

# Instruction for Authors

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The Korean Journal of Family Medicine (KJFM) is an open access, peer-reviewed, online-only general medical journal published bimonthly on the 20th of January, March, May, July, September, and November. As the official journal of The Korean Academy of Family Medicine, KJFM aims to provide up-to-date, evidence-based medical knowledge and high-quality continuing medical education for family physicians and other primary care clinicians.

KJFM mainly publishes original articles, reviews, case reports, letters, editorials, and brief communications, covering a broad range of interests related with the field of family medicine. The topics covered include clinical management of common primary diseases (e.g., dyslipidemia, hypertension, diabetes, and obesity), health promotion (e.g., quitting smoking and drinking, exercising, and implementing lifestyle changes), cancer prevention and early detection, travel medicine, geriatrics, nutrition and diet, epidemiology, education (for medical students, residents in family medicine, patients, etc.), medical ethics, and health care system. These areas of focus ultimately assist family physicians in delivering primary care.

The following instructions are provided to guide authors in submitting manuscripts to KJFM. For topics not covered on this page, please refer to our detailed research and publication ethics ([<https://www.kjfm.or.kr/authors/ethics.php>]) and editorial policy ([[https://www.kjfm.or.kr/authors/editorial\\_policy.php](https://www.kjfm.or.kr/authors/editorial_policy.php)]) on our website. Also, authors may refer to the Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals (<https://www.icmje.org/recommendations/>).

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### 1. COPYRIGHTS AND LICENSE

Copyright to all the published material is owned by the Korean Academy of Family Medicine. The corresponding author should agree to the copyright transfer during the submission process. The Editorial Board takes it granted that the co-authors also accept the copyright transfer per the acceptance by the corresponding author. The corresponding author has a responsibility of submitting the copyright transfer agreement to the Publisher.

KJFM is an open access Journal. Articles are distributed under the terms of the Creative Commons Attribution Non-Commercial License available at <https://creativecommons.org/licenses/by-nc/4.0/>. For non-commercial purpose, the published materials in whole or in part may use, distribute, and reproduce with proper citations. For any commercial use of the published articles, the process of permission request to the Publisher of KJFM is necessary.

## 2. ARTICLE PROCESSING CHARGE

KJFM is a platinum open access journal that does not charge author fees. Thus, there are no fees for author submissions or other publication-related charges. The publisher fully covers all costs associated with the publication process.

## 3. RESEARCH AND PUBLICATION ETHICS

All of the manuscripts should be prepared based on strict observation of research and publication ethics guidelines recommended by the Council of Science Editors (<https://www.councilscienceeditors.org>), International Committee of Medical Journal Editors (ICMJE, <https://www.icmje.org>), World Association of Medical Editors (WAME, <https://www.wame.org>), and the Korean Association of Medical Journal Editors (KAMJE, [https://www.kamje.or.kr/en/main\\_en](https://www.kamje.or.kr/en/main_en)). KJFM will follow the guidances of the Committee on Publication Ethics (COPE, <https://publicationethics.org>) for the settlement of any misconduct.

### 3.1 Authorship

All designated authors should meet the criteria for authorship and be appropriately listed. Authorship credit should be based on substantial contributions to all four categories established by the ICMJE: (1) conception and design, or acquisition, or analysis and interpretation of data; (2) drafting the article or revising it critically for important intellectual content; (3) final approval of the version to be published; and (4) agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. Each author is required to complete the copyright assignment. Individuals who do not meet these criteria may be acknowledged as contributors in the Acknowledgments section. Acquisition of funding, collection of data, and general supervision of the research group, by themselves, does not justify authorship.

- **Role of corresponding author:** The corresponding author takes primary responsibility for communication with the journal throughout the submission, peer review, and publication processes. This author ensures that all administrative requirements of the journal are met, including: (1) providing details of authorship, (2) securing ethics committee approval, (3) submitting clinical trial registration documentation, and (4) completing conflicts of interest forms and statements. While some of these tasks may be delegated to coauthors, the corresponding author remains accountable for their completion. They must be available to respond promptly to editorial queries during submission and peer review, and address critiques and journal requests for data post-publication.

- **Corresponding author and first authors:** KJFM permits multiple corresponding authors and first authors for a single article.

