

British Journal of Occupational Therapy:

Author's Guide

Introduction

The *British Journal of Occupational Therapy (BJOT)* is the official journal of the College of Occupational Therapists. Its purpose is to publish articles relevant to theory, practice, research, education and management in occupational therapy internationally.

Vision: A monthly peer-reviewed journal presenting international research and practice related articles that contribute to the knowledge and evidence base of occupational therapy and encourage scholarly discussion and debate.

Online submission of articles

The submission of articles is online, through Manuscript Central, available at: <http://mc.manuscriptcentral.com/bjot>

Quick guide to categories of submission

Category	Abstract No abbreviations or references	Word count*	References See also page 4
Research	200 words Introduction, method, results/findings, conclusion	2,000-5,000	35 maximum
Critical reviews	200 words Introduction, method, results/findings, conclusion	5,000 maximum	20 maximum excluding the number included in the review
Practice analysis	100 words	2,000 maximum	20 maximum
Opinion piece	100 words	1,500 maximum	15 maximum
Editorial	None	500 maximum	3; if more references are included, the word count must be reduced
Letters to the editor	None	500 maximum	5 maximum

*Main text only, not including abstract, references, tables, figures and appendices.

Categories of submission

1. Research

Research papers are given publishing priority. Quantitative, qualitative and mixed method studies are all eligible for submission.

Authors reporting randomised controlled trials are advised to refer to the CONSORT guidelines (<http://www.consort-statement.org/>).

Manuscript format

The format of the manuscript will vary depending on the focus and methodology but, where appropriate, must include the following:

Abstract (200 words): A succinct, structured summary of the study using the headings: introduction, method, results/findings and conclusion. The abstract should not contain abbreviations or references.

Introduction: A brief rationale for the study and an outline of the primary aims, hypotheses or questions.

Literature review: A critical appraisal of current relevant literature identifying limitations in knowledge and a rationale for the study.

Method: Justification of method(s) of data collection and analysis, described to allow replication of the study, with coherence between methodology, data collection and analysis. Issues concerning validity, reliability, trustworthiness, credibility and ethics must be addressed.

Results/findings: The results must be presented in a way that is accessible to readers and clearly linked to the aim(s) of the research and methods employed.

Discussion and implications: The implications of the study for occupational therapy must be outlined and the contribution of the study to the current state of knowledge stated. Limitations must be addressed and further areas of work outlined.

Conclusion: A clear summary of the main points of the paper.
Maximum number of references: 35.

Key messages will be printed in highlighted boxes within the article:

- (i) *Key findings* – a summary statement of two or three key findings. These should not exceed 30 words in total (that is, 10-15 words each).
- (ii) *What the study has added* – a statement of how the study has contributed to the relevant field. This should not exceed 30 words in total.

Manuscripts may be submitted as 2,000-5,000-word articles. Shorter articles are encouraged for studies that report small-scale projects, exploratory studies or preliminary findings.

2. Critical reviews

Critical reviews, including systematic reviews, will address practice, conceptual, theoretical, methodological or ethical issues relevant to occupational therapy. They will:

- (a) Describe and summarise the literature within a particular area

- (b) Synthesise and evaluate this literature, based on a critical appraisal of the quality of the work described
- (c) Distil the most important elements to propose theory or make recommendations for action.

Authors reporting critical reviews are advised to refer to the PRISMA flow diagram, <http://www.prisma-statement.org/statement.htm>

Manuscript format

Abstract (200 words): A succinct, structured summary of the study using the headings: introduction, method, results/findings and conclusion. The abstract should not contain abbreviations or references.

Introduction: An explanation of the area or topic, the rationale for conducting the review and the relevance for occupational therapy.

Method: The approach taken to search the literature, the databases searched, the search parameters and key terms used, the inclusion and exclusion criteria used to identify key articles, and the criteria used to critically appraise the articles and how key information was extracted.

Results/findings: Presentation of the main evidence and a summary of its quality.

Discussion and implications: An outline of the implications of the review for occupational therapy; highlight the methodological limitations of the review, identify any gaps in the literature and make recommendations.

Conclusion: A clear summary of the main points of the paper.

Maximum number of references: 20, excluding the number of articles included in the review.

Key messages will be printed in highlighted boxes within the article:

- (i) **Key findings** – a summary statement of two or three key findings. These should not exceed 30 words in total (that is, 10-15 words each).
- (ii) **What the study has added** – a statement of how the study has contributed to the relevant field. This should not exceed 30 words in total.

The maximum word count for a critical review is 5,000 words.

3. Practice analysis

A practice analysis should present a brief critical analysis of an instance of occupational therapy practice. This might include the consideration of work with a client, patient, family or group; it might focus on a particular assessment, treatment method, educational approach or novel practice.

