

## Instructions for Authors

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### **1. Overview**

The *Annals of Family Medicine* welcomes manuscripts from anyone who has new knowledge to contribute to understanding and improving personal and population health and primary health care. In particular, we welcome clinical research, work that bridges boundaries between disciplines, and work that brings together different ways of understanding. The *Annals* supports efforts to bring research to practice and practice to research, and serves those communities, patients, professionals, scientists, policy makers, students, and other learners involved in family medicine, primary care, generalist practice, and broadly related fields.

All *Annals of Family Medicine* content is deposited in [PubMed Central](#). This automatically fulfills the NIH Public Access Policy requirements for authors.

All manuscripts must be submitted through the *Annals*' online system, eJournalPress (see [Instructions for Submitting a Manuscript](#) [PDF]). Most articles will fall into one of the categories described below.

## **2. *Annals* Articles**

### **Article Length**

Tightly written, short manuscripts often have high impact. A limited amount of additional material that provides extra depth may be submitted in appendices.

- In all article categories below, we welcome brief manuscripts of **800-1100 words**, 1-2 figures or tables, and a short abstract. This length is particularly appropriate for papers with a single, crisp, powerful idea or new ideas evaluated with small samples or other limitations.
- Longer articles that convey fully developed, rigorous exposition of a topic may be **up to 2700 words** with 3-6 tables and/or figures. Some topics, including some qualitative research, may require more words and fewer tables/figures. However, additional length must contribute added value.
- **1200-2500 words** is the most effective length for many topics. For example, see [www.annfammed.org/content/10/1/50.full](http://www.annfammed.org/content/10/1/50.full) and [www.annfammed.org/content/11/3/258.full](http://www.annfammed.org/content/11/3/258.full) .

### **Article Types**

The *Annals* publishes articles in the following categories.

- Original Research
- Research Briefs
- Methodology
- Theory
- Special Reports
- Reflections
- Editorials
- Innovations in Primary Care

*Annals* does **not** publish: case reports, clinical updates, expert reviews, fiction, poetry, or reviews of books or software.

### **Duplicate/Prior Publication**

The *Annals* considers manuscripts with the stipulation that the same or similar work has not been published, accepted, or submitted for publication, in whole or in part, in any medium. If there is possible duplicate or prior publication of your submission, describe it in the cover letter. Provide copies of all related materials written by the authors that have been previously published or are under consideration or in press elsewhere. See the *Annals*' [Policy on Duplicate/Prior Publication](#) [PDF].

### **3. Instructions by Article Type**

#### **Original Research**

- **Content:** The *Annals* publishes original research from diverse perspectives, including: clinical, biomedical, behavioral, personal, community, and social sciences; and health services, health care systems, and policy. *Annals* does not focus on educational research. We encourage the use of participatory methods that involve key stakeholders at all phases of knowledge generation and dissemination.<sup>[1-3]</sup>
- **Abstract:** Up to 250 words, structured as Purpose, Methods, Results, Conclusions
- **Study type:** Clearly state the specific type of study in the methods section.
- **Contextual factors:** We encourage investigators to consider external validity throughout the research process. Identify and report contextual factors that are relevant to: 1) understanding what happened in the study and why, and 2) transporting and re-inventing results in other times and situations.<sup>[4-6]</sup>
- **Reporting guidelines:** Authors should follow the appropriate guideline and submit the associated guideline checklist with the submission. See [Reporting Guidelines and Checklists](#).
- **Clinical trials:** Reports of registered clinical trials should state their trial registry number at the end of the *Abstract*. Information on clinical trials registries is available at [www.clinicaltrials.gov/](http://www.clinicaltrials.gov/) and [www.icmje.org/](http://www.icmje.org/). Investigators must register clinical trials prospectively in a public trials registry when it is appropriate to the research design. A copy of the study protocol may be included as a Background File with the submission.
- **Observational research:** Reports of observational research should be driven by clearly stated descriptive goals, or test stated hypotheses through an identified theoretical model of the process in question. Clearly identify the type of study and justify statistical choices. State which analyses were pre-specified and hypothesis-driven, versus post-hoc.
- **Quality improvement:** Describe the quality improvement intervention's goals, the local problem addressed, and the initiative's health care context and setting. Explore how the intervention improved healthcare quality, safety, effectiveness, patient-centeredness, timeliness, cost, efficiency, and/or equity of health care.
- **Qualitative research:** Include a description of researchers' backgrounds and how this might affect the research process and interpretation. Pay particular attention to sampling and data collection strategies, including the iterative processes used. Provide interpretive analyses that draw out larger meaning and theory, and tie in with existing knowledge. Do not simply group themes into obvious categories. Fully describe the procedures for data organization, analysis, and interpretation, including strategies for validating results.

