
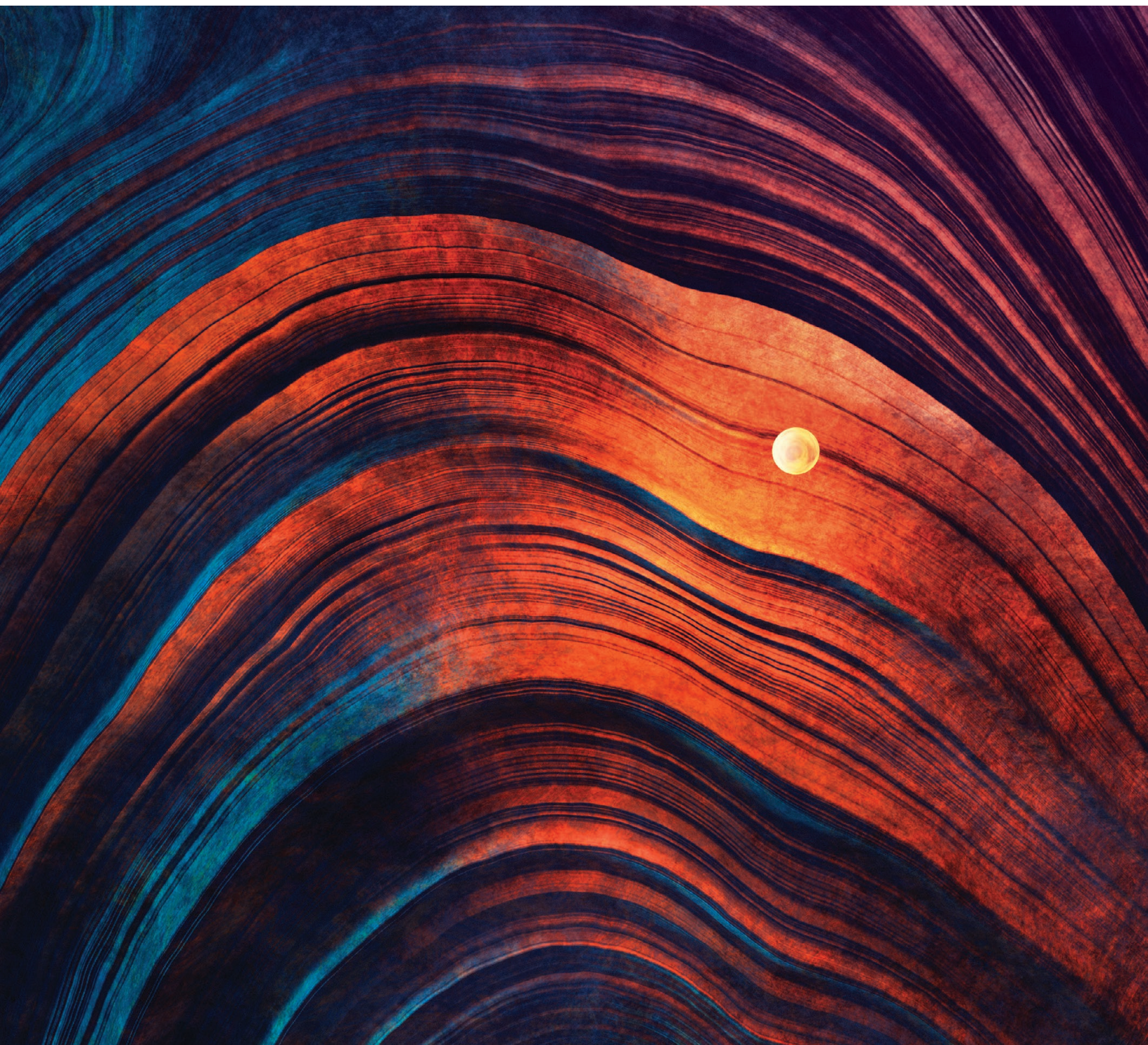


CJDH  JCHD
GUIDELINES
FOR AUTHORS

REVISED MARCH 2025



Guidelines for Authors

The *Canadian Journal of Dental Hygiene* (CJDH) invites manuscript submissions in English or French that make a significant contribution to the body of knowledge of dental hygiene and advance the scientific basis of practice.

