

PhD in Translational Health Sciences (THS)
Style Guide
For the Written Doctoral Dissertation

August 2023

School of Medicine
& Health Sciences

THE GEORGE WASHINGTON UNIVERSITY



PhD in Translational Health Science (THS)

THE GEORGE WASHINGTON UNIVERSITY (GW)
SCHOOL OF MEDICINE AND HEALTH SCIENCES (SMHS)
CLINICAL RESEARCH AND LEADERSHIP(CRL)

Washington, D.C.

Style Guide

For the Written Doctoral Dissertation

This text acts as a guide for PhD in Translational Health Sciences (THS) dissertation defense and preparing for graduation within the Department of Clinical Research and Leadership (CRL) in the School of Medicine and Health Sciences.

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INTRODUCTION

This Style Guide, for the written dissertation for the PhD in Translational Health Sciences, outlines the format for preparing the different sections of the dissertation. It has been adapted from the general guidelines for dissertations at the George Washington University to meet the purposes of the PhD in THS program.

All the front matter (described below) and supplemental materials follow the format and style described below. The content of the chapters is determined in consultation with the dissertation chair and committee members and should be appropriate for the type of study conducted. The formatting of the chapters including margins, page numbering, type face, and order should follow those shown in this guide.

PhD in THS dissertations use the current version of the APA style for all references and citations. Footnotes and endnotes also follow current APA style. You can find APA style guidance at this URL:

<https://apastyle.apa.org>

An annotated template for the front matter is provided within this document. A Word document template is also available for download on the PhD in THS website under “Student Resources.”

Preliminary Approval of Dissertation Format

As of Fall 2022, students planning to defend in Spring 2023 and beyond must submit their dissertation for preliminary format review in the semester *prior* to their dissertation defense. Beginning Spring 2023, students will not be allowed to schedule a dissertation defense if preliminary review of their dissertation has not been completed. A preliminary review takes 3-4 weeks to complete. Students are referred to the Guide to Planning the Dissertation Defense for detailed timelines.

FRONT MATTERS

The front matter of the dissertation for the PhD in THS includes:

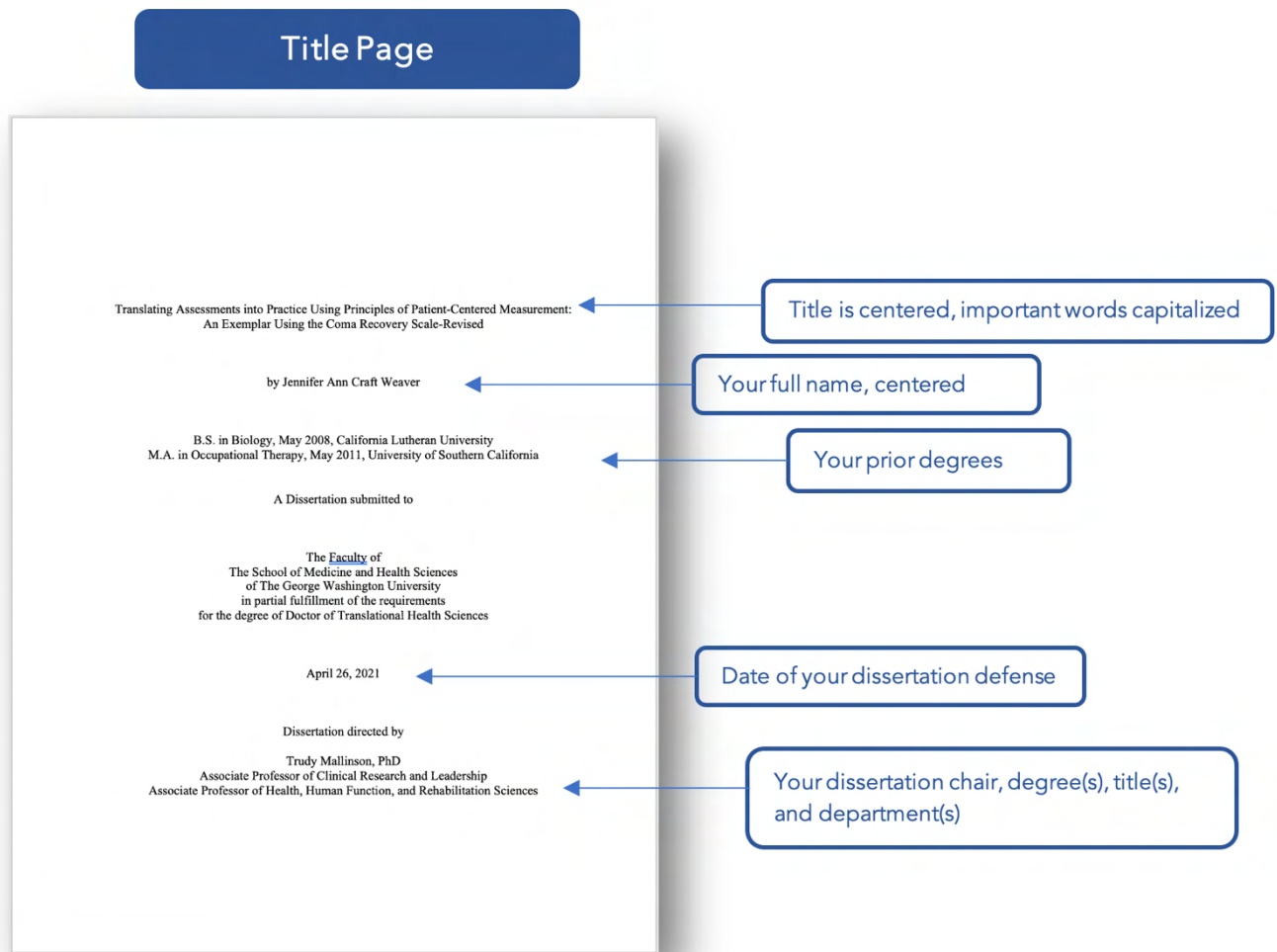
- Title Page (Required)
- Certification Page (Required)
- Copyright Page (Optional)
- Dedication (Optional)
- Acknowledgments (Recommended)
- Abstract (Required)
- Table of Contents (Required)
- List of Figures (Required if figures are used)
- List of Tables (Required if tables are used)
- List of Abbreviations (Recommended)
- Glossary of Terms (Optional)

Small screenshots of each component with annotations are provided in the figures below. These are intended as a guide; full details of font size, spacing, etc., can be found at this URL:

<https://library.gwu.edu/gw-etd-formatting> .

FRONT MATTER ANNOTATED FIGURES

Figure 1. Title Page (Required)



The diagram shows a title page with various elements annotated with callouts. A blue box at the top left is labeled "Title Page". The page content is centered and includes the title, author name, degrees, submission date, faculty information, defense date, and director information. Callouts on the right side point to these elements with descriptive text.

Title Page

Translating Assessments into Practice Using Principles of Patient-Centered Measurement:
An Exemplar Using the Coma Recovery Scale-Revised

by Jennifer Ann Craft Weaver

B.S. in Biology, May 2008, California Lutheran University
M.A. in Occupational Therapy, May 2011, University of Southern California

A Dissertation submitted to

The Faculty of
The School of Medicine and Health Sciences
of The George Washington University
in partial fulfillment of the requirements
for the degree of Doctor of Translational Health Sciences

April 26, 2021

Dissertation directed by
Trudy Mallinson, PhD
Associate Professor of Clinical Research and Leadership
Associate Professor of Health, Human Function, and Rehabilitation Sciences

Title is centered, important words capitalized

Your full name, centered

Your prior degrees

Date of your dissertation defense

Your dissertation chair, degree(s), title(s), and department(s)

Figure 2. Certification Page(s) (required)

Certification Page(s)

The diagram illustrates the layout of a certification page. A central white page is shown with a blue box at the top containing the text 'Certification Page(s)'. Four callout boxes on the left point to specific sections of the page:

- Callout 1:** 'Insert your name and the date of your dissertation defense' points to the first paragraph of the page.
- Callout 2:** 'Name, degree, title, department, role of chair and committee members' points to the 'Dissertation Research Committee' section.
- Callout 3:** 'Name, title, institution, of your readers' points to the 'Dissertation Readers' section.
- Callout 4:** 'This page ii (Roman 2#)' points to the page number 'ii' at the bottom of the page.