- **Correction of authorship:** Requests for changes in authorship (adding/removing authors or rearranging order) after submission but before manuscript acceptance must be submitted in writing to the editor with justification, signed by all authors, and require the editor's approval. Post-publication, authorship changes will not be permitted, even in the case of editorial staff errors, as authors are responsible for verifying authorship during the final proofreading process.

- **Author name change:** KJFM supports the COPE initiative and guidelines on an inclusive approach to author name changes (<https://publicationethics.org/news/vision-more-trans-inclusive-publishing-world>). Authors can request to replace their previous name with their current name without being required to disclose the reason for the change or provide legal proof or documentation. Upon request, KJFM will update the author's name directly in the online version of the article, including both HTML and PDF formats, without issuing a separate correction notice. Updated metadata will also be sent to indexing services.

### 3.2 Conflicts of Interest

The corresponding author must ensure that any conflicts of interest related to the submitted manuscript are disclosed in the manuscript and take responsibility for this disclosure. Potential conflicts should be reported even if the authors believe they were not influenced in preparing the manuscript. All authors must disclose i.e., (1) financial relationships (such as employment, consultancies, stock ownership, honoraria, paid expert testimony), (2) personal relationship, (3) academic competition, and (4) intellectual passion. These disclosures should be included on the title page. A completed conflict of interest form should be submitted during

manuscript submission.

### **3.3 Statement of Institutional Review Board and Informed Consent**

Clinical research should be conducted in accordance with the World Medical Association (WMA) Declaration of Helsinki: Medical Research Involving Human Subjects (<https://www.wma.net/what-we-do/medical-ethics/declaration-of-helsinki/>). Clinical studies that do not meet the Declaration of Helsinki will not be considered for publication.

Research involving human participants, data, or tissue must receive approval from the institution's Research Ethics Committee (REC) or Institutional Review Board (IRB). For studies involving humans, informed consent must be obtained unless waived by the ethics committee. Copies of written informed consent (from the participant, or from a parent or guardian if the participant is unable to consent) and ethics approval should be retained, as editors or reviewers may request these documents. The manuscript must clearly state that ethical approval was obtained, including the reference number, and that written informed consent was secured from all study participants. For research involving animals, approval from the Institutional Animal Care and Use Committee (IACUC) is required.

### **3.4 Protection of Privacy and Confidentiality**

Patients have a right to privacy that must not be violated without informed consent. Identifying information, such as names, initials, or hospital numbers, should not be published unless essential for scientific purposes and with written informed consent from the patient (or parent or guardian). Nonessential identifying details should be omitted. If there is any doubt about maintaining anonymity, informed consent is necessary, as masking the eye region in photographs is inadequate. If identifying characteristics are deidentified, authors must assure, and editors must confirm, that these changes do not distort scientific meaning.

### **3.5 Inclusive Language**

Authors are encouraged to use inclusive language that acknowledges diversity, respects all individuals, and promotes equal opportunities. Avoid assumptions about the reader's beliefs or identities, and refrain from language that implies superiority based on factors such as age, gender, race, ethnicity, culture, sexual orientation, disability, or health condition. Writing should be free of bias, stereotypes, and cultural assumptions. Gender neutrality is encouraged by using plural nouns (e.g., "patients") instead of gendered pronouns ("he/she"). Descriptors of personal attributes should only be used if relevant and valid.

### **3.6 Originality and Duplicate Publication**

All submitted manuscripts must be original and not under consideration by other journals. Accepted manuscripts should not be duplicated in any other journal without permission from the Editorial Board. If duplicate publication is detected, the authors will be publicly announced, their institutions informed, and penalties imposed.

Plagiarism: Similarity Check is used to screen manuscripts for plagiarism or duplicate publication. Plagiarism is defined as reproducing another work without attribution. If plagiarism is detected before or after acceptance, or after publication, the author will have a chance for rebuttal. Unsatisfactory rebuttals will result in retraction.

For more information, please refer to the Research and Publication Ethics page on the journal website.

## **4. SUBMISSION & PEER REVIEW PROCESS**

### **4.1 Submission**

Authors should submit their manuscripts online through the KJFM electronic submission system at <http://www.kjfm.or.kr/>. Once logged in, the system will guide you through the submission process step-by-step. Detailed submission instructions are available on the website, and all manuscripts must comply with these guidelines. Failure to do so may result in the return of the manuscript and potential delays in publication.

