[Article type: Original Research / Review Article / Clinical Study]

[Enter a concise and informative article title in English]

AUTHOR INSTRUCTION • PROPOSED: ≤18 words; express main topic, population/context, and key variable or finding; avoid abbreviations and unsupported claims. Remove every AUTHOR INSTRUCTION and DEMONSTRATION line before submission.

[First Author][1], [Second Author][2], [Third Author][1]*

[1][Department, Institution, City, Country]

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ARTICLE METADATA	VALUE
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ABSTRACT

AUTHOR INSTRUCTION • PROPOSED: 200–250 words in one English paragraph. State background, objective, design, setting/participants, key numerical findings (include effect sizes/95% CI if applicable), and conclusion. Do not cite references, tables or figures, introduce unexplained acronyms or claim unreported results.

[Background: What primary-care problem requires attention?] [Objective: What was investigated?] [Methods: State the design, setting, sample, and analysis.] [Results: Insert your verified main findings and uncertainty estimates.] [Conclusion: Answer the objective without extending beyond the findings.]

Keywords: [family medicine]; [primary health care]; [care coordination]; [health services]; [research-specific keyword]

AUTHOR INSTRUCTION • PROPOSED: 3–5 searchable terms in English. Prefer standardized terms (e.g., MeSH) where relevant, separate with semicolons; do not simply repeat the entire article title.

1. INTRODUCTION

AUTHOR INSTRUCTION • PROPOSED structure: paragraph 1, context and significance; paragraph 2, contemporary evidence; paragraph 3, contradictory or incomplete evidence; paragraph 4, explicit research gap; final paragraph, objective/novelty. Support factual and external claims with citations. Aim for 8–12 relevant cited sources across the Introduction when justified; citation density is not a SINTA minimum.

DEMONSTRATION PARAGRAPH (not a real literature claim): In a family-care manuscript, begin with a statement of the documented health-service challenge supported by a verified primary study [1]. Contrast at least two relevant studies or authoritative sources [2,3]. Explain precisely which population, setting, outcome, or analytical question remains unresolved. Conclude with a testable study objective, rather than stating only that the topic is important.

AUTHOR INSTRUCTION • Replace [1]–[3] with actual verified publications and ensure the References section contains the matching entries. Never keep these example citations if corresponding references are not used.

2. METHODS

AUTHOR INSTRUCTION • Describe enough detail for another team to repeat the study. Identify protocol, recruitment/sample and eligibility criteria, sample-size justification where appropriate, instruments and validity, outcomes and definitions, dates, missing data, analysis software and versions, bias control, and ethical

permissions. Study-specific reporting checklists: STROBE (observational), CONSORT (trial), PRISMA (systematic review), CARE (case report). Apply only the guideline appropriate to the design.

2.1. Study Design, Setting and Participants

[Specify prospective/retrospective/cross-sectional/qualitative/mixed-methods design]; [clinical and geographical setting]; [study period]; [sampling frame, recruitment route and actual sample]; [inclusion/exclusion criteria]. For a review, replace recruitment details with databases, dates, search terms, selection criteria and preregistration where relevant.

2.2. Variables, Measures and Data Collection

[Define primary and secondary outcomes, exposures and covariates; describe measurement tools and units; provide sources for validated instruments and modified methods; explain missing or incomplete measurements and quality control.]

2.3. Data Analysis and Quality Assurance

[Specify descriptive statistics, analytical tests/models, confidence intervals, significance level if applicable, assumptions, missing-data treatment, software/version and sensitivity analysis. Qualitative studies should detail coding, reflexivity, saturation/adequacy and trustworthiness as appropriate.]

2.4. Ethical Considerations

[Name of ethics review committee]; approval/reference no. [ID] dated [date], or documented exemption with reasoning. State consent procedures and how confidentiality was protected. For clinical trials, report registry, identifier and registration date when applicable. Do not include identifiable patient details.

3. RESULTS

AUTHOR INSTRUCTION • Present outcomes in the same order as the objectives. Include denominators (n), units and relevant estimates. Refer to every numbered table and figure in the running text before display. No invented data. Avoid repeating entire tables in prose.

ILLUSTRATIVE CROSS-REFERENCE ONLY: The study workflow is displayed in Figure 1. Table 1 demonstrates consistent presentation of group-wise variables. Figure 2 illustrates appropriate axis labels, units, and sample caption formatting. All example visuals and values must be replaced with real study outputs.

Table 1. Example layout for a participant-characteristics table (all entries are placeholders).

Characteristic	Group A (n = [ ])	Group B (n = [ ])
Age, years, mean ± SD	[ ]	[ ]
Female, n (%)	[ ]	[ ]
Follow-up completed, n (%)	[ ]	[ ]

Table note: Replace all bracketed cells with verified data. Define SD, any test statistics, units, and missing values. Do not use a screenshot of a table.

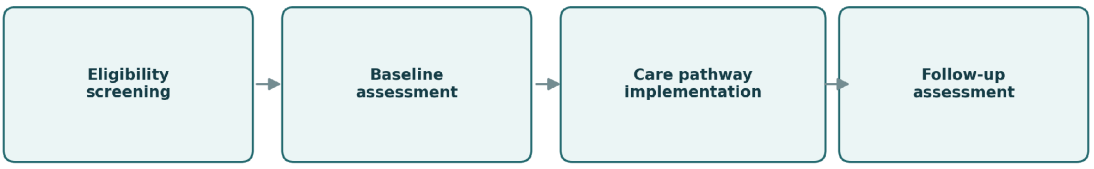


Figure 1. Example study workflow. Conceptual figure for formatting demonstration; replace with the actual study process.