#### **Research Briefs**

- **Content:** Research Briefs are concise articles that present research summaries, hypotheses and works in progress. Length is **600-900 words** with up to 10 references. Include a focused *Introduction*; succinct *Methods*; *Results* that convey the main findings without duplicating information in the table/figure(s); a concise *Discussion* that puts the work into context, conveys the main limitations, and suggests next steps for practice, policy, education or research. Include no more than 2 tables and figures (total), focused on the main results.

- **Abstract:** Up to 100 words with no headings. The abstract should convey the purpose, brief methods, main finding, and take-away lesson and implications.

### Methodology

- **Content:** Methodology articles propose new methods, extend existing methods, or provide new approaches to integrating methods for primary care research. Include a brief, focused synthesis of currently available research that places the proposed method in appropriate context. Methods articles may use real data for examples, but should present research only to illustrate methodological points.
- **Abstract:** Up to 250 words, typically structured as Purpose, Methods, Results, Conclusions.

### Theory

- **Content:** Theory articles explore problems unique to generalist practice and develop models of how family medicine and primary care can best meet important health care needs of individuals, families, or communities. Theory development can focus at the level of the illness, individual, community, patient-clinician interaction, practice organization, generalist/specialist interface, or health care system. New models should be tied to existing theory and grounded in research or other experience. We encourage work that transcends disciplinary boundaries.
- **Abstract:** Up to 250 words, either structured (as Purpose, Methods, Results, Conclusions) or unstructured, as best fits the topic.

### Systematic Reviews

- **Content:** The *Annals* welcomes systematic reviews that provide new insights from rigorous and creative syntheses. Describe explicit methods to define questions, identify current knowledge, and propose new work. Methods may include systematic reviews, meta-analyses, realist and narrative syntheses, economic and decision analyses, and syntheses of qualitative research. Systematic reviews must advance practice, policy, theory or methods, or identify new research directions.
- **Search strategy:** Include the full Boolean search strategy, database name and provider, first and last years searched, and which limits were applied. State when the search was conducted and by whom. The complete search strategy for each database must be included as an appendix.
- **Clinical guidelines:** Systematic reviews of clinical topics should use and reference current evidence-based clinical guidelines.
- **Reporting guidelines:** Authors should follow the appropriate guideline and submit the associated guideline checklist. See [Reporting Guidelines and Checklists](#).
- **Abstract:** Up to 250 words, structured as Purpose, Methods, Results, Conclusions.
- *Annals* does not publish clinical updates, expert reviews, or case reports.

### Special Reports

- **Content:** Special Reports address important timely topics that do not fit into other article categories. Topics should be relevant to improving primary care, health or health care.
- **Abstract:** Up to 250 words, either structured (as Purpose, Methods, Results, Conclusions) or unstructured, as best fits the topic.

## Reflections

- **Content:** Reflections presents essays by clinicians, scientists, patients, families, health care leaders, policy makers, and others. Essays may include stories of personal experience, persuasive essays that present a point of view or course of action, or explanatory essays that share information, describe a topic, or offer a definition. They should be concise and tightly written to deliver a clear, focused message.
- **Abstract:** Up to 150 words with no headings.
- *Annals* does not publish poetry or fiction.

## Editorials

- *Annals* publishes only invited editorials. All readers are encouraged to provide their perspectives as e-letters in the TRACK discussion of *Annals* articles: [www.AnnFamMed.org/letters](http://www.AnnFamMed.org/letters) .