Manuscripts must be the original work of the author(s) and must not be under review or previously published by another body in any print or electronic form. As of January 2024, all manuscript submissions must be made via ScholarOne at [mc04.manuscriptcentral.com/cjdh](https://mc.manuscriptcentral.com/cjdh).

All presubmission enquiries should be directed to journal@cdha.ca.

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MANUSCRIPT TYPES

The journal welcomes manuscripts of the following types.

1. **Original research articles:**
maximum 4500 words, 50 references, and an abstract within 250 words.
2. **Literature/Narrative reviews:**
between 3000 and 4000 words, no more than 70 references, and an abstract within 250 words.
3. **Systematic reviews:**
maximum 6000 words, 150 references, and an abstract within 250 words.
4. **Scoping reviews:**
maximum 5000 words, 150 references, and an abstract within 250 words.
5. **Short communications/Case reports:**
maximum 2000 words, as many references as required, and an abstract within 150 words.
6. **Position papers:**
maximum 6000 words, 150 references, an abstract within 250 words, and an executive summary within 500 words.
7. **Letters to the editor:**
maximum 500 words, 5 references, and 3 authors. No abstract.

All manuscripts must be submitted to ScholarOne (mc04.manuscriptcentral.com/cjdh) with a cover letter stating that the manuscript has not been published elsewhere nor is it under consideration by another journal. The letter must also indicate which CDHA research agenda category the research addresses, and it must be signed by all authors identified on the title page. These signatures confirm that each author approves of the manuscript submission, meets the journal's criteria for authorship, and is willing to take responsibility for the manuscript's contents. Finally, authors must declare if they have used any artificial intelligence (AI) tools in the preparation of their manuscript. If so, a detailed disclosure statement must be added to the end of the manuscript, above the reference list. See page 7 for more information.

All manuscripts undergo initial screening by the scientific editor to ensure that they fall within the journal's mandate and meet its submission requirements. Suitable papers are then sent for peer review by two or more experts in the field. This process also applies to position papers generated by the Canadian Dental Hygienists Association (CDHA), given that they involve an analysis of literature. Additional specialist advice (e.g., from a statistician) may be sought if necessary. The peer-review process usually takes 4 to 6 weeks, after which a decision regarding publication is made. All communications will be sent to the designated corresponding author, who is responsible for sharing information on the progress of the manuscript submission with his or her co-authors.

MANUSCRIPT STRUCTURE

Each manuscript type contains many different elements. We are pleased to provide a detailed description of these required components for your reference.

TITLE PAGE

The title must provide a clear description of the content of your submission in 12 words or less. It should be followed by each author's name (first name, middle initial, and last name), academic degrees, and any institutional affiliation(s), as well as the corresponding author's name, address, and e-mail. All individuals listed as authors must meet the journal's authorship criteria as articulated in our **Ethics Policy**.

(cjdh.ca/ethicspolicy)

ABSTRACT

Original research articles: 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). The clinical trial ID or registration number must appear at the end of the abstract, if applicable.

Literature/Narrative reviews: Objective (including subject or procedure reviewed); Method (strategy for review including databases selected); Results (including number and type of articles retrieved and selected for review); Discussion (findings from an analysis of the selected literature); and Conclusion (what the authors have derived from the analysis).

Systematic reviews: Considered as original research and must include Background (including focused question); Methods (how the structured search process, including search criteria, databases, and keywords, was performed); Results (primary findings); Discussion (including an assessment of the quality of studies examined and validity of the findings); and Conclusion (based on the analysis of the findings).

Scoping reviews: Similar to a systematic review and must include Background (including the broad question or problem being investigated); Methods (how the structured search process, including search criteria, databases, and keywords, was performed); Results (primary findings); Discussion (key concepts, extent of the literature, gaps in knowledge); and Conclusion (based on findings).

Short communications/Case reports: Introduction (to general condition or program); Description of case (case data); Discussion (of case grounded in literature); and Conclusion.

Position Papers: Same format as a systematic review. A position statement summarizing the findings should be provided separately.

Letters to the editor: no abstract

KEYWORDS

Provide 6–10 keywords or short phrases from the text for indexing purposes. Terms from the Medical Subject Headings (MeSH) list, maintained by the US National Library of Medicine, are preferred (nlm.nih.gov/mesh/meshhome.html).