The text on the certification page is as follows:

The School of Medicine and Health Sciences of The George Washington University certifies that Donald Adams has passed the Final Examination for the degree of Doctor of Philosophy as of June 24, 2022. This is the final and approved form of the dissertation.

Management of Non-Compressible Torso Hemorrhage of the Abdomen in Austere/Remote Environments by Non-Surgeons Using Truncal Hemorrhage Control

Donald Adams

Dissertation Research Committee

Philip Van der Wees, PhD, Adjunct Professor of Clinical Research and Leadership, School of Medicine and Health Sciences, the George Washington University, Professor of Allied Health Sciences, Radboud Institute of Health Sciences, Committee Member, Chair.

Paige McDonald, EdD, Assistant Professor and Vice-Chair of Clinical Research and Leadership, School of Medicine and Health Sciences, The George Washington University, Committee Member.

Babak Sarani, MD, CACS, FCCM, Professor of Surgery and Emergency Medicine, Director, School of Medicine and Health Sciences, the George Washington University, Director of Trauma and Critical Care, George Washington University Hospital, Committee Member.

Stacy A. Shackelford, MD, FACS, Professor of Surgery, Uniformed Services University of Health Sciences, Joint Trauma System Chief, Defense Health Agency, Committee Member.

Dissertation Readers

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Mark Bowyer, MD, FACS, DMCC, FRCS (Glasg), Ben Eisenberg Professor of Surgery, The Norman M. Rich Department of Surgery, Uniformed Services University of Health Sciences, and The Walter Reed National Military Medical Center.

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Figure 3. Acknowledgements (recommended)

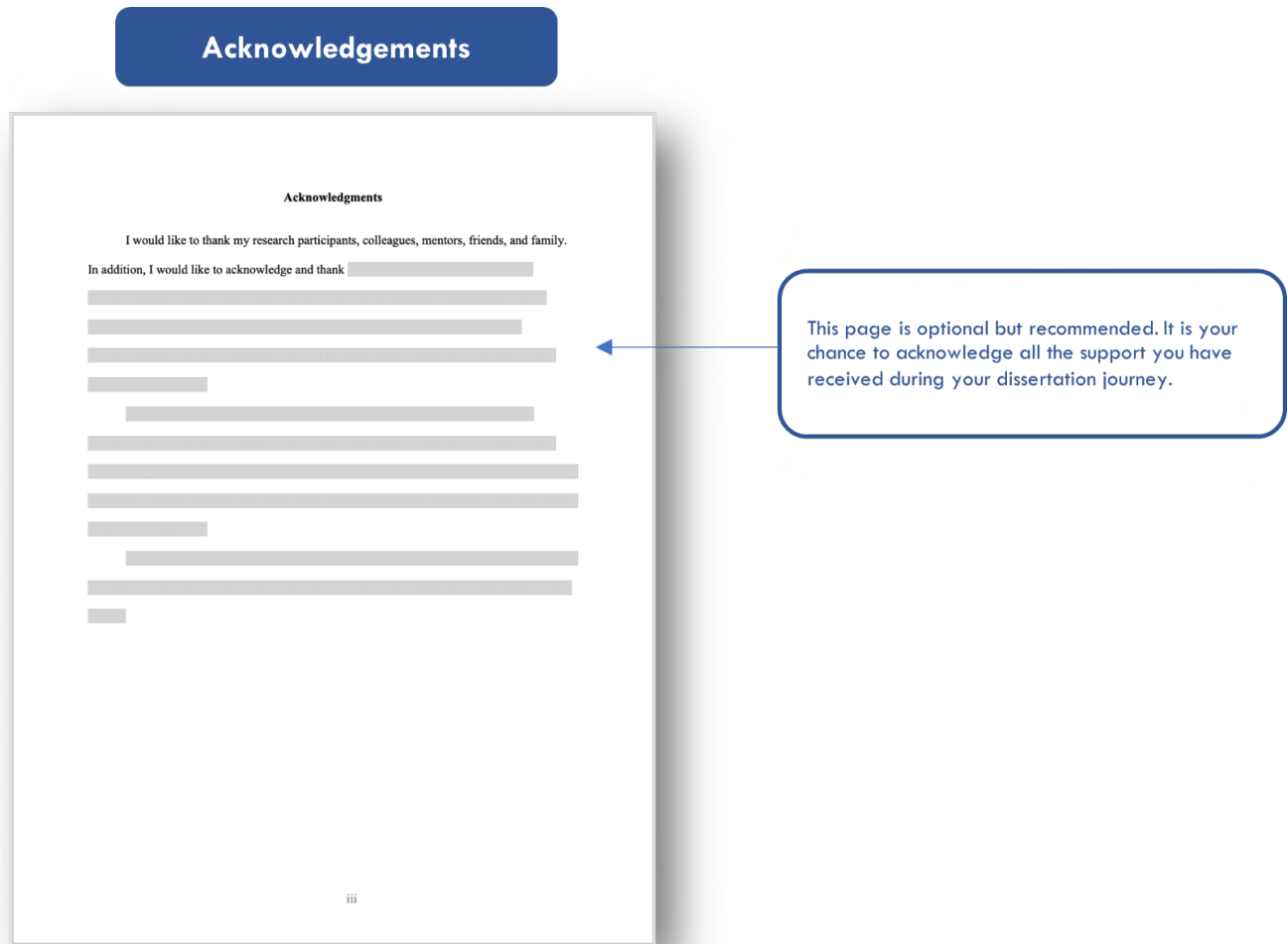


Figure 4a and 4b. Abstract (required) – maybe structured or unstructured.

Figure 4a. Structured Abstract.

Abstract - Structured

Title of your dissertation with key words capitalized, single spaced, 2 single spaces above and below.

Abstract

Translating Assessments into Practice Using Principles of Patient-Centered Measurement: An Exemplar Using the Coma Recovery Scale-Revised

Background: Disorders of consciousness (DoC) include different states (e.g., comatose, vegetative state/unresponsive wakefulness syndrome, minimally conscious state (MCS), and emerging minimally conscious state (eMCS)) following a severe brain injury. Yet, effective communication about treatment of patients with DoC is often inhibited because family caregivers and rehabilitation practitioners do not interpret recovery of consciousness in the same way (Epstein & Street, 2007; Weaver et al., 2018). Because a person may remain in a disordered state of consciousness for as long as two decades and receive multiple episodes of rehabilitation during that time, ensuring clear communication among family caregivers and rehabilitation practitioners about treatment decisions is important (Beaumont & Kenealy, 2005). Incorporating person-centered measurement principles (American Institutes for Research, 2017) into how assessment results are shared between and within key stakeholders', rehabilitation practitioners' and family caregivers', may facilitate shared treatment decision-making (SDM). SDM is the process in which both family caregivers and rehabilitation practitioners share clinical data and personal values to arrive at a mutual treatment decision (Elwyn et al., 2016; Papadimitriou et al., 2020).

