



AUTHOR GUIDELINES FOR The Australian and New Zealand Journal of Dental and Oral Health Therapy

The Australian and New Zealand Journal of Dental and Oral Health Therapy (ANZIDOHT) is a peer-reviewed journal that aims to disseminate knowledge relevant to the oral health therapy (including dental therapy and dental hygiene) discipline and professions. The editors will look for articles that are original and scholarly in nature, reflecting contemporary practice and research and/or topical issues relevant to the profession. Clinical case studies and research carried out by dental and oral health therapists or dental hygienists are particularly welcomed, reports of oral health promotion programs and their evaluations, essays of a topical nature and literature reviews, and papers given at conferences would all be suitable material for submission. The journal also encourages the submission of Letters to the Editor, reviews of research material published in other journals, book reviews and conference reports. The aim of the journal is to develop the body of knowledge and skills of the dental and oral health therapy profession.

The following information describes the Author Guidelines and Peer Review process, which have been developed for the journal. Peer review refers to the review of a submitted article by members of the dental and oral health therapy profession and others with an interest, expertise or experience in the topic covered, before its publication.

The philosophy of the journal and its editorial committee is one of development and advancement of the oral health discipline for the profession and its members.

The published material is intended to reflect current practice, thinking, research, issues and challenges for oral health therapy practice. It allows the ANZIDOHT to maintain a high standard of professionalism and provides submitting authors the opportunity to benefit from an impartial critique via the peer review process.

This process should not dissuade members from submitting articles but rather enhance and build on skill levels and knowledge in writing and reporting. Potential authors who would like assistance in preparing material for publication should approach the Editorial Committee who will endeavour to provide such support themselves or recommend a local mentor who can be of assistance.

The Editorial Committee looks forward to the further development of the profession through the journal and its contributors and welcomes comments and suggestions from its readers.

Please read these Author Guidelines carefully as manuscripts submitted which do not comply with these standards will be returned to the author without consideration.

Submission.

Submissions are required to be scholarly in nature and to conform to the ethics and standards of contemporary research practice and academic writing.

Submissions must be accompanied by a cover letter with contact details for the submitting author and signed transfer of copyright form (see Appendix 6).

Articles should be submitted by email to the editors:

Editor-in Chief

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Objectives of the ANZJDOHT Journal

1. To provide a vehicle for communication between dental and oral health therapists around Australia and New Zealand
2. To develop dental and oral health therapists' skills in and access to self-directed professional development
3. To provide a vehicle for the reporting of new learning and research in the field of dental and oral health therapy
4. To develop the body of knowledge around the discipline of dental and oral health therapy, for dental and oral health therapists and the wider health care field

Objectives of the Peer Review Process

1. To establish editorial and publication standards for the ANZJDOHT that reflect the demands of scientific/academic reporting and the current practice of dental and oral health therapy
2. To develop the journal to a standard which, in the longer term, will allow it to be indexed for academic utilisation

Formatting your Manuscript for Submission

Original Articles:

Articles should generally be no longer than 3000-4000 words, excluding references and abstract, in 12-point font in a **Word for Windows**, PC compatible format, with numbered pages, submitted by email. The Editor-in Chief reserves the right to accept or reject submissions outside this word limit. Submissions that do not comply with these requirements are returned for revision prior to further consideration.

Guest Editorials:

These submissions relate to an essay on a contemporary topic of relevance to the profession. These essays are generally invited by the Editor-in Chief and are limited to 3000 words.

Critical Reviews of the Literature:

These articles should summarise and critically analyse information of academic quality, identify key concepts, with a focus on the relevance for oral health therapy. Critical reviews should be no longer than 3000 words, excluding tables, references and abstract.

Book Review :

A book review should be an analytic or critical review of a book or article that evaluates the work highlighting specific issues and theoretical concerns, and utility for oral health practitioners. (Guidelines are attached as Appendix 1)

Clinical Case Study:

The case study should be an analysis of a real-life situation that evaluates the scenario, identifies problems, and suggests management options supported by theory and evidence-based practice. (Guidelines are attached as Appendix 2)

Short Research Report:

Short Research Reports should aim to present a summary of research findings, preliminary findings, pilot data, service evaluations, quality-improvement projects, educational innovations, or practice-based research with immediate relevance to oral health disciplines . (Guidelines are attached as Appendix 3)

Manuscript style

Titles

The title should indicate key topic information to allow readers to identify what the article is about. Titles should not include acronyms, abbreviations or punctuation and should not normally be longer than 15 words.

Title and authors including affiliations should be presented in a separate file to the body of the manuscript.

Acknowledgements and Conflicts of Interest

Authors are required to record where research is supported by grant funding or contributions from organisations. Conflicts of Interest declarations need to be identified in the Acknowledgements section.