CDHA RESEARCH AGENDA

All submissions must indicate within which category of CDHA's *2022-2024 Dental Hygiene Research Agenda* their manuscript falls (risk assessment and management; access to care and unmet needs; capacity building of the profession). The research agenda is available at cdha.ca/researchagenda

TEXT

Original research articles consist of original work arising from the exploration of research questions that contribute to the dental hygiene body of knowledge, support dental hygiene education, and assist with evidence-based decision making in practice. Presentation of the study will vary based on the type of research being presented (i.e., quantitative vs. qualitative). **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 a context from which the reader can understand the research question. **Methods:** a clear description of the methodology including validity and reliability issues for new measures where appropriate, and materials (stating manufacturer's name and location) if applicable. The study design and statistical analyses 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. 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 on Ethical Conduct for Research Involving Humans* 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 findings in light of the previously published work in the area. It should highlight the contribution of the study to dental hygiene education or 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. Manuscripts of randomized controlled trials (RCTs) must comply with CONSORT guidelines (consort-statement.org); observational studies must comply with STROBE (strobe-statement.org); and diagnostic studies must comply with STARD (stard-statement.org).

Reviews:

(a) Literature/Narrative reviews provide a comprehensive, explorative summary and critique of published work in order to answer a broad question that may be more generally stated. Such reviews should be organized in a logical manner and include the following components: **Introduction** that provides a concise background and rationale for the inquiry. It should also include the purpose of the inquiry and its relevance to practice and/or the profession; **Methods** that clearly describe the search strategies used; databases accessed; and the keywords selected for searches. Inclusion and exclusion criteria must be documented when applicable; **Results** that present the number and type of publications included in the review along with a brief statement of the findings; **Discussion** that reviews, compares, and contrasts the findings and offers possible explanations for differences within the findings; **Conclusion** that summarizes the findings and their implications for practice and the profession. The conclusion must be supported by the literature analysed. Tables, illustrations, and photographs are encouraged. Literature/narrative reviews submitted to the journal must incorporate the criteria outlined in the Scale for the Assessment of Narrative Review Articles (SANRA), available from aerzteblatt.de/down.asp?id=22862.

(b) Systematic reviews are a specific type of literature review that includes a critical appraisal of the highest and most current literature addressing a very specific/focused question using a series of special criteria to determine study validity. Systematic reviews always include an assessment of the quality of studies selected. These reviews must be exhaustive and use rigorous methodology that includes the use of a focused (e.g., PICO) question and specific inclusion/exclusion criteria to guide the search. Systematic reviews must follow PRISMA Guidelines for Systematic Reviews (see equator-network.org).

(c) Scoping reviews are a form of knowledge synthesis that is structured, uses specific methodology, and addresses a broad exploratory question in order to map key concepts and types of evidence available, and identify gaps in research related to a defined area or field. Scoping reviews are similar in structure to a systematic review but do not assess the quality of the primary studies. These reviews must include the following components: Introduction, Methodology, Results, Discussion, and Conclusion.

Position papers must be a systematic and comprehensive appraisal of the most current literature to answer a specific question and should preferably be in the form of a systematic review since the evidence presented will be used to support a position statement for a professional organization. Following an introduction of the topic to be investigated, identification of a specific question, description of a structured methodology, and assessment of the quality and validity of the evidence should be included in the manuscript. A comprehensive synthesis of the findings should support the resulting position statement. The organization supporting the position should be highlighted; an executive summary not exceeding 500 words may also be provided.

Short communications/Case reports may be on topics that describe specific projects undertaken by the author(s) or describe a specific case or multiple cases found in clinical or community practice. 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 at the time of submission, without which the submission will not be considered. **Introduction:** outline the presenting problem and provide a brief overview of the disease or condition, if a clinical case. If a community, population, health or education-based case, the background of the problem or issue 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 should be compared with existing literature where applicable. What would typically be expected in this or similar situations? **Conclusion(s):** implications of the findings for clinical practice, community care or educational practice. Conclusion must be supported by the case(s) presented.

Letters to the editor: discussion or balanced opinions on topics raised in CJDH articles published in the previous two issues. Letters may be edited for clarity.

ACKNOWLEDGEMENTS

The acknowledgements section will appear at the end of the article. Any administrative or financial support given by individuals, organizations, institutions or companies should be included here. Those individuals identified must have granted written permission for you to cite their names as the publication of their names may imply endorsement of the data and/or the conclusions.