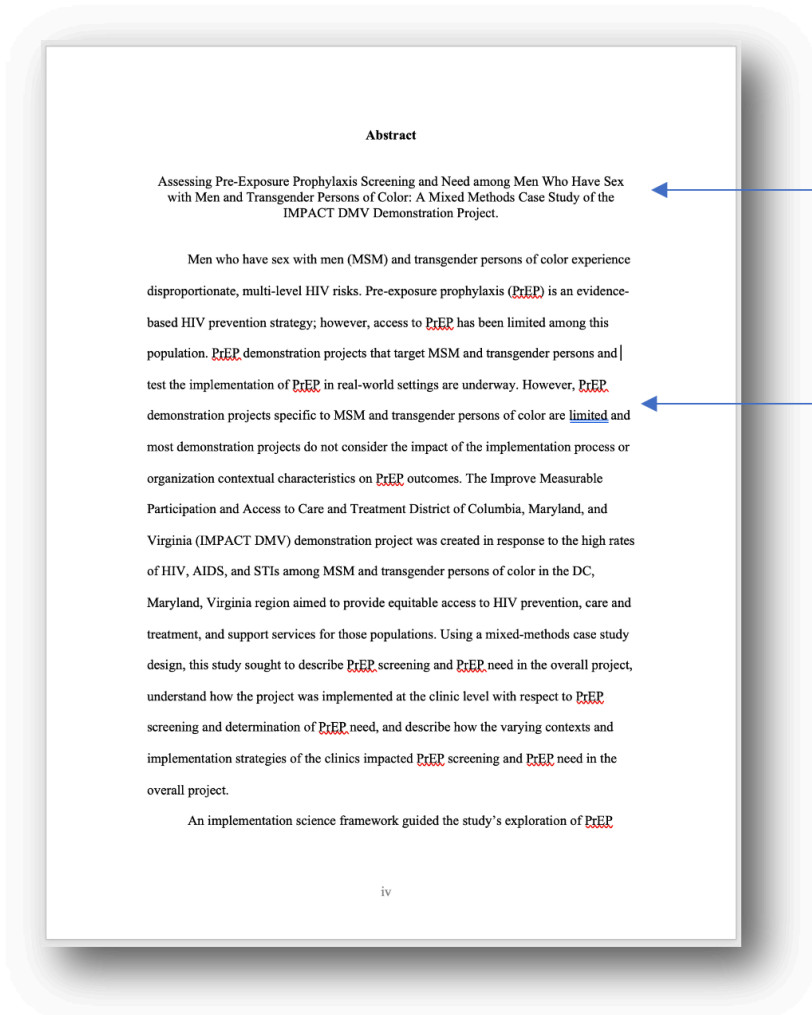
Objective: The long-term objective of this research is to facilitate shared decision making in treatment planning between rehabilitation practitioners and the family caregivers of individuals with DoC following a severe brain injury. The purpose of this research is to create a recovery ruler that facilitates effective communication about assessment results

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For structured abstracts (i.e., with section headings) sub-headings are in bold and indented. Double spaced, left justified.

Figure 4b. Unstructured Abstract.

Abstract - Unstructured



Abstract

Assessing Pre-Exposure Prophylaxis Screening and Need among Men Who Have Sex with Men and Transgender Persons of Color: A Mixed Methods Case Study of the IMPACT DMV Demonstration Project.

Men who have sex with men (MSM) and transgender persons of color experience disproportionate, multi-level HIV risks. Pre-exposure prophylaxis (PrEP) is an evidence-based HIV prevention strategy; however, access to PrEP has been limited among this population. PrEP demonstration projects that target MSM and transgender persons and test the implementation of PrEP in real-world settings are underway. However, PrEP demonstration projects specific to MSM and transgender persons of color are limited and most demonstration projects do not consider the impact of the implementation process or organization contextual characteristics on PrEP outcomes. The Improve Measurable Participation and Access to Care and Treatment District of Columbia, Maryland, and Virginia (IMPACT DMV) demonstration project was created in response to the high rates of HIV, AIDS, and STIs among MSM and transgender persons of color in the DC, Maryland, Virginia region aimed to provide equitable access to HIV prevention, care and treatment, and support services for those populations. Using a mixed-methods case study design, this study sought to describe PrEP screening and PrEP need in the overall project, understand how the project was implemented at the clinic level with respect to PrEP screening and determination of PrEP need, and describe how the varying contexts and implementation strategies of the clinics impacted PrEP screening and PrEP need in the overall project.

An implementation science framework guided the study's exploration of PrEP

Title of your dissertation with key words capitalized, single spaced, 2 single spaces above and below.

For unstructured abstracts (i.e., no subsection headings) indent first line of each paragraph. Double spaced, left justified, no spaces between paragraphs.

Figure 5. Table of Contents (required)

Table of Contents

Note that title page, certification, and copyright pages are not included.

Page numbering with dot leaders. Text does not overlap page numbering. Front matter headings bolded.

The image displays three overlapping Table of Contents pages. The leftmost page shows sections like 'External Barriers', 'Discussion', 'References', and 'Appendix A'. The middle page shows 'Data Cleaning and Coding', 'Qualitative Strand', 'Results', and 'Appendix B'. The rightmost page is titled 'Table Of Contents' and lists sections such as 'Acknowledgements', 'Abstract', 'Introduction', 'Literature Review', and 'Research Methodology' with their respective page numbers. Annotations with arrows point to specific features: one points to the exclusion of title/copyright pages, another points to the use of dot leaders and bolded front matter headings, and a third points to the use of Roman numerals for front matter and Arabic numerals for other pages.

Figure 6. List of Figures and List of Tables (required).

List of Figures & List of Tables

Title is bolded and centered with two blank lines below.

Entries are single-spaced, with single blank lines between entries.

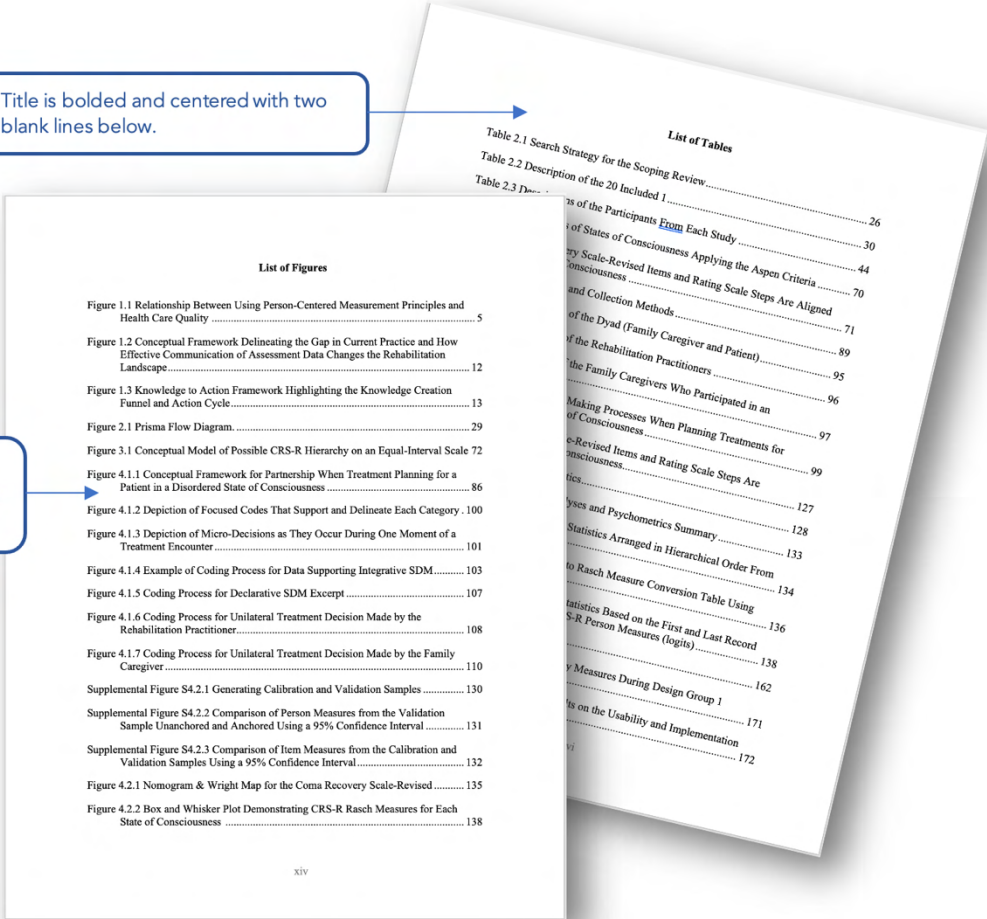


Figure 7a and 7b. List of Abbreviations and Glossary of Terms (optional).