Acknowledgement of technical, research, clerical and editing assistance etc. should also be included.

Authorship

Authors should be in order of the proportion of contribution they have made to the work (i.e.. The author who made the greatest contribution to the work is listed first) and should include details of their qualifications, work role and contact details for publication. Authors should have made sufficient contribution to the work to take public responsibility for its content.

Authorship is based on the following four criteria:

- Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
- Drafting the work or reviewing it critically for important intellectual content; AND
- Final approval of the version to be published; AND

- 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

Author(s) last name(s) initials and affiliated institutions should be included. Example:
 Lastname, AB¹, Lastname, BC¹, Lastname DE¹, Lastname, FG².

¹University of XXX, State; ² Dental Service of ZZZ, State

Cover Letter

Authors should include a covering letter indicating names and contact details of all the authors and giving consent for publication. It should also nominate the most appropriate point of contact for the Editor-in Chief including postal and email addresses for correspondence to cover the next 12 months.

Authors are required to assign copyright for the manuscript to the ANZIDOHT. The Transfer of Copyright Statement (attached as Appendix 6) should also accompany the manuscript at the original submission.

Abstract

A brief summary of the background, aims, methods, results and conclusion of the study. An abstract or precis of the article should be included and would normally be approximately 10% of the length of the article. For example, an abstract of around 100 words would be appropriate for a 1,000 word article.

Background

Background information explaining the topic investigated, usually ending with the aim of the study. Explains why this was an important topic to investigate and justifies the aim/s.

Methods

A repeatable step by step guide on how the study was conducted. Should include study design, how participants were recruited, and inclusion/exclusion criteria. How were data collected and analysed, what tools, surveys, assessments were used.

Results

The findings of the study should be presented but not discussed. Include descriptions of the statistical testing and results, supported by graphs, tables and charts (as appropriate). Written interpretation of the findings should summarise the main findings of interest, not just repeat table data.

Please refer to Appendix 5 for a guide on how to present tables and figures.

Discussion

This section answers the research question and relates findings to the literature. It should include a brief summary of the main findings in relation to the study aims. Discuss how the results support or refute current understanding, what they mean, and why they are relevant. Outline the strengths and limitations of the study, and future directions/recommendations.

Conclusion

A summary of the answers(s) to the research questions(s), including implications and future research directions.

Style of writing

Articles should be written in a style appropriate for a professional journal. Style guides for academic essays and reports suitable for submissions can be obtained, if necessary, from the Editorial Committee, or can be found in university libraries or bookshops. A book such as Robert Day's 'How to Write and Publish a Scientific Paper,' 3rd ed. Cambridge University Press, 1989, may be beneficial or reference to University websites containing referencing advice. Referencing guidelines for the journal are attached as Appendix 4. Abbreviations should be avoided, and acronyms should be made explicit with their first usage followed by the bracketed acronym initials.

Graphics

Any photographs must be supplied at high resolution (e.g. 300dpi) at the size required. Any windows compatible format is appropriate, i.e., jpg, tif, eps, psd, pdf.

Photographs should be originals and permission to publish them in the journal must be acquired from any person identifiable in the image. It is usual to "black out" or pixelate the eyes of people/patients to protect their privacy. Where photographs or images are not original, permission must be sought from the owners and a copy of permission granted to use this material in your manuscript should accompany the submitted material and cover letter.

Photographs and Images should be supplied in separate files with appropriate naming and captions provided. Please add advice in the manuscript text *in italics* to suggest approximate position for images, photographs or graphics.

Use of material subject to existing copyright

Authors who use material (e.g., graphics, tables, clinical photographs) from another author or copyright holder must obtain written permission to do so. This includes any figures redrawn but basically unaltered or with only slight modifications. A copy of permission granted to use this type of material in your manuscript should accompany the submitted material and cover letter.

References

Claims of scientific evidence should be supported by references to published material or other authoritative and accessible sources. References require the names of the author, the title of the work, its publisher or journal, the year and place of publication. Conference papers should acknowledge the name, date and location of the conference and its organisers or institutional affiliation.

Guidelines for referencing are included as Appendix 3.

All papers should be referenced using the **APA 7th** (author/date) style (see Appendix 3).

The APA 7th style is an author-date referencing system with two key components:

- Citations in the text - usually the author's surname and year of publication.
- A reference list at the end of the paper arranged alphabetically.

As the purpose of referencing is to acknowledge the source and to enable the reader to trace the evidence sources, references must be complete and accurate.

The Peer Review process will be as follows:

The peer review process is double blinded and designed to ensure the quality and reliability of the submitted manuscript and is intended to be a supportive process.