Collaborative work with clients, patients or other professionals is welcome.

Where relevant, authors will be required to provide signed consent for publication from the participants using the *BJOT* consent form (available on Manuscript Central).

Although formal ethical approval may not be required, authors must explain how ethical principles were adhered to.

Manuscript format

Abstract (100 words): A succinct summary of the context,

critical reflection on the instance of practice and implications for practice.

Statement of context: An outline of the context of the practice.

Critical reflection on practice: This will describe what took place and will include a critical reflection on either (i) how the practice was informed by relevant policy, occupational therapy theory and/or research, or (ii) how the practice contributes to understanding of relevant policy and occupational therapy.

Summary: A short summary, which highlights issues for future consideration.

Maximum number of references: 20.

Key messages: A summary statement of two or three key messages. This should not exceed 30 words in total.

The maximum word count for a practice analysis is 2,000 words.

4. Opinion pieces

These provide authors with the opportunity to express an informed opinion concerning any aspect of occupational therapy. The opinions are not necessarily those of the Editorial Board of *BJOT*. These submissions are designed to encourage topical debate and an exchange of ideas. Contributors may discuss specific aspects of occupational therapy or debate the impact on the profession of the current political or financial climate. Irrespective of the topic discussed, opinions should be supported by evidence or theory, but they are not expected to be a critical review of the literature.

Opinion pieces should include an abstract (100 words). They should be structured and incorporate headings.

Maximum number of references: 15.

The maximum word count for an opinion piece is 1,500 words.

5. Editorials

These raise issues of importance to the profession. Editorials should not exceed 500 words. Editorials including more than three references must be shorter to fit the journal page.

6. Letters to the editor

These offer comment on previous articles in the journal or on any related topic. Letters should not exceed 500 words. They should be submitted by email to the editor. The editor reserves the right to shorten letters or reduce the number of references cited.

Maximum number of references: 5.

7. Obituaries

Obituaries of distinguished colleagues who have made a significant contribution to occupational therapy practice, research, education or management will be published. All other obituaries should be submitted to *OTnews* at editorial@cot.co.uk

Multiple-part articles

Authors are discouraged from submitting multiple-part articles.

Title

The title should be on a separate page and exclude information that would reveal the identity of the author(s). The title should be concise, but informative and understandable to non-specialist readers because the title can often attract or deter readers. The word count should be given below the title.

Word counts

The *word counts* given for the different categories apply to the main text only; the abstract, references, tables, figures and appendices are not included. The *word count* should be given below the title. Tables, figures and appendices should be at the end of the article. *Abstracts* are obligatory; their maximum word counts are shown.

Key words

Please provide 2-6 key words that reflect the key elements of the article, using Medical Subject Headings (MeSH) indexed headings at <http://www.nlm.nih.gov/mesh/> or Cumulative Index of Nursing and Allied Health Literature (CINAHL) indexed headings <http://www.ebscohost.com/cinahl/default.php?id=8>. Key words are used to search for relevant articles through databases, Google Scholar and other web-based search engines. Words included in the title will be searched automatically; therefore, it is redundant to repeat these words. Key words should be clear, succinct, descriptive and separated by semi-colons and a space.

Ethics and consent

Ethics

Research manuscripts must state how ethical and/or research governance approval was obtained and state the reference number, where appropriate. Where ethical approval was not required, the authors should state why not (for example, audit, service evaluation or practice analysis) and must confirm that ethical principles have been followed (for example, that anonymity and confidentiality are assured). Authors can find further advice at <http://www.cot.co.uk/research-governance/obtaining-ethics-approval-your-research>

Consent*

Consent for publication of personal information: The publication of any personal information about an identifiable living patient requires the signed consent of the person (UK Data Protection legislation). Authors should use the *BJOT* consent form.

Information or illustrations that may identify a person, service or organisation must state that consent has been obtained giving permission for the material to be published. The consent form must be signed and dated by the author(s),

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– http://resources.bmj.com/bmj/authors/editorial-policies/copy_of_patient-confidentiality
– <http://resources.bmj.com/bmj/authors/checklists-forms/competing-interests>

the patient(s) and a witness, with their names printed underneath. The original consent form should be sent to the editor at the same time as the manuscript is submitted. The manuscript will not be sent for review unless the consent form is received.