#### 4.2 Peer Review Process

KJFM reviews all submitted manuscripts. However, if the article does not align with the journal's aims and scope, it may be subject to editorial rejection. Each manuscript is first assessed for format and relevance to the journal's aims and scope. If it meets these criteria, it is sent to two experts in the relevant field for review. KJFM uses a double-blind process, where author and reviewer identities are concealed from each other but visible to the decision-making editor. Reviewers make one of four recommendations: accept, minor revision, major revision, or reject. In cases of review discrepancies, the Editorial Board will conduct an additional review to make a final determination. Authors are expected to revise their manuscripts based on reviewer feedback and provide explanations for any feedback they choose not to implement. The Editorial Board makes the final publication decision and may request further changes.

#### 4.3 Cover Letter

The cover letter should confirm that the submitted material, in whole or in part, has neither been published previously nor is under consideration for publication elsewhere. Additionally, it should disclose any potential conflicts of interest that could influence the authors' interpretation of the data, such as financial support, affiliations with pharmaceutical companies, political pressures from interest groups, or academically related conflicts. The cover letter should also specify that all authors have approved the manuscript for submission and confirm that the manuscript complies with ethical guidelines, including IRB approval and informed consent where applicable.

### 5. MANUSCRIPT PREPARATION

#### 5.1 General Requirements

- Manuscripts should be prepared using Microsoft Word (doc or docx format). They should be formatted on A4 (21.0×29.7 cm) or US Letter (21.6×27.9 cm) paper, with margins of at least 2.54 cm (1 inch) on all sides.
- Texts should be double-spaced with the same normal, plain font throughout, preferably 11-point Times New Roman.
- All manuscript pages should be numbered consecutively, beginning with the abstract as page 1.
- Neither authors' names nor their affiliations should appear on any of the manuscript pages.
- Abbreviations should be spelled out at first use, the abbreviation following in parentheses, and should be used consistently thereafter. Use only standard abbreviations, as the use of nonstandard abbreviations can be confusing to readers. Avoid using abbreviations in the manuscript title.
- Provide the names of manufacturers.
- Use the generic names of drugs in the article; include the brand name only if referring to a specific pharmaceutical product.
- When quoting from other sources, give a reference number after the author's surname or at the end of the quotation.
- Authors should express all measurements in conventional units, using International System of Units (SI units).

#### 5.2 Article Types

- **Original articles:** Original articles present results of basic and clinical investigations. They should be organized in the following sequence: Title page, Abstract and Keywords, Main text (Introduction, Methods, Results, and Discussion), References, Tables, Figure legends, and Figures. Original articles should not include more than a total of 30 references and 10 tables or figures.
- **Review articles:** Reviews provide a comprehensive analysis of specific topics. The text should be organized in the following sequence: Title page, Abstract (unstructured) and Keywords, Main text (Introduction, Body text, and Conclusion), References, Tables, Figure legends, and Figures. The abstract should not exceed 350 words.
- **Systematic reviews:** Systematic reviews and meta-analyses should be submitted as original articles and should follow the PRISMA guidelines (<http://www.prisma-statement.org/>). They should be organized in the following sequence: Title page, Abstract and Keywords, Main text (Introduction, Methods, Results, and Discussion), References, Tables, Figure legends, and Figures. Systematic reviews have no limit to the number of references and the number of tables and figures.

- **Case reports:** Case reports are accepted only when they present clinically important information about unique cases. Reports should describe cases not previously observed or reported. If a case involves a common condition but is deemed significant, the Editorial Board will review it to determine acceptance. They should be organized in the following sequence: Title page, Case report, Discussion, References, Tables, Figure legends, and Figures. They should not exceed 2,500 words and include no more than 15 references.

- **Brief communications:** Brief communication is a short article detailing clinically or experimentally significant findings or major advancements. It should adhere to the guidelines for original articles with no more than 3,000 words.

- **Editorials:** Editorials are invited comments on recently accepted manuscripts, published subjects, present emerging topics, or interesting events.

- **Letters to the editor:** Letters offer rapid publication of new findings of unique clinical importance, recent perspectives on articles, or topics of interest published in the journal. They may also include opinions on specific topics of academic relevance.