CLINICAL TRIAL REGISTRATION

In keeping with the World Health Organization's *Joint Statement on Public Disclosure of Results from Clinical Trials*, co-signed by the Canadian Institutes of Health Research, CJDH requires that all clinical trials involving human participants be registered in a publicly accessible database **before** the first participant is recruited. Registering clinical trials prospectively prevents the selective publication of results that only support an intervention and the unnecessary duplication of research. A list of acceptable registries, including clinicaltrials.gov, is available at who.int/ictrp.

When submitting a manuscript that reports the results of a clinical trial, authors must include the trial ID or registration number at the end of the abstract. If the clinical trial was not registered, or was registered retrospectively, the authors must explain that decision in the body of their manuscript.

CONFLICT OF INTEREST

A conflict of interest statement will be published at the end of each article. All authors must declare, in the interests of transparency, any competing interests (financial or professional) that may be perceived to influence the research conducted. Please consult the journal's **Ethics Policy** (cjdh.ca/ethicspolicy) governing authorship, conflict of interest, research ethics, and academic misconduct prior to submitting your manuscript.

DISCLOSURE OF AI-GENERATED CONTENT

Generative artificial intelligence (AI) technologies may only be used by CJDH authors for the following purposes:

- Translating text from one language to another
- Drafting plain language summaries of the author's own abstracts
- Producing images to support the author's own research
- Drafting social media posts or promotional materials about one's research

In such cases, authors must disclose the use of these generative AI tools in a statement at the end of their manuscript, above the reference list. For example:

Disclosure of AI-Generated Content

During the preparation of this manuscript, the author(s) used [TOOL and VERSION] to produce [XXX]. Before adding [XXX] to the submission, the author(s) reviewed and corrected it, as required, and take full responsibility for its content.

PLAIN LANGUAGE SUMMARY

Once a manuscript is accepted for publication, authors will be asked to provide a plain language, unstructured abstract (no longer than 200 words), which will be published near the front of the issue in which the full article appears to encourage readers to delve deeper into the journal.

PRACTICE RELEVANCE

All submissions must identify 2 or 3 "Practice Implications" (clinical or otherwise dependent upon area of study) of the research presented. These implications (no longer than 75 words) will be published on the first page of the article.

REFERENCE STYLE

CJDH, like most biomedical and scientific journals, uses the **Vancouver citation style** for references, which was established by the International Committee of Medical Journal Editors in 1978. The Vancouver style requires that references 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 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).

For more information on the Vancouver style and the uniform requirements for manuscript preparation and submission, please visit nlm.nih.gov/bsd/uniform_requirements.html. Examples of how to cite some common research resources appear on the pages that follow.

EXAMPLES OF REFERENCES AND CITATIONS

JOURNAL ARTICLES

Standard article

Orban B, Manella VB. A macroscopic and microscopic study of instruments designed for root planing. *J Periodontol.* 1956;27:120-35.

Volume with supplement

Orban B, Manella VB. A macroscopic and microscopic study of instruments designed for root planing. *J Periodontol.* 1956;27 Suppl 7:S6-12.

Conference proceedings – abstract

Austin C, Hamilton JC, Austin TL. Factors affecting the efficacy of air abrasion [abstract]. *J Dent Res.* 2001;80(Special issue):37.

No author

What is your role in the profession? [editorial]. *J Dent Topics.* 1999;43:16-17.

Organization as author

Canadian Dental Hygienists Association. Policy framework for dental hygiene education in Canada. *Probe.* 1998;32(3):105-7.

BOOKS AND OTHER MONOGRAPHS

Personal authors

Hooyman NR, Kiyak HA. *Social gerontology: A multidisciplinary perspective.* 6th ed. Boston (MA): Allyn & Bacon; 2002.

Editors as authors

Cairns J Jr, Niederlehner BR, Orvosm DR, editors. *Predicting ecosystem risk.* Princeton (NJ): Princeton Scientific Publications; 1992.

Chapter in book

Weinstein L, Swartz MN. Pathological properties of invading organisms. In: Soderman WA Jr, Soderman WA, editors. *Pathological physiology: Mechanisms of disease.* Philadelphia (PA): WB Saunders; 1974. pp. 457-72.

Conference paper

Calder BL, Sawatzky J. A team approach: Providing off-campus baccalaureate programs for nurses. In: Doe AA, Smith BB, editors. *Proceedings of the 9th Annual Conference on Distance Teaching and Learning;* 1993 Sep 13-15, Ann Arbor, MI. Madison (WI): Ann Arbor Publishers; 1993. pp. 23-26.