Publication without the consent of the person (or family) will be permitted only if all of the following conditions are met:

- (a) The person is dead and his or her family is untraceable to seek consent from
- (b) The article contains a worthwhile clinical lesson or public health point which could not be made as effectively in any other way. ('Worthwhile' is intended to sit on a spectrum between 'interesting', which is the publication threshold with an individual's consent, and 'overriding public health importance', which is the publication threshold over refusal of consent.)
- (c) A reasonable person in the position of the person's relatives would not be expected to object to the publication of the case. (This requires an assessment of the intrusiveness of the disclosure and the potential that it has for causing the patient's family embarrassment or distress. Particular attention must be paid here to differences of cultural and social attitudes. It must not be assumed that what is a matter of indifference in one society will have the same status in another.)
- (d) The risk of identification of the patient is minimised by measures designed to prevent the identity of the patient being revealed either to others or to the patient's relatives. (These measures will include anonymisation of the case and/or the author. The publication of photographs without consent will require particular scrupulous attention to anonymisation.)

Conflict of interests*

All authors will be required to submit, via Manuscript Central, a statement disclosing conflicts of interest before publication can proceed.

A conflict of interest exists when professional judgement concerning a primary interest (such as a person's welfare or the validity of research) may be influenced by a secondary interest (such as financial gain or personal rivalry).

It may arise for the authors when they have a financial interest that may influence – probably without their knowing – their interpretation of their results or those of others.

We believe that to make the best decision on how to deal with a paper, we should know about any such conflicts of interest that authors may have. We are not aiming to eradicate conflicts of interests – they are almost inevitable and we will not reject papers simply because you have declared a conflict of interest, but we will make a declaration, within the published manuscript, on whether or not you have a conflict of interests to enable the reader to interpret the work with this in mind.

To ascertain whether or not you have a conflict of interest which must be declared, please answer the following questions (all authors must answer):

1. Have you in the past 5 years accepted the following from an organisation that may in any way gain or lose financially from the results of your study or the conclusions of your review, editorial, or letter:
 - Reimbursement for attending a symposium?
 - A fee for speaking?
 - A fee for organising education?
 - Funds for research?
 - Funds for a member of staff?
 - Fees for consulting?
2. Have you in the past 5 years been employed by an organisation that may in any way gain or lose financially from the results of your study or the conclusions of your review, editorial or letter?
3. Do you hold any stocks or shares in an organisation that may in any way gain or lose financially from the results of your study or the conclusions of your review, editorial or letter?
4. Have you acted as an expert witness on the subject of your study, review, editorial or letter?
5. Do you have any other competing financial interests? If so, please specify.

If you have answered 'yes' to any of the above five questions, we consider that you may have a conflict of interest, which, in the spirit of openness, should be declared when you submit your paper.

If you declare a conflict of interest, you will be required to submit a statement to publish with the article. It might, for example, read:

Conflict of interests: AB's NHS Trust paid a consultancy fee to CD's university in payment for services and CD has been reimbursed for attendance at a conference to present the results of this study.

If you did not answer 'yes' to any of the five questions above, we will publish '*Conflict of interests:* None declared.'

Submission and review

All manuscripts must be typed double spaced. It is essential that all pages are numbered consecutively. An anonymised copy of the manuscript should be submitted to enable the double-blind peer review process to take place. Manuscript Central will guide you through the submission procedure.

Uploading files

- When uploading your main document, Manuscript Central will ask you to submit your abstract first and then to upload the main document at a later stage. *Please ensure that the abstract is still included in the main document.* It is a requirement for papers submitted to BJOT to include an abstract, and it will not appear on the submission if it is not in the uploaded file.
- When uploading files for a revised paper, the files from previous submissions may still appear on the list. *Please delete any redundant files, so that only the current revision appears on the list.* All previous files will still be accessible and, as such, do not need to be carried over as each new revision is submitted.

- Please make sure that the order of the files is logical. This can be amended once all files have been uploaded.

Text

Abbreviations

Abbreviations should first be written in full, followed by the abbreviation in parentheses. Following this, the abbreviation can be used within the text. Avoid using abbreviations in the title and abstract. 'Occupational therapy' and 'occupational therapist' should always be written in full and never abbreviated to 'OT'.

Measurements

All measurements must be given in metric units. Whole numbers less than 10, which do not refer to a measurement unit, should usually be written in full. Numbers of 10 or above should be written as digits except at the beginning of a sentence.

Acknowledgements

The contributions of people, institutions and agencies, *particularly those that provided funding*, must be acknowledged in a concise and professional manner. It is the author's responsibility to ensure that each individual is willing to be acknowledged.

Tables and figures

Tables and figures should be used only when essential to clarify the text. Indicate clearly in the main body of the text where each table and figure should be placed. It is recommended that no more than four tables and/or figures are included, especially when large.

In tables, vertical lines should not be used to separate columns. Each table must be numbered consecutively in Arabic numerals (e.g. Table 3).