1. Article is submitted to the Editor-in Chief, Australian and New Zealand Journal of Dental and Oral Health Therapy (ANZJDOHT).
2. The Editorial Board assesses the submission for suitability in the journal and retains the right to reject unsuitable material. Authors will be notified of the Editorial Board's decision to either progress the manuscript to Peer Review or to reject at this point.
3. A Sub-Editor is assigned to manage the peer-review process. Two or three reviewers with appropriate expertise are nominated from the Peer Review Panel to review the article and appraise its quality, accuracy and academic integrity for publication with the journal. The de-identified article is sent for peer-review. Peer-reviewers will remain confidential. The list of people on the Peer Review Panel will be published annually in the journal.
4. Peer-Reviewers appraise the article and either
 - Accept the article as it stands for publication
 - Invite re-submission after adjustments by the authors in response to reviewer advice
 - Reject the article giving reasons for rejection
5. Peer-reviewers are required to respond to the Sub-Editor within four weeks with their assessment of the article (the request for review will have a due date for reply listed) with written comments where adjustments are required. The Sub-Editor will liaise with the Editor-in Chief to provide additional comments, if necessary.
6. Where reviews indicate that the author should consider adjustments to the manuscript, peer-reviewer comments will be returned to the authors for consideration.

Where manuscripts are re-submitted following consideration of changes, the article should be accompanied by a new cover letter indicating how each reviewer comment has been addressed.

- Changes should be included as tracked changes in the document and a response to reviewer comments provided for the Editor-in Chief, formatted as follows:

Line reference or paragraph/page number reference	Reviewer comment	Adjustment made or comment justifying a decision to not make the recommended change

7. The Editor-in Chief then notifies author of acceptance/adjustment or rejection of the submitted article and potential publication date
8. A publication draft will be emailed to authors for final proof approval prior to publication
9. Accepted article goes to press.

Appendix 1: Guidelines for Book Reviews

An analytic or critical review of a book or article is not primarily a summary; rather, it **comments on** and **evaluates** the work highlighting specific issues and theoretical concerns. The review will be an evaluation of how convincing the author's presentation of his/her topic was, and a commentary on the book's contribution. The writer can then define his or her own position. A full book review may concern only one book or monograph or several works. Its length is about 750-1,000 words. It should give readers an engaging, informative, and critical discussion of the work.

- Combines balanced opinion and concrete example, a critical assessment based on an explicitly stated rationale or argument or analysis, and a recommendation to a potential audience. The reader gets a sense of what the book's author intended to demonstrate. The review offers criteria, opinions, and support with which the reader can agree or disagree.
- Inform the reader about what is happening in the area of academic activity the book addresses; what the state of knowledge is in the subject; and how this new book adds, changes, or breaks new ground in our knowledge of this subject.

The most important point in developing a book review is to address the ANZIDOHT readership. The review should consider:

- The intended audience for the book and who would find it useful;
- The background of the author;
- The main ideas and major objectives of the book and how effectively these are accomplished;
- The soundness of methods and information sources used;
- The context or impetus for the book - political controversy, review research or policy, etc.;
- A comparison with other works on this subject;
- Constructive comments about the strength and weaknesses of the book;
- For edited books: dominant themes with reference to specific chapters as appropriate; and implications of the book for research, policy, practice, or theory.

The header of your review should include:

- Author(s) or editor(s) first and last name(s) (please indicate if it is an edited book)
- Title of book
- Year of publication
- Place of publication
- Publisher
- Number of pages
- Price (please indicate paperback or hard cover) if available
- ISBN

Style Guidelines

1. All references should be made **in-text**, rather than as footnotes or endnotes.
2. Short essay style writing in professional and technical contexts regarding format, style, referencing and other characteristics.
3. Use an informative form, or descriptive form and connected writing
4. Impersonal or objective tone

Appendix 2: Guidelines for Clinical Case Study

The clinical case study should provide an overview of the scenario and describe the issues, findings and relevant contextual factors within a limit of 3,500 words.

Findings

Identify the key information in the case however it is also important to identify potential underlying problems.

This section is often divided into sub-sections:

- Pseudo patient name
- Date of birth
- Reason for visit
- Medical history
- Social history
- dental/oral health history
- *Examination*
- Extraoral
- Intraoral (include hard and soft tissue charting and/or photos etc)
- Special tests (e.g. saliva test, radiographs, plaque test)
- *Diagnosis* (include aetiology)

Recommendations

Treatment plan

Propose treatment plan

Briefly justify your treatment plan explaining how it will solve the problem/s

Other options (alternative considerations for treatment provided/products used)

Long term management

Treatment carried out to date

Discussion

A referenced section detailing clinical and preventive treatments provided, implications of any medical, developmental stage, behavioural issues. In-depth description of patient's presenting oral disease, techniques used to minimise pain, maximise preventive strategies and expected immediate, and long-term outcomes for preventive interventions. In addition, identify alternative solutions and briefly outline each alternative with evaluation of its advantages and disadvantages.