## Innovations in Primary Care

- **Content:** Succinct stories of on-the-ground innovations that make a difference in primary health care. Includes novel approaches in primary care practice, empowerment of people/communities, or unexplored domains. Priority will be given to approaches that are transportable and scalable to other settings and contexts Topics may include (but are not limited to) partnerships; use of technology; novel ways of developing relationships; integrating, personalizing, or prioritizing health care or health promotion; reinventing useful ways of working in a new era.
- **Format:** Up to 550 words with no abstract. Use narrative style and first person voice. Follow the structured format below, including the subheadings in CAPS.
  - Short title that clearly describes the nature of the innovation.
  - Author(s) name(s) and affiliation(s), plus corresponding author contact information.
  - THE INNOVATION: 1-2 opening sentences that state what the innovation is and what problem it is designed to solve.
  - WHO & WHERE: In 1-2 sentences, who is involved and where is the innovation carried out? Provide context that others will need to apply or reinvent the activity in their setting.
  - HOW (longest section): A brief story about how the innovation works.
  - LEARNING: 1-3 sentences on what you've learned. What will help others replicate your innovation? How does it fit into the larger universe of practice, policy or innovation?
- **Supplemental data:**
  - Affiliations, references, acknowledgments, and most tables, figures, and illustrations will appear as online-only supplemental data. If any tables, figures, or images must appear with the article in print, shorten the text to accommodate.
  - Appendixes can be used to provide more details e.g., examples and written materials. Appendixes are not included in the word count.

## **4. Manuscript Preparation**

The *Annals* follows the ICMJE “Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals,” available at [www.icmje.org/](http://www.icmje.org/).

- All article types require a complete title page and conflict of interest statement. Include all manuscript elements in one document, if possible.
- Double-space the text. Use an 11- or 12-point font. Set 1-inch page margins.
- Number all pages, including the title page.
- Include a [conflict of interest](#) statement after the main text.
- Number references consecutively, as cited in the text.
- Place tables, figures and appendixes after the references.
- Background Files are intended only for the editors, not for publication.
- Submit all materials in the online eJournalPress system. See [Instructions for Submitting a Manuscript](#) [PDF].

### **Cover Letter**

Submit a brief cover letter in eJournalPress.

- In 2-3 sentences, highlight the article's unique contribution to the literature and particular relevance to *Annals* readers.
- List any related work by the authors that might represent prior or duplicate publication, and provide a copy as a “Related Paper” file type in eJournalPress. See *Annals’ Policy on Duplicate/Prior Publication* [PDF].
- If the study report followed a standard reporting guideline, state the name of the guideline and include the relevant checklist as a Guideline Checklist file type. Offer a brief rationale if the authors did not follow a reporting guideline, particularly when a relevant, well-developed guideline exists (see [Reporting Guidelines and Checklists](#)).

### **Elements of the Manuscript**

Include the following in the manuscript document. You will also be required to copy some of this information into eJournalPress when submitting the manuscript.

#### ***Title Page***

All manuscripts must have a complete title page, including:

- **Title** of the manuscript. Provide a title that is concise, specific, engaging and informative. Do not use abbreviations. Do not pose a question or over-emphasize conclusions. Information on titles is available in the *AMA Manual of Style*.<sup>[7]</sup>
- **Authors’** full names, advanced degrees, institutional affiliations, and email addresses. See *Annals’ Policy on Authorship* [PDF].
- **Corresponding author’s** name, address, telephone and fax numbers, and email address.
- **Support.** List all sources of financial or other material support received for the work.
- **Prior presentation(s)** of the material, including name, date, and conference location.
- **Word count** for the main text (**excluding** title page, abstract, references, tables, figures).
- Numbers of tables, figures and appendixes.

## ***Abstract***

Abstracts are required for all manuscripts, except **Innovations in Primary Care**. Summarize main points, rather than pointing to article content. Review the abstract after the manuscript is finalized, to ensure consistency of key terms and numbers.

- Abstracts for **Original Research, Methodology, Theory, Systematic Reviews, and Special Reports** may have up to 250 words and usually contain the following headings.

*Purpose:* One sentence describing the problem being addressed and one sentence stating the study objective.