Key features and limits of articles are summarized in Table 1 below. However, the limits are negotiable with the editor.

**Table 1.** Key features and limits of articles

| Type of article     | Abstract (words)  | Text (words) <sup>a)</sup>  | References | Tables and figures |
|---------------------|---|---|------------|--------------------|
| Original article    | Structured (Background, Methods, Results, Conclusion; maximum: 250 words) | Introduction, Methods, Results, Discussion (no word count limit)  | 30         | 10                 |
| Review article      | Unstructured (maximum: 350 words)   | Introduction, Body text, Conclusion (no word count limit)         | No limit   | No limit           |
| Systematic review   | Structured (Background, Methods, Results, Discussion; maximum: 250 words) | Introduction, Methods, Results, Discussion (no word count limit)  | No limit   | No limit           |
| Case report         | Unstructured (maximum: 250 words)   | Introduction, Case report, Discussion (maximum: 2,500 words)      | 15         | No limit           |
| Brief communication | Structured (Background, Methods, Results, Conclusion; maximum: 250 words) | Introduction, Methods, Results, Discussion (maximum: 3,000 words) | 30         | 3                  |

<sup>a)</sup>Excluding abstract, references, tables, and figure legends.

### 5.3 Reporting Guidelines

For specific study designs, such as randomized controlled trials, diagnostic accuracy studies, meta-analyses, observational studies, and non-randomized studies, authors should follow the relevant reporting guidelines. Recommended sources include the EQUATOR Network (<https://www.equator-network.org/>) and the National Library of Medicine ([https://www.nlm.nih.gov/services/research\\_report\\_guide.html](https://www.nlm.nih.gov/services/research_report_guide.html)).

KJFM requires compliance with the reporting guidelines summarized in Table 2 for the listed article types.

**Table 2.** Reporting guidelines for specific study designs

| Initiative | Type of study                        | Source  |
|------------|--------------------------------------|---|
| CONSORT    | Randomized controlled trials         | <a href="https://www.equator-network.org/reporting-guidelines/consort/">https://www.equator-network.org/reporting-guidelines/consort/</a> |
| STROBE     | Observational studies                | <a href="https://www.equator-network.org/reporting-guidelines/strobe/">https://www.equator-network.org/reporting-guidelines/strobe/</a>   |
| STARD      | Diagnostic/prognostic studies        | <a href="https://www.equator-network.org/reporting-guidelines/stard/">https://www.equator-network.org/reporting-guidelines/stard/</a>     |
| PRISMA     | Systematic reviews and meta-analyses | <a href="https://www.equator-network.org/reporting-guidelines/prisma/">https://www.equator-network.org/reporting-guidelines/prisma/</a>   |
| CARE       | Case reports                         | <a href="https://www.equator-network.org/reporting-guidelines/care/">https://www.equator-network.org/reporting-guidelines/care/</a>       |

### 5.4 Manuscript Structure and Format

Organize your manuscript file as follows:

**Title page** (upload separately)

**Manuscript file:** (1) Abstract & keywords, (2) Body text, (3) References list, (4) Tables (each beginning on a new page), (5) Figures legends (upload figures in separate files)

**Supplementary materials** (upload separately)

## • Title Page

The title page should include the following items:

- **Title:** The article title should be concise and precise. Generic drug names should be used in the title, not brand names. The title should also indicate the study design. If the study involved human participants, the country where the study was conducted should be included.
- **Running title:** Less than 15 words
- **Authors and affiliations:** Each author's given name and surname should be provided. For authors with different affiliations, use superscripted Arabic numerals (e.g., <sup>1</sup>, <sup>2</sup>, <sup>3</sup>) placed at the top-right of each author's name and before each corresponding affiliation. If an author is associated with multiple departments or institutions, arrange affiliations in the order of the authors and indicate them with superscript numbers. The corresponding author should be marked with an asterisk (\*) as a superscript.
- **ORCID:** All authors are required to provide their ORCIDs. If an author does not have an ORCID, they can register for one at the ORCID website (<https://orcid.org/>). Registration is free to all researchers.
- **Corresponding author:** The corresponding author's name, telephone number, fax number, and email address should be provided. If no corresponding author is specified, the Editorial Board will assume the first author holds this role.
- **Conflict of interest:** Authors should disclose any potential conflict of interest. If there are no conflicts of interest to declare, authors should include the following sentence: "The authors have no conflicts of interest to declare."
- **Authors' contributions:** Describe contributions using the Contributor Roles Taxonomy (CRediT; <https://credit.niso.org/>). Contributors must meet at least one core role (conceptualization, data curation, formal analysis, investigation, methodology, software, validation) and one writing role (original draft preparation, review, and editing). Authors who do not meet these requirements will not qualify for authorship.
- **Funding:** Funding for the research should be detailed here. Provision of a FundRef ID is recommended, including the name of the funding agency, country, and (if available) the number of the grant provided by the funding agency. If the funding agency lacks a FundRef ID, please ask that agency to contact the FundRef registry (e-mail: [fundref.registry@crossref.org](mailto:fundref.registry@crossref.org)).
- **Data availability:** Include a statement indicating where the data supporting the article's results can be found, with hyperlinks to publicly archived datasets if applicable. For further details, please refer to Editorial Policy "6. Data Sharing Policy."
- **Acknowledgments:** All persons who have made substantial contributions, but do not meet the criteria for authorship, should be acknowledged here.
- If any of the sections in the manuscript are not applicable, please include the heading and write "Not applicable." for that section.

## • Abstract and Keywords

- **Abstract:** For original articles and brief communications, provide a structured abstract of less than 250 words with the following headings: Background, Methods, Results, Conclusion. Ensure all data in the abstract appear in the manuscript text or tables. For review articles, provide an unstructured abstract of up to 350 words. For case reports, provide an unstructured abstract of up to 250 words.
- **Keywords:** Four to six keywords should be listed at the bottom of the abstract to be used as index terms. KJFM strongly recommends using Medical Subject Headings (MeSH; <https://meshb.nlm.nih.gov/>) keywords.

## • Main Text

The main text of an original article must be prepared under the following subheadings: Introduction, Methods, Results, and Discussion. Case report should be organized with Introduction, Case report, and Discussion. In addition to these types, manuscripts that fall under specific reporting guidelines must be prepared accordingly.

- **Introduction:** Provide the background and purpose of the article, emphasizing its significance. Summarize the rationale with only relevant references, avoiding diffuse listing of related topics. Do not include data or conclusions from the study itself.

- **Methods:** Describe the research plan, the materials (or subjects), and the methods used in that order. The names of manufacturers of equipment and program should be given. Methods of statistical analysis and criteria for statistical significance should be described. Describe statistical methods with enough detail to verify the reported results. When possible, quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). Avoid relying solely on statistical hypothesis testing such as the use of P-values, which fails to convey important quantitative information. For generalization of the study sample, discuss the eligibility by statistical methods unless it is a total number study or a case report. When the results of the data in the text are given, provide details specifically in terms of average, proportion, or correlation coefficient to describe the difference between study groups or the relevant size and direction of variables. Also, specify the standard computer statistics program used. An **ethics statement** should be placed here when the studies are performed using clinical samples or data, and animals. Examples are shown in the following: “We conducted this study in compliance with the principles of the Declaration of Helsinki. The study’s protocol was reviewed and approved by the Institutional Review Board of OO (No. OO). Written informed consents were obtained from the patients./The requirement for informed consent was waived.”

- **Results:** Present the results in a logical sequence across the text, tables, and figures. Avoid repeating data in the text that is already provided in tables or figures; instead, highlight and summarize key findings and insights.

- **Discussion:** Emphasize the novel and important aspects of the study, along with the conclusions drawn from them. Avoid detailed repetition of data or material already presented in the Introduction or Results sections. Discuss the implications and limitations of the findings, including potential impacts on future research. Connect the conclusions to the study’s objectives by comparing and discussing relevant findings from other research. Avoid unqualified statements and conclusions not fully supported by the data. Where applicable, propose new hypotheses and include recommendations as appropriate.

## • References

In the text, references should be cited with Arabic numerals in square brackets, numbered in the order of appearance. In the References, the references should be numbered and listed in the order of appearance in the text. List all authors for sources with no more than 6 authors; if there are more than 6, list the first 6 authors followed by “et al.” If an article has been published online, but not yet assigned an issue or page numbers, the DOI should be supplied. Journal titles should be abbreviated following the NLM title abbreviation. Other types of references not described below should follow NLM’s Samples of Formatted References for Authors of Journal Articles ([https://www.nlm.nih.gov/bsd/uniform\\_requirements.html](https://www.nlm.nih.gov/bsd/uniform_requirements.html)).