Conclusion

Sum up the main points from the findings and discussion

Appendix 3: Guidelines for Short Research Report

A Short Research Report is a concise paper that presents preliminary or a summary of key research findings (e.g., pilot/feasibility data, research, service planning and evaluations, audits, quality-improvement projects, educational innovations, brief qualitative studies, secondary analyses, or similar scholarly reports). Typical length is 1,000–1,500 words.

Background

Provide a concise overview of the problem and aim of the study, its relevance to oral health therapy, and the immediate context for the study.

Methods

Describe the study design and specify the setting and participants, including location, dates, eligibility, and recruitment or sampling approach. If applicable, outline the intervention, innovation, or exposure with sufficient detail on materials, training, delivery, and fidelity. Summarise measures and data collection procedures, noting instrument validity or reliability when known and how data were captured. State ethics approval or institutional determination, consent processes, and steps for de-identification.

Results

Report findings in the same sequence as the aims and methods (as for a full manuscript). For qualitative studies, summarise core themes succinctly and include brief, de-identified quotations that exemplify each theme or use up to two tables or figures to present key results, referring readers to Appendix 5 for formatting expectations.

Discussion

A referenced section interpreting against current literature/practice (what is new, useful, transferable). Acknowledge strengths and limitations that may affect internal and external validity or generalisability. Articulate practical implications for clinical care, education, service delivery, and/or policy, and conclude with specific next steps such as refinement, scale-up, or a fully powered evaluation.

Conclusion

Offer a brief statement that distils the study's main message and immediate significance for practice or policy.

Appendix 4: Guidelines for Referencing

In text citations

Use the author's family name (no initials) followed by a comma, and the year of publication for in text citations e.g. (Smith, 2008). For three or more authors, et al can be used. Initials are only used when two or more authors have the same family name. e.g. (Smith, JB, 2008).

Give specific page numbers for quotations in the text and include a complete reference in the reference list.

Reference List

Each reference appears on a new line.

The reference list should be ordered alphabetically by the first authors family name.

References should not be numbered.

Entries by the same single or multiple authors are arranged by year of publication, the earliest first.

APA 7th citation style examples

These are **basic** examples of the APA 7th citation style, based closely on the examples given in the [Publication manual of the American Psychological Association, 7th ed. \(2020\)](#).

Journal articles

- Include the issue number for all journals that have issue numbers.
- Journal articles with Article numbers/e-locators, write the word Article and number instead of the page range.
- Journal names should be capitalised and italicised.
- Include DOI or weblink where possible.

Reference type	In-text citations	Reference list / Bibliography
1-2 authors	(Sou, 2004) (Lewis & Hanken, 2017)	Sou, M. A. (2004). The hormones of the hypothalamus. <i>Journal of Anatomy</i> , 8(1), 73-82. Lewis, Z. R., & Hanken, J. (2017). Convergent evolutionary reduction of atrial septation. <i>Journal of Anatomy</i> , 230(1), 16-29.
3-20 authors, list all in the Reference List	(Gomez et al., 1999)	Gomez, A. B., Zheng, C. D., & Merk, E. (1999). The origins of obesity in teens. <i>Obesity Research</i> , 7, 123-126.
21+ authors, list first 19 ... then the last author	(Jin et al., 2004)	Jin, D., Bow, A., Man, L., Shiu, K., Bar, F., Park, G., Shep, F., Srin, E., Chen, C., Knul, C., Miri, G., Jon, B., Wat, D., Men, T., Pun, Y., Zee, Z., Tom, N., Dai, W., Liu, S., . . . Walsh, N. (2004). Neurotoxicity assessment using zebrafish. <i>Journal of Pharmacological Methods</i> , 6, 249-267.
Journal article – with DOI in this format: https://doi.org/xxxx	(Jones-Jens et al., 2005)	Jones-Jens, K. L., Ebbes, P., & Jenkins, J. A. (2005). Volunteer support, marital status, and the survival times of terminally ill patients. <i>Health Psychology</i> , 24, 225-229. https://doi.org/10.1037/0278-6133.24.2.225
Electronic journal article – without DOI	(Kaneko & Lee, 2006)	Kaneko, T. J., & Lee, N. S. (2006). Psychological consequences of self-induced drug overdose. <i>E-Journal of Applied Psychology</i> , 2(2), 38-48. https://ojs.lib.swin.edu.au/index.php/ejap
Electronic journal article without page numbers	(Butler et al., 2019)	Butler, E. M., Derraik, J., Glover, M., Morton, S., Tautolo, E., Taylor, R. & Cutfield, W. (2019). Acceptability of early childhood obesity prediction models to New Zealand families. <i>PLOS ONE</i> , 14(12), Article e0225212. https://doi.org/10.1371/journal.pone.0225212

