

Intended for healthcare professionals

# Sage Journals

## Journal of Telemedicine and Telecare

Impact Factor: 3.2

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Your article must be within the scope of the journal and be of sufficient quality. If not, it will not be reviewed. Please read the journal's [Aims and Scope](#) to see if your article is appropriate.

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## Article types

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The *Journal of Telemedicine and Telecare* publishes contributions under the following headings:

### **Research**

Research is divided into four categories: Original Articles, Systematic Reviews, Preliminary Communications and Case Reports.

#### *Original Articles*

Original articles should generally be no longer than 3,000 words for the body of the work, but longer articles may be taken at the editor's discretion. Original articles should be structured with the following headings: Abstract, Introduction, Methods, Results, Discussion, Acknowledgements, and References. The abstract should be a maximum of 250 words and be structured with the subheadings of Introduction, Methods, Results and Discussion.

The Journal publishes the following types of original research, and prefers studies with results that can be generalized beyond the local environment within which the work was performed:

1. Clinical trials of telemedicine applications, i.e. reports of work at a later stage with reportable outcomes rather than the initial validation and demonstration studies of technical feasibility. Comparative studies and economic analyses are encouraged.
2. Work that is primarily technical in focus may be considered, but must be understandable to the general reader and directly relevant to clinical practice. Work that includes a validation of the technology will be given higher priority.
3. Qualitative or mixed methods studies may be an appropriate means of investigating areas such as uptake of telemedicine into usual practice, sustainability, and the organisation of telemedicine within health services. Qualitative work should have an explicit theoretical framework that relates to the authors' chosen methodology, and be able to demonstrate new conceptual understandings to the reader.

#### *Systematic Reviews*

Systematic reviews should generally be no longer than 3,000 words for the body of the work, but longer articles may be taken at the editor's discretion. Lengthy tables and appendices can be placed in the online archive. Subheadings should be used within the article to highlight the content of different sections. The abstract

should be a maximum of 250 words and be structured into no more than four subheadings.

### *Preliminary Communications*

These articles report earlier development of telemedicine services and may be of a more descriptive character than original research, but should report novel applications of interest to and generalizable to the broader telemedicine community. The body of the work should generally be no longer than 2,500 words, with subheadings used within the article to highlight the content of different sections. The abstract should be brief and unstructured, with a maximum of 200 words.

### *Case Reports*

Case reports should report novel uses of telemedicine and be prepared in a narrative style comprising a short introduction stating the reasons for reporting the case, the case report, including history, investigations and treatment, and a discussion referring to the relevant literature. Case reports should be a maximum of 2,500 words, and do not require an abstract. If an abstract is provided, it should be brief and unstructured, with a maximum of 200 words.

### ***Education and Practice***

Articles in this section are aimed primarily at informing the reader about various aspects of telemedicine, including Overview, Fundamentals, History, Technology, and Praxis. Article content should have the potential to be generalized. In more detail:

#### *Overview*

Non-systematic reviews

#### *Fundamentals*

Practical reviews of basic or emerging concepts in telemedicine

#### *History*

History articles may be considered if new insights can be brought to the reader

#### *Technology*

Practical reviews of basic or emerging concepts in telemedicine technology

#### *Praxis*

An overview of an area of telemedicine practice

Authors are strongly recommended to ensure that manuscripts in this area add value for the reader, and do not repeat previous work. ***Most articles in this section will be commissioned, and to avoid rejection it may be helpful to consult the Editor*** before sending unsolicited manuscripts.

The length of these articles should be a maximum of 3,000 words. Subheadings

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### **Leaders**

Leaders are published **by invitation only**. They are divided into three categories: Editorials, Focus and Opinion.

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This is a report of the authors' viewpoint on a specific subject of interest to telemedicine. Editorials generally do not report original data, and may contain narrative commentary on an aspect of the literature. Editorials do not have an abstract.

#### *Focus*

A short paper focusing on a topical issue, to a maximum of 2,000 words, with a brief unstructured abstract of no more than 200 words.

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A short paper putting a potentially controversial opinion, to a maximum of 2,000 words, with a brief unstructured abstract of no more than 200 words. Opinion pieces should be written in the first person.

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Tailpieces consist of Letters, Conference and Society reports, and Book reviews. Note that **all except Letters are by invitation only**.

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The journal conforms to the [ICMJE requirement](#) that clinical trials are registered in a [WHO-approved public trials registry](#) at or before the time of first participant enrollment as a condition of consideration for publication. The trial registry name and URL, and registration number must be included at the end of the abstract.

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### Abstract

Please include a

**Structured:**Original Articles, Systematic Reviews

**Unstructured:** Preliminary Communications, Case Reports, Education and Practice, Opinion

**No Abstract:** Leaders, Focus, ,Tailpieces

of 200 words: preliminary communications, case reports, praxis, Leaders & 250 words: Original Articles, systemic reviews between the title and main body of your manuscript that concisely states the purpose of the research, major findings, and conclusions. If your research includes clinical trials, the trial registry name and URL, and registration number must be included at the end of the abstract. Submissions that do not meet this requirement will not be considered.

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