Figures can be either line drawings, graphs or photographs and must include captions. All figures should be numbered consecutively in Arabic numerals (e.g. Fig. 5).

Photographs should usually be black and white and of high quality (300 dpi), showing as much contrast as possible.

Written permission to publish must be obtained from any person recognisable in the photographs (see guidance on consent).

References

The maximum number of references for each category is indicated.

When citing references, current studies, within the past 5 years, and preferably within the past 2 years, should be cited in preference to older ones. The use of multiple references to support an opinion should be limited. The editor reserves the right to shorten reference lists. All manuscripts should contain sufficient international and UK occupational therapy references to ensure that the manuscript is relevant to international occupational therapy and other readers.

Only published items, and theses, may be cited as references. A manuscript that has been accepted but not yet published may be cited if the journal or the book publisher is named. Such references should state 'in press'. The references should be set out in the following style.

References in the text

- Reference citations in the text must give the surname followed by year e.g. (Craik 2012).
- Works by different authors cited within the same parentheses must be listed chronologically and separated from the previous reference by a comma e.g. (Schoessow 2010, Bryant 2011).
- If there are two authors then both should be named in the text e.g. (Bonsaksen and Lerdal 2012).
- If there are three or more authors, only the first author should be cited followed by 'et al' e.g. (Townsend et al 2012).
- If an author is cited in the text but not in parentheses, the surname is followed by the date in parentheses e.g. Mason (2012).
- The use of direct quotations should be limited but, where used, they must be either enclosed within quotation marks when in the body of the text or indented and on a new line. The author's surname, year of publication and page number must be listed. It may be necessary to obtain permission from the publisher for quotes exceeding 100 words from any one work.

Reference list

All references must be listed alphabetically. There are different styles depending on the type of publication. Authors should select the most recent and relevant articles.

Journals

Fletcher-Smith J, Walker MF, Drummond A (2012) The influence of hand use on dressing outcome in cognitively impaired stroke survivors. *British Journal of Occupational Therapy*, 75(1), 2-9.

Books

Chia SH, Heathcote J, Hibberd JM (2011) *Group and individual work with older people*. London: Jessica Kingsley.

Chapter in a book

Chard G (2010) Analysis of occupational performance. In: M Curtin, M Molineux, J Supyk-Mellson, eds. *Occupational therapy and physical dysfunction: enabling occupation*. 6th ed. Edinburgh: Churchill Livingstone Elsevier.

Government documents

Department of Health (2011) *No health without mental health: a cross-governmental mental health outcomes strategy for people of all ages*. London: DH.

or

Department of Health (2010) *Prioritising need in the context of Putting People First: a whole system approach to eligibility for social care*. Available at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113154 Accessed 23.02.12.

Acts of Parliament

Mental Health Act (1983) London: HMSO.

or

Mental Health Act (2007) Available at: <http://www.legislation.gov.uk/ukpga/2007/12/contents> Accessed 29.10.10.

World Wide Web

College of Occupational Therapists (2012) *Specialist sections*. Available at: <http://www.cot.co.uk/specialist-sections/specialist-sections> Accessed 15.03.12.

Other examples are available in the COT reference guidelines at: <http://www.cot.co.uk/cot-library/information-skills>

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An author must not plagiarise the work of others. The exact words of another author must be enclosed in quotation marks. The original author's surname, year of publication and page number must be included in the text. Authors may paraphrase another's work, but must credit the source in the text by including the original author's surname and the year of publication.

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The review process

Receipt of the manuscript will be acknowledged. Prior to review, manuscripts will be screened to ensure that they meet the criteria of the category; that ethical considerations have been included; and that the manuscript has added to the body of knowledge of occupational therapy. Manuscripts may be rejected or revisions requested at this stage. Two reviewers will be selected by the editor to evaluate a manuscript's quality and suitability for publication. Should these reviewers disagree, a third reviewer will adjudicate on its suitability for publication.

Some revision of manuscripts is almost always required following comments from reviewers. Requesting revisions to a manuscript does not automatically mean that it will be accepted for publication. Revised manuscripts are sent to the same reviewers for comment, if required.

Prior to publication, the manuscript will be edited to conform to this Author's Guide and the author will receive a proof of the manuscript for verification and minor corrections.

Once the manuscript is published, the corresponding author will receive a pdf of the final version and a copy of the journal.

Open access to specific journal articles

Where authors are publishing an article from research funded by a grant that requires that results are freely disseminated, this can be discussed on an individual basis. The manuscript should be submitted, and will be peer reviewed, in the usual way and discussions will occur if and when the manuscript is accepted for publication.

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