Electronic journal article - advanced online publication - with DOI	(Von Mims, 2007)	Von Mims, S. C. (2007). Comparison of hard tissues that are useful for DNA analysis in forensic autopsy. <i>Forensic Research & Practice</i> . Advance online publication. https://doi.org/10.1057/palgrave.kmrp.8500141
Systematic review – from a database - format like a journal article	(Bunyavejchevin & Phupong, 2006)	Bunyavejchevin, S., & Phupong, V. (2006.) Laparoscopic surgery for presumed benign ovarian tumor during pregnancy. <i>Cochrane Database of Systematic Reviews</i> . https://doi.org/10.1002/14651858.CD005459.pub2

Books

- In-text, some group authors may be abbreviated in subsequent citations if they are recognisable, e.g. World Health Organization or WHO.
- Place of publication is not required.
- If there is more than one publisher, list them all, separated by a semicolon.
- The title of the book is italicised, and not capitalised.

Reference type	In-text citations	Reference list / Bibliography
<p>Authored book without a DOI, or</p> <p>with a DOI, or</p> <p>with a URL</p>	<p>(Powers, 1989)</p> <p>(National Institute of Health [NIHM], 2003) Subsequent: (NIHM, 2003)</p> <p>(Gillam, 2018)</p> <p>(World Health Organization [WHO], 2003) Subsequent: (WHO, 2003)</p> <p>(O'Brien, 1999)</p>	<p>Powers, M. A. (1989). <i>The trigeminal nerve and its central connections</i>. Taylor & Francis.</p> <p>National Institute of Health Medicine. (2003). <i>Research ethics in health sciences: An academic's guide</i>. Rata Press.</p> <p>Gillam, T. (2018). <i>Creativity, wellbeing and mental health practice</i>. Palgrave Pivot. https://doi.org/10.1007/978-3-319-74884-9</p> <p>World Health Organization. (2003). <i>Vitamin D and salbutamol</i>. https://doi.org/10.1089/4829301745</p> <p>O'Brien, E. (1999). <i>Reporting results of cancer treatment</i>. http://www.onlineoriginals.com/showitem.asp?itemID=135</p>
<p>Edited book without a DOI, or</p> <p>with a DOI or URL</p>	<p>(Souter et al., 2012)</p> <p>(Levy et al., 2019)</p>	<p>Souter, A., Cregg, R., & Chong, S. (Eds.). (2012). <i>Back pain</i>. Oxford University Press.</p> <p>Levy, A., Goring, S., Gatsonis, C., Sobolev, B., Van Ginneken, E., & Busse, R. (Eds.). (2019). <i>Health services evaluation</i>. Springer. https://doi.org/10.1007/978-1-4939-8715-3</p>
<p>Chapter in an edited book, without a DOI, or</p> <p>with a DOI</p>	<p>(Lemesh, 2008)</p> <p>(Marieb, 2008)</p>	<p>Lemesh, D. M. (2008). Essential reproduction. In M. Enid & R. J. Kapoor (Eds.), <i>The science of physiology</i> (pp. 17-43). Guilford Press.</p> <p>Marieb, D. M. (2008). Effects of PEG-induced osmotic stress on dhurrin levels of forage sorghum. In M. Elm & R. J. Larsen (Eds.), <i>The science of plant biochemicals</i> (pp. 28-43). Routledge. https://doi.org/10.1000/9845823612</p>
NZ Formulary – downloaded section	<p>(New Zealand Formulary [NZF], 2016) Subsequent: (NZF, 2016)</p>	New Zealand Formulary. (2016). <i>Probiotics</i> . https://www.nzf.org.nz

Other online resources – always consider what type of resource you have, before where it's located

- Italicise the title of the work on the webpage or website you refer to, e.g. report, policy document, conference paper, image.
- For a webpage and a direct quote, cite the paragraph number in the in-text citation, e.g. (New Zealand Ministry of Health, 2009, para. 1)
- The basic format for a webpage, or part of a website, is: Author, A. A. & Author, B. B. (Year of publication). *Title of work*. Website name (omit if same as the author/organisation). Source URL. Only use a retrieval date for time sensitive information that gets updated, and may not be archived.