Scientific or technical report

Murray J, Zelmer M, Antia Z. *International financial crises and flexible exchange rates.* Ottawa (ON): Bank of Canada; 2000 Apr. Technical Report No. 88.

OTHER PUBLICATIONS

Newspaper article

Rensberger B, Specter B. CFCs may be destroyed by natural process. *The Globe and Mail*. 1989 Aug 7;Sect. B:24.

Audiovisual

Wood RM, editor. *New horizons in esthetic dentistry* [videocassette]. Chicago (IL): Chicago Dental Society; 1989.

Unpublished material

Smith A, Jones B. The whitening phenomenon. *J Nat Dent*. (Forthcoming 2004)

ELECTRONIC MATERIAL

Monograph on Internet

National Library of Canada. *Canadiana quick reference* [monograph on the Internet]. Ottawa (ON): The Library; 2000 [cited 2015 Feb 16]. Available from: nlc-bnc.ca/8/11/index-e.html

Journal on Internet

Walsh MM. Improving health and saving lives. *Dimens Dent Hyg* [Internet] 2003 Nov/ Dec [cited 2015 May 1]. Available from: dimensionsofdentalhygiene.com/nov_dec/saving_lives.htm

Homepage/website

Canadian Dental Hygienists Association [website]. Ottawa (ON): CDHA; 1995 [cited 2015 Sep 25]. Available from: cdha.ca

OTHER ELEMENTS

Abbreviations and Units must conform to the *Système international 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 parentheses after their first mention in the text, rather than in a list of abbreviations.

Artwork includes any illustrations, graphs, figures, photographs, 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:

- minimum of 300 dpi for grayscale or colour halftones
- 600 dpi for line art
- 1000 dpi minimum for bitmap (b/w) artwork
- colour artwork must be submitted in CMYK (not RGB) colour mode

Author(s) must provide proof of permission to reproduce previously published artwork and acknowledge the source (usually the publisher) in the caption. The editorial office reserves the right to reschedule publication of an accepted manuscript should there be delays in obtaining permissions or artwork of suitable print quality.

Data or Tables may be submitted in Excel or Word formats. Each table should appear on a separate page (may be included at the end of the manuscript). Abbreviations should be explained and units of measure specified. Footnote symbols for tables are lower case letters in alphabetical order: ^{a, b, c}, etc.

SUPPLEMENTARY INFORMATION

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 website and linked to the article when the article is published and may consist of additional text, figures, video, extensive tables or appendices. Sources of supplementary information should be acknowledged in the text, and permission for using them sent to the editorial office at the time of submission. All supplementary information should be in its final format because it will not be copy-edited and will appear online as originally submitted.

Should you have any questions about the content or structure of your manuscript, please contact the journal at journal@cdha.ca. All manuscripts must be submitted to the journal via ScholarOne at mc04.manuscriptcentral.com/cjdh.

MANUSCRIPT SUBMISSION CHECKLIST

CHECK	COVER LETTER
<input type="checkbox"/>	Originality of the work and any conflicts of interest declared
<input type="checkbox"/>	Content generated by artificial intelligence (AI) disclosed
<input type="checkbox"/>	Contact information for corresponding author provided
<input type="checkbox"/>	Indication of which <i>CDHA 2022-2024 Dental Hygiene Research Agenda</i> category the research addresses
<input type="checkbox"/>	Signatures of all authors listed on the title page, indicating approval of the manuscript submission and accepting responsibility for its contents
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<input type="checkbox"/>	Text is presented in a clear font, such as Arial or Times New Roman, double-spaced, and in 12-point size.
<input type="checkbox"/>	All margins are 1 inch (2.5 cm).
<input type="checkbox"/>	Pages are numbered consecutively, starting with title page.
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<input type="checkbox"/>	Corresponding author's contact information is provided on the title page.
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<input type="checkbox"/>	Figures and tables are numbered consecutively, cited in the text, and inserted at the end of the manuscript.
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<input type="checkbox"/>	References in the text are numbered and listed in order of appearance.
<input type="checkbox"/>	References are formatted according to the Vancouver style (nlm.nih.gov/bsd/uniform_requirements.html), using abbreviated journal titles.
<input type="checkbox"/>	Personal communications are not included in the reference list but are cited in parentheses in the text. Confirmation of permission to print the quotation is included in the Acknowledgements section.