



# S·A·R·R·A·H

Services for Australian  
Rural and Remote Allied Health

## **SARRAH Conference Scientific Stream Paper Submission Guidelines**

### **Introduction**

'Refereed papers' (or academic/scientific papers) are those whose authors have asked for them to be refereed. They must undergo a referee process before their place can be confirmed on the program. Academic papers will be clearly identified as such on the Conference Program to assist their authors to obtain academic points for them.

### **Please note – pathway to publication**

Academic papers submitted for the referee process for inclusion in the SARRAH Conference program will be peer reviewed at a Conference level. This is *not* the same as being reviewed for publication in the Australian Journal of Rural Health (AJRH) or any other journal. Mentorship and support for authors of the academic/scientific stream to publish in the Journal will be provided following the conference.

Should you choose not to submit to the Journal, or another Journal of your choice, your paper will be published on the SARRAH website as part of the conference proceedings as a scientific paper.

### **Referee process**

Where authors have asked for their papers to be refereed, their full papers will be subject to review by two independent referees with expertise in the content area. The review process will be 'blind': that is, details of the author(s) and their affiliation will not be revealed to the referees. This review process has been designed to ensure that the academic papers will be eligible for inclusion in the Department of Innovation, Industry, Science and Research (DIISR) Higher Education Research Data Collection (HERDC).

Authors of refereed papers will be required to make suggested changes prior to final acceptance of their paper.

### **Content**

The paper should be original (ie not published or offered for publication elsewhere). The paper should develop the topics and/or methods outlined in the abstract.

Authors are encouraged to include at least one policy recommendation as part of their paper. For instance, this might draw out the implications of the work for practical changes to allied health services on the ground. Authors are encouraged to return a completed pro forma for recommendations (see Attachment A) with their final paper.

## Types of Papers that may be submitted

### Original Research Papers

These should report original research relevant to rural health in a way that is accessible to readers of a general journal. They should follow the IMRAD style (introduction, methods, results and discussion) and should have a structured abstract. We know that people don't read long papers unless they're very interested in the subject. So please try to make your paper concise and make every word count. Think hard about what really needs to be in the paper to get your message across and what can be left out. We ask for papers that are no longer than 2000 words, with a maximum of six tables or illustrations and 24 references (up to 50 for systematic reviews). Papers that are over the word limit will not be accepted because they will overwhelm (or, perhaps, bore) editors, reviewers and readers. The secret of readability is short words, short sentences, short paragraphs and white space.

Original research papers should:

- be **clearly expressed**, using correct grammar and spelling;
- show evidence of a **literature** search, including up-to-date materials, and should reference the material, preferably using the Vancouver system of Referencing (see Attachment B);
- be **analytical** rather than only descriptive (eg of a program undertaken, a service developed etc);
- refer to the **theoretical context** or **contextual framework** in which the study was undertaken, and report on the work in the context of that framework;
- show that the **evidence** related to the issue discussed has been considered;
- present a **coherent discussion** of a topic that does not fracture into a number of issues thus clouding the intent of the paper; and
- demonstrate an emphasis on, and/or a relevance to, current health issues in **rural and remote** Australia.

These Papers May Be Recordable For DEST Higher Education Research Data Collection (HERDC)

### Quality improvement reports

The AJRH seeks to publish interesting and important descriptive reports on how people try to change and improve health services. Such reports do not contain original science and do not fit easily into the standard IMRAD format for research papers. The reports are structured like this:

- Brief description of context: relevant details of staff and function of department, team, unit, patient group
- Outline of problem: what were you trying to accomplish?
- Key measures for improvement: what would constitute improvement in the view of patients?
- Process of gathering information: methods used to assess problems
- Analysis and interpretation: how did this information help your understanding of the problem?
- Strategy for change: what actual changes were made, how were they implemented, and who was involved in the change process?
- Effects of change: did this lead to improvement for patients – how did you know?
- Next steps: what have you learnt/achieved and how will you take this forward?

Quality improvement reports should not exceed 1500 words and 24 references. They should have structured abstracts with these headings – problem, design, setting, key measures for improvement, strategies for change, effects of change, lessons learnt.

## **Paper format**

Please **do not** include any author details. **This is extremely important** as the papers will be subject to 'blind' review.

Preferably, the paper should be supplied in a Word document, using a standard 12 point font with single line spacing.

Lists should be set as bullets, unless there is a particular reason for them to be numbered. Full stops are not generally used for abbreviations (instead use: eg ie Mr Dr etc). Use **bold** (not underlining) if you need to emphasise words.

## **Paper submission**

Papers for review and for final submission can be uploaded through the Presentation Portal on the SARRAH conference website.

**Author recommendations pro forma**

Authors are asked to provide at least one recommendation as part of their paper presentation.

An effective recommendation will:

- include a clear articulation of the required action;
- identify the person or agency from whom the action is sought;
- make realistic allowance for costs and timelines; and
- lead to improved rural and remote health outcomes.

**Author's name:** \_\_\_\_\_

**Recommendation 1:**

Who should be responsible for action on your recommendation? eg State government(s), professional association(s), consumers, SARRAH, Australian Government:

\_\_\_\_\_

Text of proposed recommendation:

**Recommendation 2:**

Who should be responsible for action on your recommendation? eg State government(s), professional association(s), consumers, SARRAH, Australian Government:

\_\_\_\_\_

Text of proposed recommendation:

**Additional recommendations if you wish:**

## The Vancouver system of referencing

The Vancouver system of referencing is used in some scientific (particularly) medical literature. References are shown with in-text numbering using superscript Arabic numerals, as shown here which relate to references listed at the end of the document.

In the text, each reference is numbered in the order of appearance. This numeral becomes the unique identifier of the source to which it refers; if the source is referred to again, the identifying numeral is repeated.

More than one identifier can be used at a single reference point to indicate multiple sources: commas (also set as superscript characters) are used to separate the identifiers and there is no space between the comma and the number following it, as shown here.<sup>1,5</sup>

The identifiers should be placed before all punctuation marks except full stops and, whenever possible, immediately after a direct quotation.

In the reference list, the references are numbered according to their identifier in the text and are listed in numeric order. The names of all authors should be included when there are six or less; when there are seven or more, list the first three followed by et al.

Depending on its type, references should be listed in the following form.

### *Journal article*

1. Alderman CP, Cosh DG, Peters PG Thompson CJ. Development of a pilot course in applied pharmacology for nurses working in rural settings. *Australian Journal of Rural Health* 1994; 2: 3-6.

### *Book*

2. Jones KP. *Rural Health and Welfare in Australia*, 3rd edn. Brisbane: Mosby Williams, 1994.

### *Chapter in a book*

3. Ried F. Mobility and safer handling. In: McMahon CA, Harding J, eds. *Knowledge to Care: A Handbook for Care Assistants*. Oxford: Blackwell Science, 1994; 53-69.

### *CD-ROM*

4. Anderson SC, Poulsen KB. *Anderson's electronic atlas of hematology* [CD-ROM]. Philadelphia: Lippincott Williams & Wilkins, 2002.

### *Journal article on the Internet*

5. Smith DM. Barriers facing junior doctors in rural practice. *Rural and Remote Health* 2005; 5: 348. [Cited 22 Aug 2008]. Available from URL: <http://www.rrh.org.au/articles/showarticlenew.asp?ArticleID=348>