Reference type	In-text citations	Reference list / Bibliography
Webpage – standalone document	(Charnley, 2014)	Charnley, J. B. (2014). <i>The historical significance of measles</i> . https://www.health.org/measles.pdf
Webpage on a website – organisation / group author	(World Health Organization [WHO], 2018)	World Health Organization. (2018, March). <i>Questions and answers on immunization and vaccine safety</i> . https://www.who.int/features/qa/84/en/
Webpage – authored	(Jackson, 2009)	Jackson, J. D. (2009). <i>Mannitol</i> . https://www.medics.com/mannitol.htm

Works Excluded from a Reference List

- Usually a work is not included because readers cannot recover it or because the mention is so broad that readers do not need a reference list entry to understand the use.

Personal communications, e.g. emails, phone calls, texts	Cited in the text only, not in the reference list, because readers cannot retrieve personal communications.
Whole websites, whole journals, common software & apps	Do not require in-text citations or reference list entries because the use is broad and the source is familiar.
Quotations from research participants (data)	Citations and reference list entries are not necessary because the quotations are part of your original research. They could also compromise participants' confidentiality, which is an ethical violation.

For more complex examples, consult a copy of the book: [*Publication manual of the American Psychological Association*, 7th ed. \(2020\). American Psychological Association](#), or <https://apastyle.apa.org/style-grammar-guidelines/references/examples>.

Appendix 5: Guide to Presenting Tables and Figures for the ANZJDOHT

All Tables and Figures must be supplied as separate files in pdf or jpeg format suitably labelled to inform layout. Please add advice in the text *in italics* to indicate approximately where the table should be positioned.

Adapted from Gerodontology guide to Tables and Figures

Most scientific papers need to present data. Data can be presented entirely in the text of the Results section, but it is usually more effective to summarize the substance of the data in the text and provide the details in a Table. A Figure can be used also to portray a striking difference or gradient. The purpose of this guide is to provide advice on how to present data in Tables and Figures. These should be designed so that their titles, labels and data can be understood without referring to the main text of the paper. They should also be referenced in the text of the paper.

Tables

Numbered table titles are presented **above** the table.

The typical structure of a table features data in vertical columns and horizontal rows that should be labeled clearly and succinctly to identify their content. Typically, the first column contains the independent variables by which you are seeking to present and describe the dependent variable(s). Other important features are the title, which should identify the general content of the Table, and footnotes, which provide supplemental information (such as the meaning of abbreviations or the name of statistical tests).

For example, see Table 1 for a presentation of fictitious summary data on caries experience.

Table 1. Dental caries experience by sex and age group (brackets contain standard deviations unless otherwise indicated)

	Mean coronal DMFS ^a	Mean root DFS ^b	Number with 1+ root DFS (%)
Sex			
Male	22.1 (9.9) ^c	3.4 (4.2)	50 (15.2) ^e
Female	24.3 (11.2)	2.8 (5.1)	23 (6.9)
Age group			
65-74	18.6 (8.7) ^d	2.0 (3.2) ^d	9 (3.8) ^e
75-84	22.4 (7.6)	2.8 (5.1)	24 (10.7)
85+	26.4 (11.8)	3.9 (4.2)	40 (20.0)
All combined	23.2 (10.8)	3.1 (4.7)	73 (11.0)

^aDecayed, Missing or Filled Surfaces

^bDecayed or Filled Surfaces

^cP<0.05; Mann-Whitney U-test

^dP<0.05; Kruskal-Wallis H-test

^eP<0.01; χ^2 test

The features of this Table which make it easy to read are highlighted in Figure 1.

Efficient way of explaining the parenthetical information

Table 1. Dental caries experience by sex and age group (brackets contain standard deviations unless otherwise indicated)

Hanging indent for Table title

Adequate white space between title and actual Table

	Mean coronal DMFS ^a	Mean root DFS ^b	Number with 1+ root DFS (%)
Sex			
Male	22.1 (9.9) ^c	3.4 (4.2)	50 (15.2) ^c
Female	24.3 (11.2)	2.8 (5.1)	23 (6.9)
Age group			
65-74	18.6 (8.7) ^d	2.0 (3.2) ^d	9 (3.8) ^c
75-84	22.4 (7.6)	2.8 (5.1)	24 (10.7)
85+	26.4 (11.8)	3.9 (4.2)	40 (20.0)
All combined	23.2 (10.8)	3.1 (4.7)	73 (11.0)

Use of indents to show subordinate categories

Data in each column clearly aligned

Informative column headings

Note that the data lines are actually single-spaced - this is more space-efficient

^aDecayed, Missing or Filled Surfaces
^bDecayed or Filled Surfaces
^cP<0.05; Mann-Whitney U-test
^dP<0.05; Kruskal-Wallis H-test
^eP<0.01; χ^2 test

Only two horizontal lines used - one to separate the column headings and the data, and one to separate the data and the footnotes

Supplementary information given in footnotes, thus not 'clogging up' the Table with unnecessary details

Figure 1. Salient features of Table 1.