AUTHOR INSTRUCTION • FIGURE GUIDANCE: Use a legible original chart/diagram; label each axis and unit; describe sample size and uncertainty if plotted. Supply high-resolution source files and permission/credit for any reused figure. Do not edit clinical photographs in ways that misrepresent evidence.

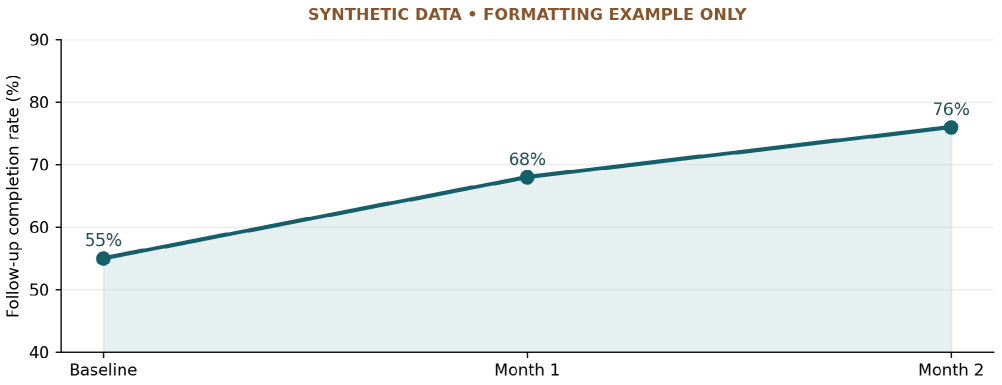


Figure 2. Example line chart using synthetic values only. These percentages are not research findings and MUST be replaced.

4. DISCUSSION

AUTHOR INSTRUCTION • A strong Discussion should: (1) state the key finding; (2) interpret meaning and clinical relevance; (3) compare at least several directly relevant primary studies with accurate citations; (4) discuss possible explanations, bias and limitations; (5) close with measured implications. Do not copy the Results section or infer causation from purely observational associations.

[Principal finding and how it answers the objective]. [Comparison with the published results of verified studies cited here]. [Plausible mechanisms and why discrepancies arose]. [Strengths, sources of bias, external validity and study limitations]. [Implications proportionate to the evidence].

5. CONCLUSION

AUTHOR INSTRUCTION • PROPOSED: a single brief paragraph (about 100–180 words), clearly answering the stated objective using only reported findings. Do not introduce new data, new references, or unsupported universal recommendations.

[State the specific result, cautious interpretation, and one justified practice or future-research implication.]

DECLARATIONS

AUTHOR INSTRUCTION • Complete ALL declarations accurately. For items absent/not applicable, use an explicit statement. The 2026 technical guidance includes AI use, author contributions, funding and competing interests among required article disclosures for published PDF galleys.

Ethics Approval and Consent

Approval was granted by [full committee name; approval no. and date]. [Describe informed consent and privacy safeguards, or a justified exemption].

Author Contributions

[Initials]: conceptualization and design; [Initials]: investigation/data collection; [Initials]: analysis; [Initials]: drafting; [Initials]: critical review. All named authors reviewed and approved the final text.

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Conflicts of Interest

The authors declare no competing financial or non-financial interests. / [Disclose the specific relevant interests].

Data Availability

De-identified data are available at [relevant repository and access link] subject to [conditions]. / Data cannot be shared publicly due to participant privacy and ethical restrictions; [contact/process if appropriate].

Generative AI Disclosure

No generative AI tools were used in preparing this manuscript. / [Tool name/version] was used only to [purpose]; all content and citations were independently checked by the authors, who retain full responsibility.

Acknowledgments (Optional)

The authors thank [named individual/institution] for [non-authorship contribution], with permission. Omit this section when not applicable.

REFERENCES

AUTHOR INSTRUCTION • CITATION STYLE IS AN EDITORIAL PROPOSAL: Vancouver/NLM numbered references. Cite in order of first appearance: [1], [2,3] or [4–6]. Reuse the original number when citing a source again. Every cited work appears in the list and every listed source is cited. Verify every bibliographic record and DOI using a reference manager (Zotero/Mendeley/EndNote). Do not submit the illustrative reference patterns below.

REFERENCE-COUNT PROPOSAL: Original Research ≥25, Review Article ≥40, Clinical Study ≥20. These are suggested AFIYA policies, not a fixed SINTA acceptance rule.

2026 RUBRIC F.7: The highest score corresponds to ≥15 references with >80% primary sources. RUBRIC F.8: The highest score requires >80% up-to-date references. Operational editorial target: ≥85% primary AND ≥85% published in the previous five publication years, with justified landmark exceptions.

ILLUSTRATION FOR 25 REFERENCES: at least 22/25 primary and 22/25 recent (88% each); for 40: ≥34 primary and ≥34 recent (85% each); for 20: ≥17 primary and ≥17 recent (85% each).

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Prefer DOI in clickable https://doi.org/... format; check accurate authors, year, journal title, volume, issue, pages or article number. Cite clinical guidelines as guidelines and include recognized study reports where relevant.

[1] [Surname AB], [Surname CD]. [Title of the real original research article]. [Journal Abbreviation]. [Year];[volume]([issue]):[pages or eLocator]. doi:[verified DOI].

[2] [Organization or author]. [Title of a verified clinical practice guideline]. [Journal or publisher]. [Year];[volume]([issue]):[pages]. [Verified DOI/URL].

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[4] [Organization]. [Full report title] [Internet]. [Year] [cited YYYY Mon DD]. Available from: [verified URL].

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