### Journal articles:

1. Cho E, Han S, Lee JR, Lee H, Oh B. Effects of the COVID-19 pandemic on the medical use of elderly patients with hypertension: a nationwide cohort study in Korea. *Korean J Fam Med* 2024;45:283-9.
2. Oh SW, Myung SK, Park JY, Lee CM, Kwon HT. Aspirin use and risk for lung cancer: a meta-analysis. *Ann Oncol* 2011;22:2456-65.
3. Ding X, Su S, Nandakumar K, Wang X, Fardo DW. A 2-step penalized regression method for family-based next-generation sequencing association studies. *BMC Proc* 2014;8(Suppl 1):S25.
4. Purkl L, Hierasimowicz K, Donner-Banzhoff N. Three types of uncertainty: a qualitative study of family medicine residents. *Fam Med* 2024 Oct 16 [Epub]. <https://10.22454/FamMed.2024.798978>
5. Myung SK, Ju W, Cho B, Oh SW, Park SM, Koo BK, et al. Efficacy of vitamin and antioxidant supplements in prevention of cardiovascular disease: systematic review and meta-analysis of randomised controlled trials. *BMJ* 2013;346:f10.

### Book & book chapter:

6. Ringsven MK, Bond D. Gerontology and leadership skills for nurses. 2nd ed. Delmar Publishers; 1996.
7. Phillips SJ, Whisnant JP. Hypertension and stroke. In: Laragh JH, Brenner BM, editors. Hypertension: pathophysiology, diagnosis, and management. 2nd ed. Raven Press; 1995. p. 465-78.

Online sources:

8. National Institute of Allergy and Infectious Diseases. The common cold: protect yourself and others [Internet]. National Institute of Allergy and Infectious Diseases; 2011 [cited 2025 Jan 3]. Available from: <http://www.niaid.nih.gov/topics/commoncold>
9. National Cancer Information Center. Cancer incidence [Internet]. National Cancer Information Center; c2012 [cited 2025 Jan 2]. Available from: <http://www.cancer.go.kr/>

Conference papers:

10. Kimura J, Shibasaki H, editors. Recent advances in clinical neurophysiology. Proceedings of the 10th International Congress of EEMG and Clinical Neuro-physiology; 1995 Oct 15-19; Kyoto, Japan. Elsevier; 1996.
11. Shell ER. Sex and the scientific publisher: how journals and journalists collude (despite their best intentions) to mislead the public. Paper presented at: 2011 CrossRef Annual Member Meeting; 2011 Nov 14-15; Cambridge, MA, USA.
12. Kim HW. Challenges and future directions on journal “perspectives in nursing science” in Korea. Poster session presented at: Asia Pacific Association of Medical Journal Editors Convention 2013; 2013 Aug 2-4; Tokyo, Japan.

Scientific and technical reports:

13. Kim SN, Park JR, Bae HS, Kwon KW, Joo DB, Lim ST, et al. A study on the meta evaluation of Korean university evaluation. Korean Educational Development Institute; 2004. Report No.: CR 2004-45.

News:

14. Jung SY. Bimaneun mansungjilbyeong? Toechi campaign [Is obesity chronic disease? Campaign to combat obesity]. Hankyoreh. 2002 Feb 27; Sect. 8. Korean.

Dissertation:

15. Song YM. The Relationship between low serum cholesterol level and cancer mortality [dissertation]. Seoul National University; 1997.

Law:

16. Board of Audit and Inspection Act, Law No. 4937 (Jan 5, 1995).

• **Tables**

Table titles and content should be concise, clear, and self-explanatory, so readers do not need to refer to the main text. Tables should follow the standard format in previously published KJFM articles. If a table is not original, authors must obtain permission from the relevant publisher. The table title should be placed at the top-left corner, formatted as “Table [Arabic numeral].” Tables should not contain horizontal or vertical lines.