Note the minimal use of lines to delineate different components of the table, and use of a serif font (such as Times New Roman) rather than a sans serif font to present your data efficiently

A Table should stand alone, with all of the required information in the title, the cells and the footnotes. Place each table on a separate page at the end of the manuscript, after the references.

In the text of the paper, refer to the table within parentheses (Table 1), and summarize the content without repeating the data.

Figures

Numbered figure legends are presented **below** the figure.

Figures are used most effectively to accentuate important differences in your data. They can be used to emphasise your most crucial findings or differences, but they should not take up too much space in the paper. Figures illustrate your findings, and include (a) clinical photographs and photomicrographs, (b) charts (“graphs”), and (c) diagrams, such as line drawings or flow charts. Each Figure needs a short but informative title, usually contained within the figure to identify its purpose. Each component which is relevant to the main text should be labeled clearly. Please see information elsewhere about the quality of photographs and other digitized objects.

Typically, Figures are presented as line charts, bar charts, scatter plots or pie charts, although pie charts rarely have a place in a written document because they use space inefficiently.

Line charts are excellent for depicting changes over time in a continuous variable, such as in the example below. They present changes which otherwise would be difficult to appreciate by scrutinising the data in a Table.

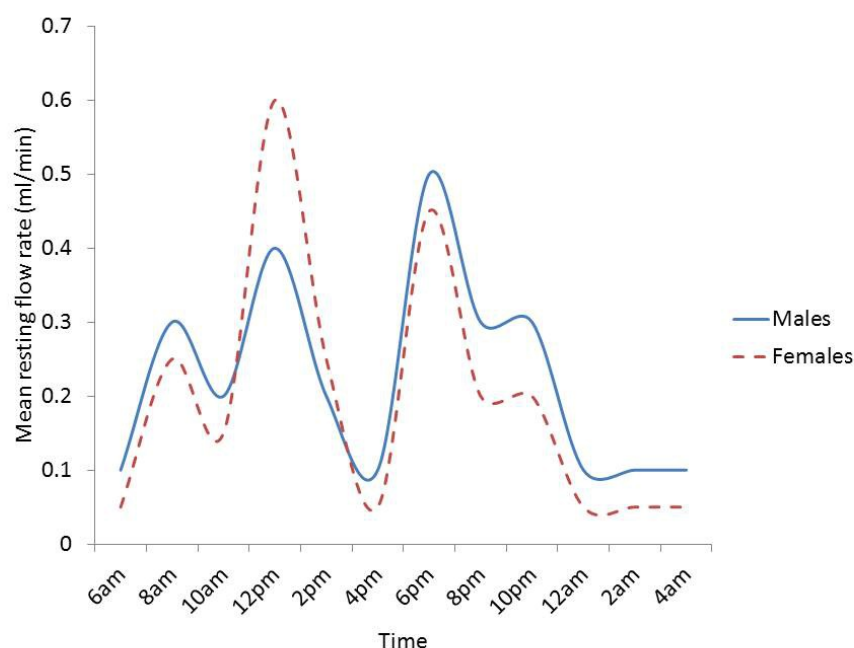


Figure 2. Changes in resting flow rate over 24 hours, by sex.

Gridlines (whether horizontal or vertical) are visually distracting and unnecessary. The title Figure should be self-explanatory. The vertical and horizontal axes should be well-labelled and the various lines of data points sufficiently different that they would be easily distinguished even when the Figure is reduced in size and printed in monochrome. There should also be a Legend to indicate what each line of data represents.

Bar charts can be useful for emphasising differences among groups, but the sort of information they present can usually be better conveyed in a Table. For example, the data in Figure 3 come from Table 1 (above) to illustrate the age gradients and the scale of the differences in experience between coronal and root surface caries, but it is

not a very efficient way to present the information. Tables are generally preferred because they require less space to present data, and there is no reason to present the same data in both a Table and a Figure.