Figure 7a. List of Abbreviations.

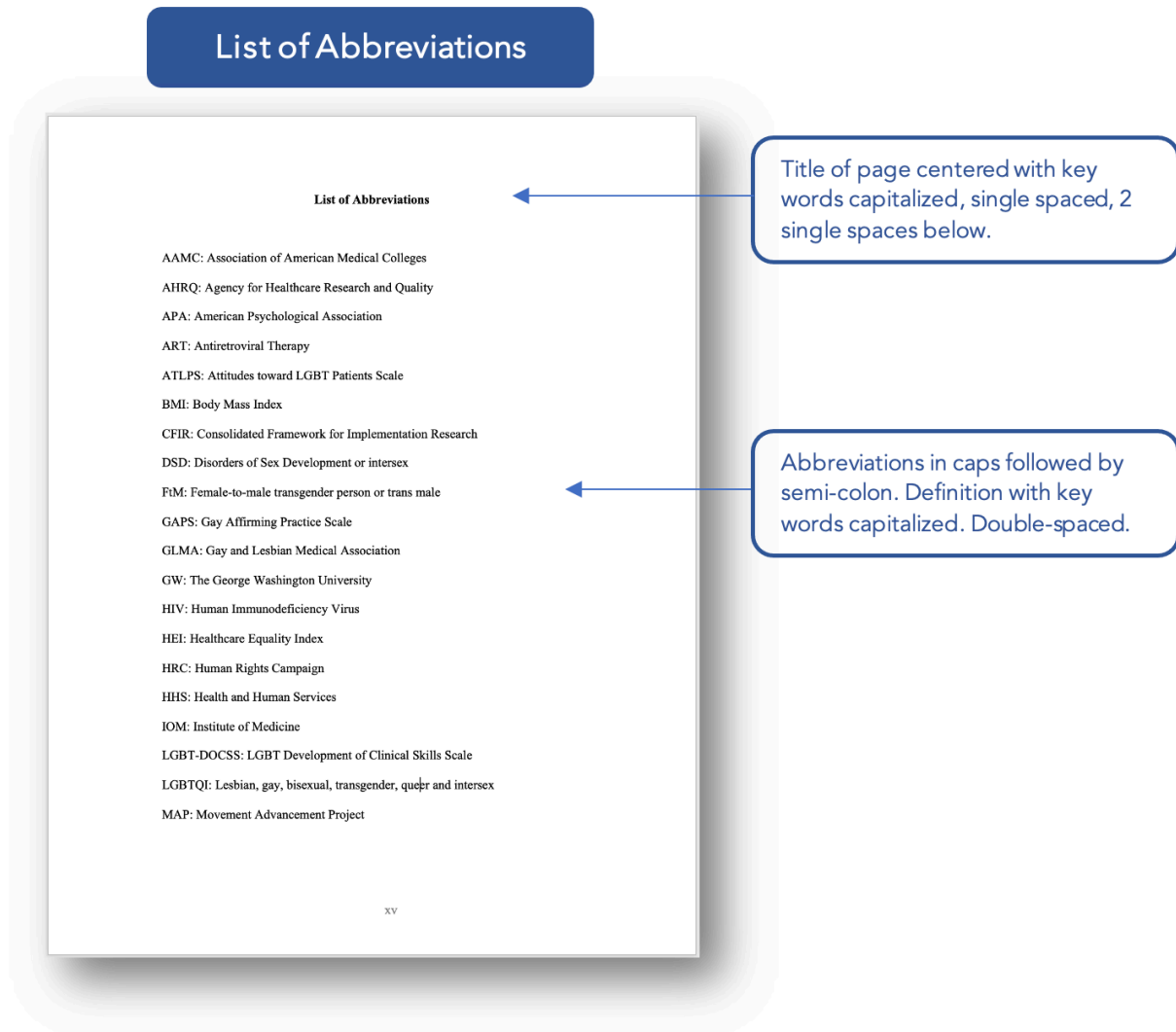
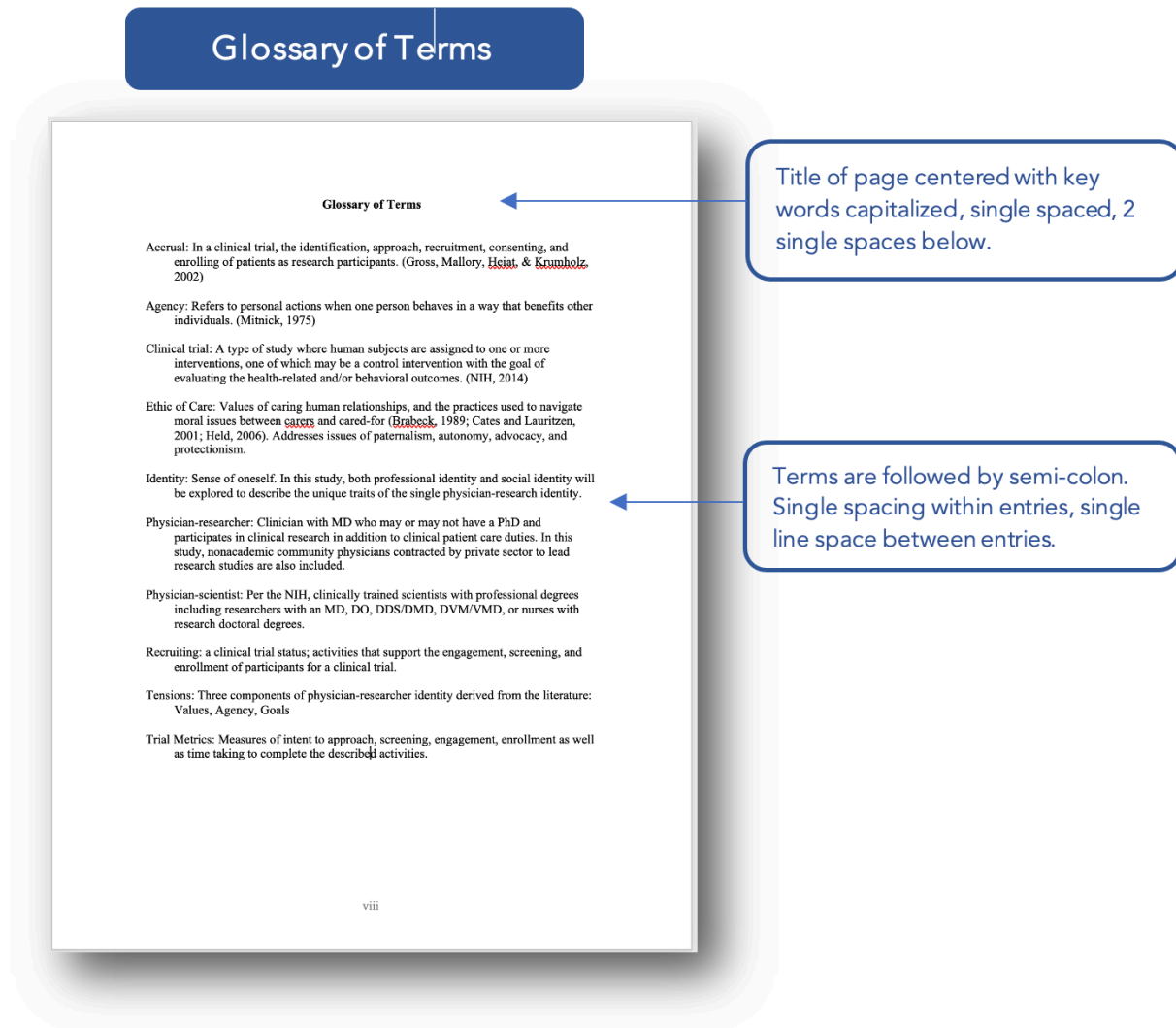


Figure 7b. Glossary of Terms.