*Methods:* Describe study design, setting, participants, interventions, measures, main outcomes, and analyses.

*Results:* State the main findings of the study.

*Conclusions:* Two sentences that, a) summarize the interpretation of the main findings and, b) provide context by stating the main implications of the findings for practice, policy, education or research.

- Some **Methodology, Theory, and Special Reports** may use an unstructured abstract that states the purpose or problem, summarizes major points, and ends with 1-2 short sentences on the major conclusion and implications.
- Abstracts for **Research Briefs** are unstructured and up to 100 words.
- Abstracts for **Reflections** are unstructured and up to 150 words. They should present the problem addressed or purpose of the essay and summarize major points, with a 1-2 sentence conclusion.
- **Innovations in Primary Care** do not require an abstract.

## ***Keywords***

Provide at least 3 keywords. Copy the same keywords into the submission form. MEDLINE will select [subject headings](#) based on the content of the manuscript. Include important words and concepts in the title and abstract, as these are searchable in MEDLINE and other databases.

## ***Abbreviations***

List and define all abbreviations. Place this list after the keywords. Minimize the use of uncommon abbreviations to improve readability.

## ***Text***

**Original Research** articles usually include the sections below. In exceptional circumstances, authors may deviate from this format. **Methodology, Theory, Systematic Reviews, and Special Reports** may use different formats, as needed.

- *Introduction:* State clearly and concisely the article's unique contribution in the context of prior work, conducted by the authors or others, and relevant bodies of theory.
- *Methods:* Describe how the study and analyses were conducted and ensure that the study can be assessed for validity and trustworthiness. Clearly state the type of study being reported. Do not discuss findings or conclusions in this section, and do not describe the study sample. A statement of IRB approval or exemption is required.
- *Results:* Report the study findings. Point to the tables and figures but **do not repeat in words what can be discerned from tables and figures**. Statistical results should include confidence intervals or exact P values, even for non-significant results. All statistical results should be

reported according to the [SAMPL Guidelines](#) (Statistical Analyses and Methods in the Published Literature). Qualitative results should focus on main domains and interpretive findings. Use a few quotes to convey important points and to demonstrate the richness of the social phenomenon described. In most cases, quotes should be in the text, not in a table. If needed, use an appendix to convey detailed qualitative findings and quotations.

- *Discussion*: Interpret the findings in the context of the study's strengths and limitations, existing knowledge, published literature, and state implications for practice, policy, education or future research.

### ***Acknowledgments***

List those who have made substantive contributions to the work but do not meet the criteria for authorship (see *Annals'* [Policy on Authorship](#) [PDF]). Authors must retain written permission from each person acknowledged.

### ***Conflict of Interest Statement***

Provide a statement of all potential, perceived, or real conflicts of interest for each author. If an author has no perceived conflicts, state "none declared." See *Annals'* [Policy on Conflict of Interest](#) [PDF].

### ***References***

Authors are responsible for ensuring the accuracy of references.

Format numbered references in accordance with the *AMA Manual of Style*<sup>[2]</sup> or the ICMJE recommendations: [www.nlm.nih.gov/bsd/uniform\\_requirements.html](http://www.nlm.nih.gov/bsd/uniform_requirements.html) or [icmje.org/recommendations/](http://icmje.org/recommendations/).

- Sample journal article reference:  
Epstein RM, Street RL Jr. The values and value of patient-centered care. *Ann Fam Med*. 2011;9:100-103.
- Sample book reference:  
Starfield B. *Primary care concept, evaluation and policy*. New York, NY: Oxford University Press; 1992.
- Sample e-letter reference:  
Stulberg D. [Important study on improving maternity care](#) [eletter]. *Ann Fam Med*. 11 June 2021.

### ***Tables and Figures***

- Tables and figures should convey meaning independent of the article text.
- For each table and figure, provide a brief descriptive title and clear, succinct headings for each row and column. Include footnotes as needed to allow readers to interpret a table independent of the text.
- Present each table or figure on a separate page, numbered in the order it appears in the text. Tables, figures and appendixes should be placed at the end of the manuscript, after the reference section.
- Tables and figures adapted from other sources present particular challenges. It can take months to receive permission to publish adapted materials, and permission is not always granted. Consider using a new or existing figure or table instead of adapting from another source.



