acknowledge any assistance or support given by individuals, organizations, institutions, or companies. Those identified here must have provided informed consent for you to cite their names as this may imply endorsement of the data and/or the conclusions.

6. **Conflict of interest:** Authors must declare, in the interests of transparency, whether they have any competing interests in their submission, such as research funding for the study.

7. **Artwork** includes any illustrations, figures, photos, graphs, and any other graphics that clearly support and enhance the text in their original file formats (source files).
   - Acceptable file formats include .eps, .pdf, .tif, .jpg, .ai, .cdr in high resolution, suited for print reproduction:
i. minimum of 300 dpi for grayscale or colour halftones,  
ii. 600 dpi for line art, and  
iii. 1000 dpi minimum for bitmap (b/w) artwork.

- All colour artwork submitted in CMYK (not RGB) colour mode.
- Should be numbered sequentially and cited in the text.
- The author(s) must provide proof of signed consent from the source for previously produced artwork and acknowledge the source in the caption.
- The editorial office reserves the right to reschedule publication of an accepted manuscript should there be delays to obtaining artwork with questionable print quality.

8. Data or Tables may be submitted in Excel or Word formats. These tables or data may also be included at the end of the Word document.

9. Abbreviations and Units: must conform to the Système Internationale d’Unités (SI). SI symbols and symbols of chemical elements may be used without definition in the body of the paper. Abbreviations should be defined in brackets after their first mention in the text, not in a list of abbreviations.

10. Supplementary information: Any supplementary information supplied should be in its final format because it is not subedited and will appear online exactly as originally submitted.

Supplementary information is peer reviewed material directly relevant to the conclusions of an article that cannot be included in the printed version owing to space or format constraints. It is posted on the journal’s web site and linked to the article when the article is published and may consist of additional text, figures, video or extensive tables. Sources of supplementary information should be acknowledged in the text, and permission for using them be sent to the editorial office at the time of submission.

Samples:

- Journal articles
- Books and other monographs
- Other publications
- Unpublished material
- Electronic material

Editors as authors

No author

Chapter in book

Conference paper

Scientific or technical report

Personal communication
These should be cited in parentheses in the body of the text. The author should obtain permission from the source to cite the communication.

11. Useful resources for the author
- Good reporting of research studies
  www.equator-network.org/index.aspx
- Uniform requirements for manuscripts submitted to biomedical journals
  www.icmje.org/
- Scientific writing
  www.biomedcentral.com/1472-6947/5/15
- Writing a systematic review
  i. www.medicine.ox.ac.uk/bandolier/painres/download/whats/Systreview.pdf
  ii. www.prisma-statement.org/
- Writing a case report
  www.stfm.org/fullpdf/march00/fd2.pdf

12. Referencing Style and Citations

The reference style is based on Vancouver style, the preferred choice in medical journals. References should be numbered consecutively in the order in which they are first mentioned in the text. Use the previously assigned number for subsequent references to a previously named citation (i.e., no “op cit” or “ibid”). Use superscript arabic numerals to identify the reference within the text (e.g.,1,2 or 3–6). The Reference section lists these in numerical order as they appear in the text. www.nlm.nih.gov/bsd/uniform_requirements.html

Other publications
Newspaper article

Audiovisual

Unpublished material

Electronic material
Monograph on Internet

Journal on Internet

Homepage/web site