**Reminder:**

These images are provided only as a guide to help with formatting different sections of the dissertation for the PhD in THS. Specific guidance is provided in this this guide and on the University website.

Information regarding type face, font size, margins, order of sections and other aspects can be found on the [University website](#).

Other student dissertations available at [Himmelfarb Health Sciences Research Commons](#) maybe a useful source of information regarding content of sections but should not be relied on as a style guide.

MAIN BODY OF THE DISSERTATION

All information regarding type face, font size, margins, order of sections can be found on the [University website](#).

The main body of the dissertation consists of Chapters 1 through 5 and References.

All citations and references follow current [APA style guidelines](#).

Supplemental materials such as interview guides, assessment score sheets, transcripts, consent forms, other informational material provided to study participants, supplemental figures and tables are provided in the appendices in the order in which they are referred to in the main chapters.

The table that follows provides general guidance on the content of the five dissertation chapters relative to the overall chapter structure provided by GW. Students, in collaboration with their dissertation committee, may choose to include published and/or publishable material within the content of their chapters. Guidance for how manuscripts (either published, submitted for publication, or to be submitted in the future) are to be included within the body of the chapter(s) is provided in the table.

Each manuscript, regardless of whether it has been submitted for publication or not, should be accompanied by a foreword and afterword. The foreword places the manuscript in context relative to the dissertation study questions, highlights any relevant issues to the reader, describes the status of the manuscript including journal(s) it may have been submitted to or plans for future submission. The afterword briefly describes any feedback from reviewers, revisions made as a result of the feedback or other lessons learned from the submission process.

Manuscripts will generally be placed in Chapter 2 as a scoping or systematic review and/or in Chapter 4 as description of study results. Students may include one manuscript in Chapter 2 and/or one manuscript in Chapter 3 and/or at least one but not more than three manuscripts in Chapter 4. In general, students should not plan to include more than four manuscripts total within the dissertation.

GW Dissertation Outline	GW THS Dissertation Outline	Proposed Guidance when including published and/or publishable material
Title Page (Required)	Title Page (Required)	
Certification Page (Required)	Certification Page (Required)	
Copyright Page (Optional)	Copyright Page (Optional)	
Dedication (Optional)	Dedication (Optional)	
Acknowledgments (Optional)	Acknowledgments (Recommended)	
Abstract of Dissertation	Abstract of Dissertation	
Table of Contents (Required)	Table of Contents (Required)	
List of Figures (Required if there are Figures.)	List of Figures (Required if there are figures.)	
List of Tables (Required if there are Tables.)	List of Tables (Required if there are tables.)	
List of Symbols/Nomenclature (Optional)	List of Abbreviations (Required if there are abbreviations)	
Glossary of Terms (Optional)	Glossary of Terms (Optional)	
<p>Chapter 1: Introduction [or Your Heading]</p>	<p>Chapter 1: Introduction [or Your Heading]</p> <p>Examples:</p> <ul style="list-style-type: none"> • <i>Introduction, Purpose, and Theoretical Framework</i> <p>Chapter generally includes: Purpose statement, Background & Significance of Study, including the translational nature of the work, Theoretical/Conceptual Framework, Research Aims, Limitations, Definition of Terms, Assumptions, Summary</p>	<p>Chapter 1: Introduction [or Your Heading]</p> <p>Examples:</p> <ul style="list-style-type: none"> • <i>Introduction, Purpose, and Theoretical Framework</i> <p>Chapter generally includes: Purpose statement, Background & Significance of Study, including the translational nature of the work, Theoretical/Conceptual Framework, Research Aims, Limitations, Definition of Terms, Assumptions, Summary</p>
<p>Chapter 2: Literature Review [or Your Heading]</p>	<p>Chapter 2: Literature Review [or Your Heading]</p> <p>Examples:</p> <ul style="list-style-type: none"> • <i>Review of Literature</i> • <i>Literature Review Including Systematic Review</i> <p>Chapter generally includes: a) Methods of identifying literature, review of literature relative to content area, translational science, theoretical model(s), conceptual model(s) used in the proposed study, implications for proposed study</p>	<p>Chapter 2: Literature Review [or Your Heading]</p> <p>Examples:</p> <ul style="list-style-type: none"> • <i>Review of Literature</i> • <i>Literature Review Including Systematic Review</i> <p>Chapter generally includes: a) Methods of identifying literature, review of literature relative to content area, translational science, theoretical model(s), conceptual model(s) used in the proposed study, implications for proposed study, and</p>

GW Dissertation Outline	GW THS Dissertation Outline	Proposed Guidance when including published and/or publishable material
		b) Foreword to manuscript 1 including scope and purpose of the review, information regarding submission/review status if applicable c) Manuscript 1: Scoping/systematic review or other literature submitted for publication d) Afterword: includes reflection on review process and/or plans for future submission, issues that reviewers identified that will be address in a future submission
Chapter 3: Methods [or Your Heading]	Chapter 3: Methods [or Your Heading] Examples: <ul style="list-style-type: none"> • <i>Research Methods & Study Design</i> • <i>Methods and Methodology</i> Chapter generally includes: Overview of methodological approach including alignment with conceptual model and translational science foci, research questions, study design, qualitative and quantitative methods including data collection and data analysis, mixed methods and approach to data triangulation, ethical considerations, and human subjects’ participation,	Chapter 3: Methods [or Your Heading] Examples: <ul style="list-style-type: none"> • <i>Research Methods & Study Design</i> • <i>Methods and Methodology</i> Chapter generally includes: Overview of methodological approach including alignment with conceptual model and translational science foci, research questions, study design, qualitative and quantitative methods including data collection and data analysis, mixed methods and approach to data triangulation, ethical considerations, and human subjects’ participation, This chapter serves as a detailed overview of methods that will be discussed in the manuscripts in Chapter 4. A manuscript describing a novel method or revision to an established method may be included along with a foreword and afterword.
Chapter 4: Results [or Your Heading]	Chapter 4: Results [or Your Heading] Chapter generally includes: The order of presenting results will depend on the	Chapter 4: Results [or Your Heading] Chapter generally includes: This chapter will include study results in a published