Include abbreviations or necessary descriptions in footnotes below the table, using superscript letters (a, b, c) to indicate each footnote, ensuring each note has a corresponding marker. List abbreviations in the footnote section, explaining any empty cells. Capitalize the first word of each annotation (e.g., capitalize “P” in “P-value”). Where possible, place units directly within the table, avoiding separate listing, and use lowercase symbols for units.

In each table, include averages, standard deviations, and subject numbers, and specify the statistical method in the annotations. For ratios, provide both the number of responders and the ratio; for correlation coefficients, indicate the specific value. In the main text, the term “Table” should appear as “Table” followed by an Arabic numeral.

• **Figures**

Number figures in the order they are cited in the text, using Arabic numerals. Upload each figure as a single image file in either un-



compressed JPG or GIF format with a resolution of at least 600 dpi or 3 million pixels (under 6 MB). Obtain written permission for any previously published illustrations, and include copies of permission letters.

For figures depicting averages or proportions, use bar or line graphs, and include measures such as standard deviation or standard error, along with P-values. Specify the statistical methods used in a footnote for each figure. For multiple panels within the same figure number, use English letters after the numeral to indicate order (e.g., Fig. 1A, Fig. 2B, C).

#### • **Supplementary Materials**

Supplemental material includes files provided by the authors to accompany their article, typically featuring additional content not included in the print version, such as appendices or extra tables. All supplemental materials will be published online with the full-text article. List the supplemental materials at the end of the manuscript file, and ensure they are cited consecutively within the manuscript text.

#### **5.5 Use of AI-Assisted Technologies**

KJFM adheres to ICMJE guidelines regarding the use of artificial intelligence (AI) in manuscript preparation. AI-assisted technologies, including chatbots, cannot be listed as authors. However, generative AI tools may be used to improve readability and language accuracy but not for creating or altering images in submitted manuscripts, except for adjustments like brightness, contrast, or color balance, which must not obscure original information. If AI is integral to the research, details should be included in the Methods section. Authors must disclose any use of AI tools in manuscript preparation, specifying the tools used, their versions, and their role. It must be clearly reported in a dedicated section of the Methods, or in the Acknowledgements section for article types lacking a Methods section. Plagiarism of text or images by AI is strictly prohibited, and AI-generated material cannot be cited as a primary source.

## **6. FINAL PREPARATION FOR PUBLICATION**

### **6.1 Processing after Acceptance**

After the paper is accepted for publication, the authors should submit the final version of the manuscript. The names and affiliations of the authors should be double-checked and if the originally submitted image files were of poor resolution, higher resolution image files should be submitted at this time. Color images must be created as CMYK files. Send the electronic original with appropriate labeling and arrows. The EPS, TIFF, Adobe Photoshop, JPEG, or PPT formats are preferred for submission of digital files of photographic images. Symbols (e.g., circles, triangles, squares), letters (e.g., words, abbreviations), and numbers should be large enough to be legible on reduction to the journal's column widths. All symbols must be defined in the figure caption. If the symbols are too complex to appear in the caption, they should appear on the illustration itself, within the area of the graph or diagram, not to the side. If references, tables, or figures are moved, added, or deleted during the revision process, renumber them to reflect such changes so that all tables, references, and figures are cited in numeric order. If the Editorial Committee has requested the author to revise the manuscript, the author should re-submit the revised manuscript through the online review article system.

### **6.2 Galley Proofs**

Prior to publication, the manuscript editor will format the manuscript to meet the standard publication requirements, ensuring that no changes are made to the overall content or intent of the article. The corresponding author will receive the galley proofs as a PDF file for review. Any errors found in the proofs must be reported to the editorial office within 2 days of receipt. Errors identified after this period will be the responsibility of the author and will need to be addressed through a correction note. Delayed responses may result in the postponement of the manuscript's publication to the next issue.

### **6.3 Corrections**

To correct errors in published articles, the corresponding author should contact the journal's editorial office with a detailed description of the proposed correction. Corrections that profoundly affect the interpretation or conclusions of the article will be re-

viewed by the editors. Corrections will be published as author correction or publisher correction in a later issue of the journal. Minor errors will be corrected directly in the online version of the article. An indication of the correction, along with the date it was made, will be added to the article information in both the HTML and PDF versions. A separate correction note will not be published.

### **Contact Us**

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NOTICE: These instructions to authors will be effective from the January 2025 issue.