## ***Appendixes***

- A limited amount of material that adds extra depth to an article may be published in an appendix, e.g., detailed quotations from qualitative studies, database search strategies for systematic reviews, analysis plans, detailed sensitivity analyses, intervention materials, model details, and questionnaires or other research instruments.
- Refer to each appendix in the main text. Follow the same standards and style as in the body of the article.
- Appendixes should be included at the end of the main manuscript document.
- Place appendixes after tables/figures. Appendixes will be published as is; they will not be edited or formatted by the *Annals*. The author is responsible for ensuring that they are clear, accurate, and appropriately formatted.
- The *Annals* will consider posting multimedia materials that provide additional insights, contextual information, or personal reflections. All materials are subject to approval by the editors.

## ***Supplemental Files and Original Data***

- Supporting documentation and files that might assist the editors in evaluating the manuscript should be uploaded under the relevant file types: Background File, Guideline Checklist, or Related Paper.

## **5. Reporting Guidelines and Checklists**

For many kinds of research, widely accepted reporting guidelines can improve the quality of published work and benefit authors, peer reviewers, readers, patients, and communities. Reporting guidelines are imperfect and can be challenging to apply to some work, such as mixed methods studies or program evaluations. For most types of studies, however, they can improve the consistency, quality and rigor of reports.

The *Annals* encourages authors to review the list below and use appropriate guidelines to frame their work. The choice to use or not use a reporting guideline should be explained in the submission cover letter. If a reporting guideline was used, include the completed guideline checklist as a separate file.

The EQUATOR Network provides a comprehensive, up-to-date and searchable clearinghouse of reporting guidelines at [www.equator-network.org/](http://www.equator-network.org/).

<b>Type of Study</b>	<b>What reporting guidelines are available?</b>	<b>Checklists</b>
Randomized controlled studies	<a href="#">CONSORT</a> <a href="#">SPIRIT</a> (trial protocols) Guideline extensions are available for pragmatic trials, cluster RCTs, non-inferiority and equivalence trials, and trials of non-pharmacological interventions. Specific extensions outline the presentation of data, harms, and abstracts.	<a href="#">CONSORT 2010 Checklist</a> [DOC]  <a href="#">SPIRIT Checklist</a>

Observational studies	<a href="#">STROBE</a> (Strengthening the Reporting of Observational studies in Epidemiology) General checklist for all types of observational studies; specific checklists available for cohort, case-control, and cross-sectional studies.	<a href="#">STROBE Checklists</a>
Systematic reviews; meta-analyses	<a href="#">PRISMA</a> (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) General systematic reviews and meta-analyses. <a href="#">MOOSE</a> (Meta-analysis of Observational Studies in Epidemiology) Focuses on reviews of observational studies. <a href="#">RAMESES</a> (Realist and Meta-narrative Evidence Syntheses: Evolving Standards) <a href="#">ENTREQ</a> (Enhancing Transparency in Reporting the synthesis of Qualitative research)	<a href="#">PRISMA Checklist</a> and <a href="#">Flow diagram</a> [DOC] <a href="#">MOOSE Checklist</a> [PDF] <a href="#">RAMESES Standards</a> <a href="#">ENTREQ Statement</a> [PDF]
Studies of diagnostic accuracy	<a href="#">STARD</a> (Standards for Reporting Diagnostic accuracy studies)	<a href="#">STARD Checklist</a> and <a href="#">Flow diagram</a> [PDF]
Qualitative interviews; focus groups	<a href="#">COREQ</a> (Consolidated criteria for Reporting Qualitative research)	<a href="#">COREQ Checklist</a>
Quality improvement	<a href="#">SQUIRE</a> (Standards for Quality Improvement Reporting Excellence)	<a href="#">SQUIRE 2.0 Checklist</a> [PDF]
Basic statistical reporting	<a href="#">SAMPL</a> (Statistical Analyses and Methods in the Published Literature)	<a href="#">SAMPL Guidelines</a> [PDF]

## **6. Style and Writing Tips**

The *Annals* encourages tightly written manuscripts with a clear main message, as these often engage a broad readership. We generally follow the *AMA Manual of Style*.<sup>[7]</sup>

- Please write in the active voice and first person.
- Make every effort to eliminate unnecessary words. When you have finished writing the manuscript, we recommend reading it again to trim unnecessary words.
- Write in a style appropriate to your audience(s). Prior to submitting your work, consider asking a member of your target audience to read the article for clarity and succinctness.