GW Dissertation Outline	GW THS Dissertation Outline	Proposed Guidance when including published and/or publishable material
	<p>nature of the research conducted. In general, provide a summary overview/introduction and organize reporting of results to align with order of analysis presented in chapter 3. This may not always be feasible or appropriate and will determined in collaboration with your committee. How the results address the dissertations main research questions should be clear.</p>	<p>or publishable format (e.g., manuscripts). Students should include two (but not more than three) manuscripts or other published or publishable material. Material does not need to be submitted for publication but if it has been, student should follow guidance found at: https://library.gwu.edu/etd/previous_public_works</p> <p>Each manuscript should be accompanied by a foreword and afterword which provide context for the reader and briefly describe where the manuscript sits in relationship to the dissertation translational research question(s). The afterword should provide brief reflection on the findings, lessons learned, and considerations for revision or submission for publication.</p> <p>The pre-publication version, formatted per GW standards, should be included. At least one of the manuscripts should address knowledge translation or implementation of knowledge.</p>
<p>Chapter 5: Discussion, Conclusion [or Your Heading]</p>	<p>Chapter 5: Discussion, Conclusion [or Your Heading]</p> <p>Examples:</p> <ul style="list-style-type: none"> • <i>Interpretations</i> • <i>Conclusions and Recommendations</i> • <i>Discussion and Dissemination Activities</i> <p>Chapter generally includes: This chapter will briefly summarize what has been learned in the series of studies and how the translational nature of the work was reflected in the findings. This chapter will briefly summarize what has been learned in the series of studies and how the translational nature of the work was reflected in the</p>	<p>Chapter 5: Discussion, Conclusion [or Your Heading]</p> <p>Examples:</p> <ul style="list-style-type: none"> • <i>Interpretations</i> • <i>Conclusions and Recommendations</i> • <i>Discussion and Dissemination Activities</i> <p>Chapter generally includes: This chapter will briefly summarize what has been learned in the series of studies and how the translational nature of the work was reflected in the findings. This chapter will briefly summarize what has been learned in the series of studies and how the translational nature of the work was reflected in the</p>

GW Dissertation Outline	GW THS Dissertation Outline	Proposed Guidance when including published and/or publishable material
	findings. Possible topics: summary of major findings, implications for research and practice, overall strengths and limitations of the research, reflection on the process of becoming a translational health scientist, future directions including possible dissemination plans.	findings. Possible topics: summary of major findings, implications for research and practice, reflection on the process of becoming a translational health scientist, future directions including possible dissemination plans. While overall strengths and limitations of the research should be discussed briefly, less emphasis on this is needed if this has been thoroughly described in manuscripts in Chapter 4.
Bibliography or References	References	References
Appendices	Appendices List of presentations or other disseminations arising from this dissertation	Appendices List of presentations or other disseminations arising from this dissertation

FAQs: INCLUDING PUBLISHED/PUBLISHABLE MATERIAL WITHIN THE DISSERTATION

What does “published or publishable material” mean?

Students may include material that has been peer-reviewed and/or published in a journal or other format prior to the dissertation defense. To be considered for inclusion, such material must have gone through some form of thorough peer review. This may include review by peers selected by a journal or review of representatives of a public agency (such as the Federal Drug Administration, Centers for Medicare and Medicaid Services, etc.). Reviews may be blinded or unblinded, but reviewers should have no perceived conflict of interest with the student, dissertation chair, or committee members.

Publishable material is content that has either been submitted for peer-review and returned for revisions, or which has not been submitted for publication but that would, in the judgement of the dissertation chair, committee, and external readers, pass peer review at a later time.

Who decides what published or publishable material to include within the dissertation?

The student, dissertation chair, and committee members collaborate to decide the content of the written dissertation.

Does all the content need to be published at the time of dissertation defense?

No, but at least one document (most likely the literature review) must at least be under peer review prior to scheduling the dissertation defense.

What version of the publishable material should be included?

Please consult the journal your manuscript was submitted to and the Sherpa-Romeo website <https://v2.sherpa.ac.uk/romeo/>. The correct version to include will depend on whether the manuscript is submitted, accepted, or published. Be advised that the GW Health Sciences Research Commons is considered a non-commercial institutional repository.

What is the latest time at which the student and the committee need to determine if published/publishable material will be included?

Ideally, this decision will be made at the time of proposal defense. For students in earlier cohorts who have already defended their proposals, they may confer with their chair and committee members and determine the appropriate content of their dissertation. Whether the dissertation will include published/publishable material is determined by the student and dissertation committee and does not need to be approved by the directors of the PhD program.

When will this guidance take effect?

Immediately. Students who have already successfully defended their dissertation proposal may, in consultation with their chair and committee members, elect to include published/publishable material within their dissertation. Students may also choose, in consultation with their chairs and committee members, continue with the format agree to at their proposal defense. Students who have already defended their proposal may collaborate with their chair and committee to consider the student’s career goals, writing proficiency, and proximity to scheduling the dissertation defense in deciding whether to include published/publishable material within the dissertation chapters. Students in Cohorts 4 and 5 will collaborate with their chairs and committee on this format following successful proposal defense.

How is authorship of the materials decided?

The student, dissertation chair, and committee members will collaborate to determine authorship. In general, the student will be first (and communicating) author on each of the materials and the dissertation chair will be last (senior) author, but this should be determined as appropriate by discipline. Other committee members and collaborators may be included as appropriate. Nothing in these comments should be read as excluding other key stakeholders from acting as co-authors. See more details in the section on copyright.

How long should these materials be?

There are no specific recommendations set for these published/publishable materials. However, collectively the materials will, in the opinion of the chair, committee, and external readers, contain as much substantive information as usually expected in a doctoral dissertation. In addition, these materials do not stand alone; rather they are embedded within the usual dissertation chapters, with relevant forewords, afterwords, and any additional materials the chair deems, that place the findings in context of the overall dissertation questions.

Figure 8. Chapter 1 examples

Chapter 1

Title of page centered, bolded, with key words capitalized, single spaced, 2 single spaces below.

Subheadings left margin aligned, follows APA style and typeface must be consistent throughout.

Main body of text is 12-point, Times New Roman, double spaced. Indent first line of each paragraph.

Chapter 1: Introduction, Purpose, and Theoretical Framework

Background

With medical and technological advancements, patients with disorders of consciousness (DoC) resulting from a severe brain injury may remain in this state for 17 years or more (Beaumont & Kenealy, 2005). DoC include a range of states from

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Chapter 1: Introduction

Overview

The Centers for Disease Control and Prevention (CDC, 2019) estimates that approximately 1.1 million people are currently living with HIV in the United States (U.S.) and approximately 380,000 people are estimated to contract the virus each year. HIV diagnoses in the U.S are not evenly distributed across different ages, races/ethnicities, genders, modes of transmission, or geographic locations. The HIV epidemic in the District of Columbia, southern Maryland, and northern Virginia also disproportionately affects certain groups based on age, race/ethnicity, gender, and mode of transmission. Both nationally and locally, MSM of color account for the majority of new HIV diagnoses (CDC, 2017a; District of Columbia Department of Health HIV/AIDS, Hepatitis, STD, and TB Administration [DC Health HAHSTA], 2018a; Maryland Department of Health The Center for HIV Surveillance, Epidemiology and Evaluation [MDH CHSEE], 2019b, 2019c; Virginia Department of Health [VDH], 2019). Gaps in knowledge exist regarding the impact of HIV on transgender persons; however, available evidence suggests that transgender persons are also severely impacted by HIV.

MSM and transgender persons of color experience multi-level HIV risk factors beyond individual-level behaviors such as condom use and partner concurrency: interpersonal (e.g., sexual networks and relationship dynamics), community (e.g., social and cultural norms), institutional (e.g., culturally competent health staff and responsive medical services), and structural (e.g., education, poverty, and policy) factors also contribute to HIV

1

First page of Chapter 1 is Arabic number 1.

Figure 9a. Figures 9a and 9b. Chapter 2 examples with and without a manuscript. Figure 9a. Chapter 2 example including full literature review and manuscript.