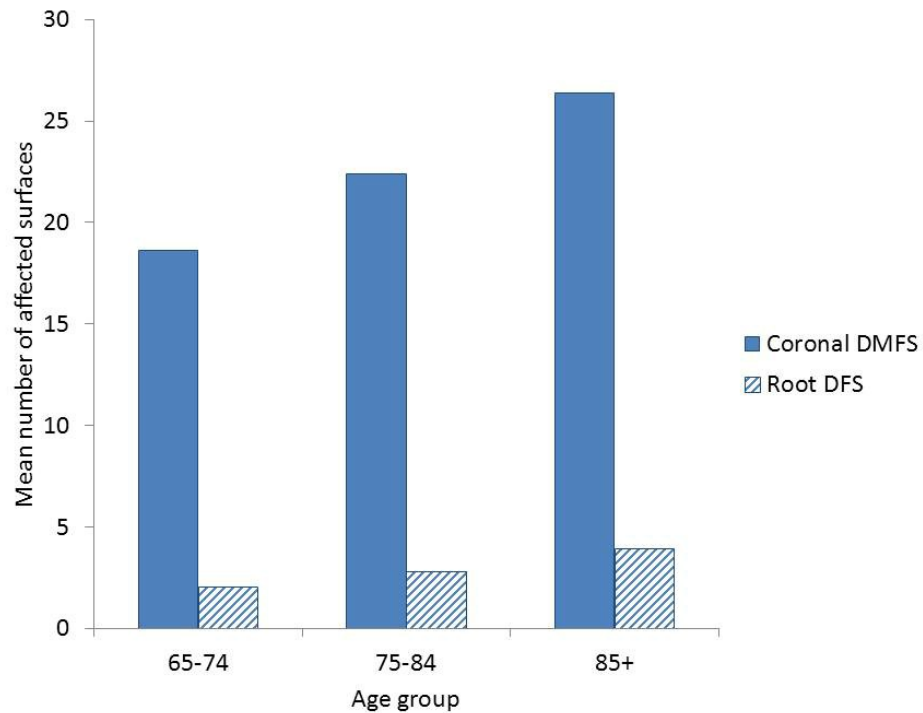


Figure 3. Surface-specific caries experience, by age group.

When making a bar chart, avoid the temptation to use a three-dimensional chart, because this can convey a false impression, as well as distracting the reader.

Scatter plots can be useful for presenting the association between two continuous variables (such as height and weight) more efficiently than presenting only a correlation coefficient in the Results text (Figure 4).

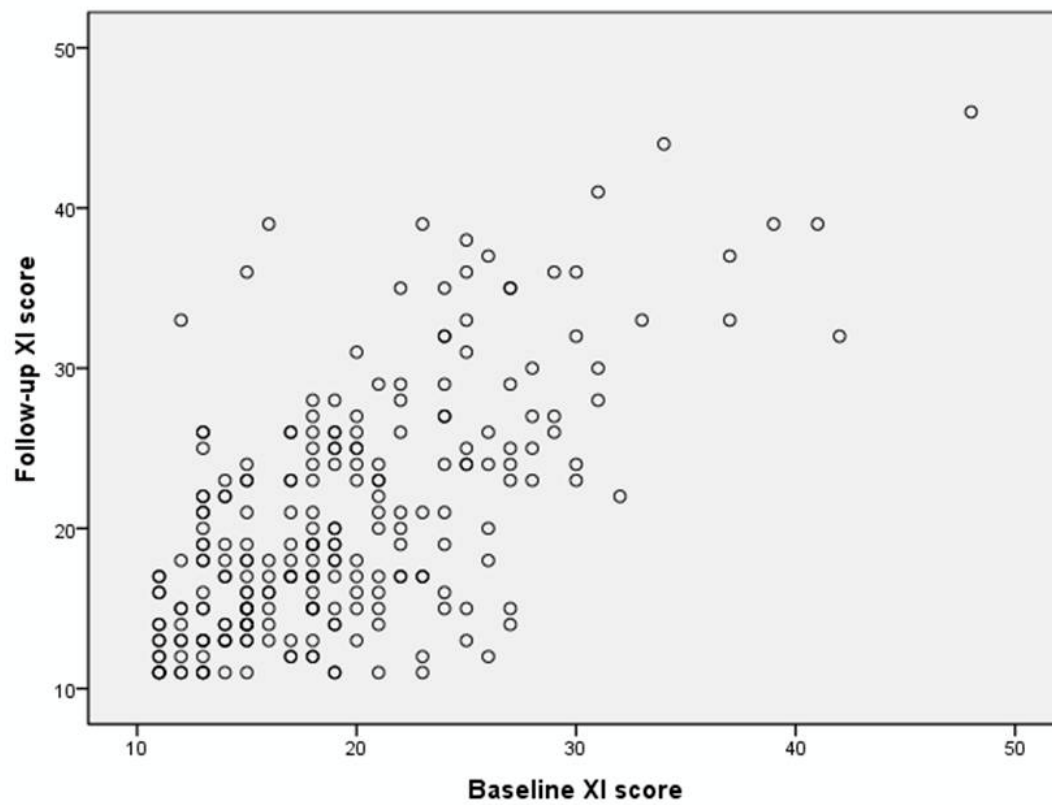


Figure 4. Scatterplot of baseline and follow-up Xerostomia Inventory scores (Pearson's $r = 0.64$).

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