## **7. Forms**

### **Manuscript Agreement**

Authors will be asked to complete a [Manuscript Agreement](#) [PDF] if they are invited to submit a revised manuscript after peer review. It is not necessary to submit the forms prior to that time.

## Permissions

- For all manuscripts, authors should ensure that individuals mentioned are not identifiable to anyone, including themselves. If individuals might be identified, authors must provide written permission with their submission. See [Consent of Individual to Publish Material](#) [PDF].
- If the manuscript includes material that has been published in print or online, including text, illustrations, or tables, the original authors and sources must be fully identified.
- *Annals of Family Medicine* is published both in print and online, so authors must obtain permission to publish borrowed materials in all forms and media (see [Tables and Figures](#)). Authors are responsible for any associated fees.

## Return forms by email, fax, or post:

Email: [AnnFamMed@umich.edu](mailto:AnnFamMed@umich.edu)

Fax: (734) 936-6006

Postal address: *Annals of Family Medicine*  
300 North Ingalls Street, NI-4D09  
Ann Arbor, MI 48109  
Telephone: (734)763-7454

## **8. Manuscript Submission Process**

All manuscripts are submitted through our online system hosted by eJournalPress. See [Instructions for Submitting a Manuscript](#) [PDF].

## **9. Prepublication Release of Information**

See *Annals'* [Policy on Prepublication Release of Information and Embargo](#) [PDF].

## **10. e-Letters**

We encourage readers, authors, and other interested individuals and groups to join in the discussion of *AnnFamMed* articles. e-letters, or comments, may be brief and informal (as short as one sentence) or more formal commentaries. They should generally be limited to 400 words and 5 references. Each article contains links to read and submit comments. We ask authors of accepted manuscripts to identify potential e-letter writers from diverse audiences for the discussion. To read recent e-letters, visit [www.AnnFamMed.org/eletters](http://www.AnnFamMed.org/eletters).

## **References**

1. Westfall JM, VanVorst RF, Main DS, Herbert C. Community-based participatory research in practice-based research networks. *Ann Fam Med*. 2006;4(1):8-14. doi: <https://dx.doi.org/10.1370/afm.511>
2. Macaulay AC, Nutting PA. Moving the frontiers forward: incorporating community-based participatory research into practice-based research networks. *Ann Fam Med*. 2006;4(1):4-7. doi: <https://dx.doi.org/10.1370/afm.509>
3. Macaulay AC, Commanda LE, Freeman WL, et al. Participatory research maximises community and lay involvement. North American Primary Care Research Group. *BMJ*. 1999;319(7212):774-778. doi: <http://dx.doi.org/10.1136/bmj.319.7212.774>
4. Tomoia-Cotisel A, Scammon DL, Waitzman NJ, et al. Context matters: the experience of 14 research teams in systematically reporting contextual factors important for practice change. *Ann Fam Med*. 2013;11(Suppl 1):S115-S123. doi: <https://dx.doi.org/10.1370/afm.1549>
5. Stange KC, Glasgow R. *Considering and reporting important contextual factors in research on the patient-centered medical home*. Rockville, MD: Agency for Healthcare Research and Quality; June 2013. AHRQ publication no. 13-0045-EF. Available from: <http://www.pcmh.ahrq.gov/sites/default/files/attachments/ContextualFactors.pdf>
6. Stange KC. In this issue: practice change—context matters. *Ann Fam Med*. 2013;11(3):198-199. doi: <http://dx.doi.org/10.1370/afm.1532>
7. Iverson C, Christiansen S, Flanagan A, et al. *AMA manual of style: a guide for authors and editors*. 10th ed. New York, NY: Oxford University Press; 2007.

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