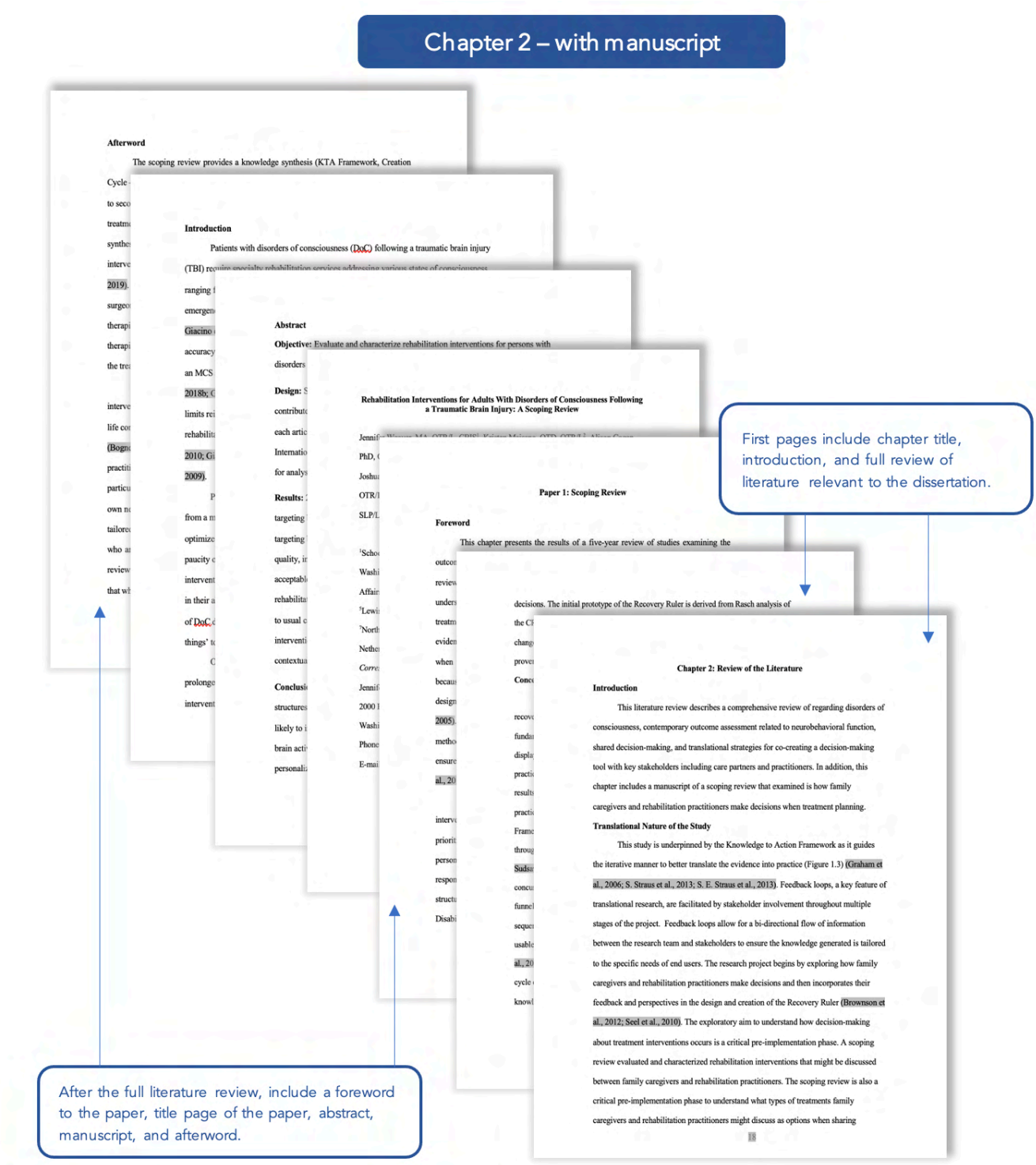


Figure 9b. Chapter 2 example including full literature review.

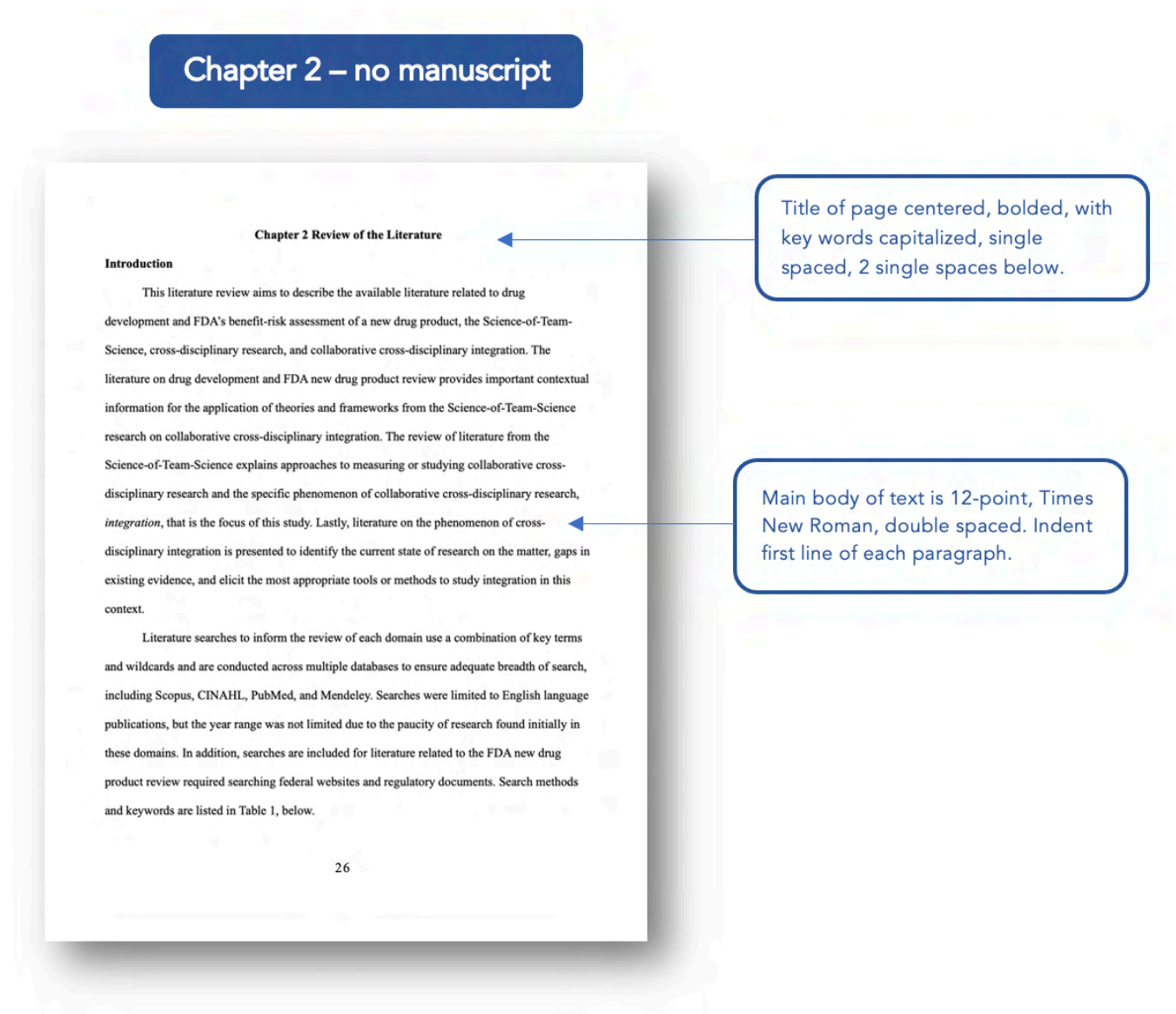


Figure 10. Chapter 3 examples.

Chapter 3 Examples

Chapter 3 Methods

Overview of Methodology

As discussed previously, while Integration is a desired outcome in FDA's new integrated assessment approach, how this integration occurs is unknown. The Science-of-Team-Science offers some insight into how to evaluate integration, including potential frameworks, but a pragmatic and contextualized approach to integration within FDA activity, using a contextualized case study methodology.

Integration in complex systems is a process that occurs between review and to understand the phenomenological approach design allows for the enabling comparisons of (Creswell & Poth, 2016) the case study design analysis in two cases to research questions are:

1. What are examples of "review" of an FDA?
2. What are the specific an "integrated re

Chapter 3: Research Methodology

The aim of this study is to understand how physician-researchers participating in industry-sponsored clinical trials define their self-identity, and how the components of their identity influence their responsibilities to care for and to recruit their patients. The investigation addresses these aims through the following research questions (RQ):

RQ 1a: How do physician-researchers in industry-sponsored clinical trials define their self-identity?

RQ 1b: What is the role of the physician-researcher in the care/science network?

RQ 2: What are the competencies (that is, the capabilities, activities, processes, and responses) of physician-researchers that contribute to their self-identity?

RQ 3: How do the typologies of physician-researchers in the case contribute to achieving the recruitment target?

This chapter explores the epistemological approach, design methodology, research flow, techniques for validity, trustworthiness, and ethical considerations for protecting human participants.

Overview of Methodology

The Epistemological Approach

This study requires both an orientation toward the belief that the physician-researcher in industry sponsored clinical trials can be either the clinician or the scientist, as well as an alignment toward the belief that the same physician-researcher dynamically interprets the separate roles of clinician and scientist throughout the trial's daily course. While these roles seem diametrically opposed, it is considered that physician-researchers are initially trained in the philosophy as a clinician only. While some medical education programs may incorporate scientific training, continued pursuit of education and training as a clinical trial investigator is at

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Callout Box 1: Title of page centered, bolded, with key words capitalized, single spaced, 2 single spaces below.

Callout Box 2: Subheadings left margin aligned, follows APA style and typeface must be consistent throughout.

Callout Box 3: Main body of text is 12-point, Times New Roman, double spaced. Indent first line of each paragraph.

Figure 11a and 11b. Chapter 4 examples with and without a manuscript(s).
 Figure 11a. Chapter 4 example including full reporting of results and one or more manuscripts.

Chapter 4 with manuscripts

Figure 11b. Chapter 4 example including full literature review and manuscript.

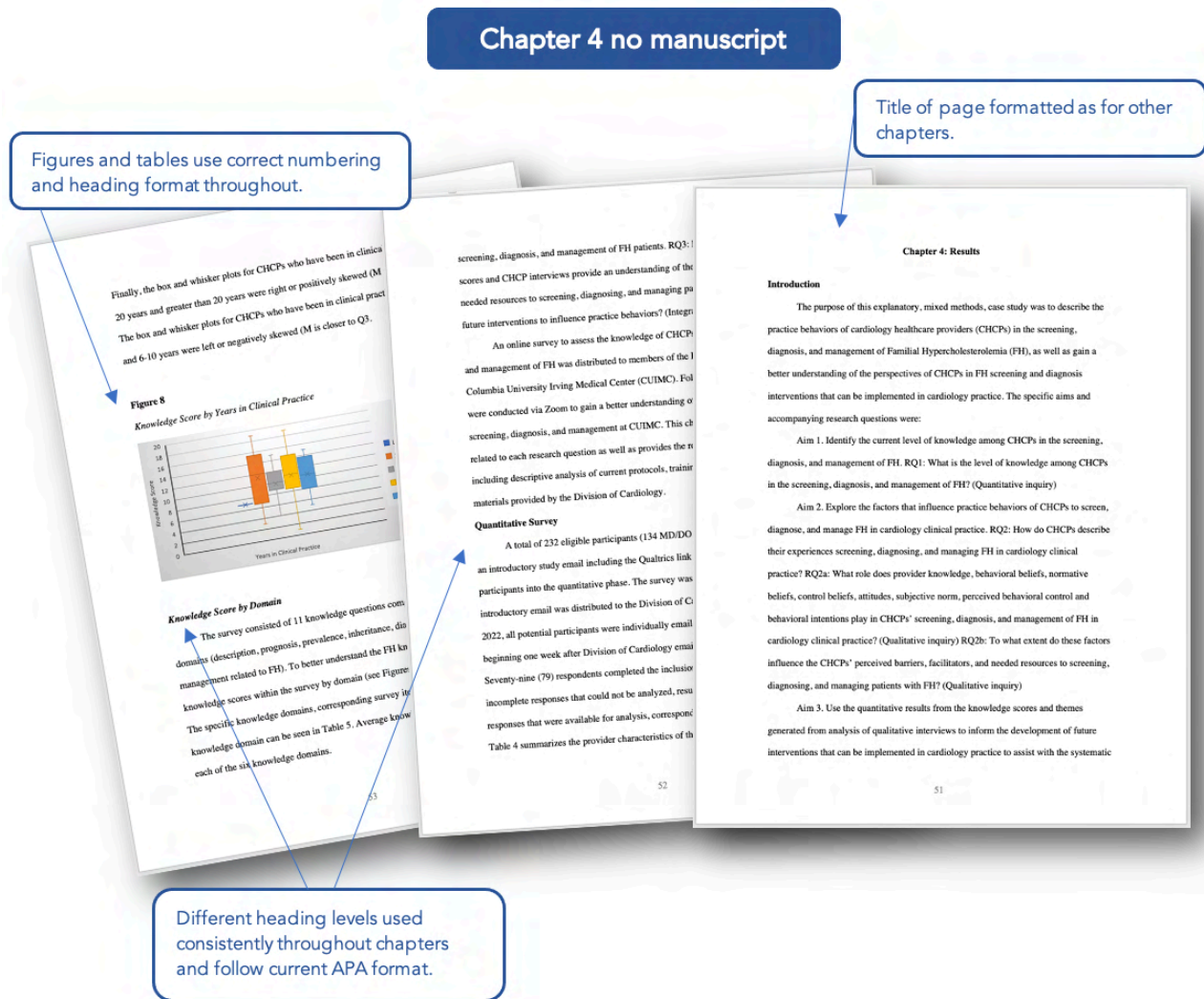


Figure 12. Chapter 5 examples.

Chapter 5 Examples

Chapter 5: Discussion

Familial Hypercholesterolemia (FH) is among one of the most common genetic disorders; however, it is significantly underdiagnosed and undertreated (Benito-Vicente et al., 2018; deGoma et al., 2016; Hasnig et al., 2018; Hendricks-Sturup et al., 2020; Leren et al., 2008; Nordestgaard et al., 2013; Repas & Tanner, 2014; Zimmerman et al., 2019). Given the concurrence of underdiagnosis and adverse cardiovascular outcomes associated with FH, cardiology healthcare providers and diagnose patients with FH (Foody, 2014). The factors and potential interventions that may support with screening, diagnosis, and management of patient care.

The aim of this chapter was first to discuss the context of the study's conceptual frameworks, Second, present an intervention map, implement translational research. Third, address the limitation

Major Findings

This research was one of the first known studies that exclusively explored the knowledge and practice of diagnosis, and management of patients with FH. The PAs, NPs, and RNs across 15 subdivisions in the University Irving Medical Center (CUIMC) in Washington, DC. CHCPs expressed the importance of addressing FH. A range of practice behaviors related to the care of FH

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Title of page formatted as for other chapters.

Chapter 5: Discussion and Implications for Practice

The purpose of this chapter is to discuss the major findings, study limitations, implications of research, and recommendations for practice. The major findings will be presented in the context of each research question and applicable conceptual frameworks or models. The implications of research and recommendations for practice will include the translational application of a family-derived knowledge Acquisition, Evaluation, and Dissemination (AED) checklist for clinicians who treat children with ASD.

Major Findings

Research Question 1: Meaning of Family-Derived Knowledge

Research Question 1: How do providers describe the meaning of family-derived knowledge in treating children with ASD in several areas across the United States? The high-level answer to this question is that the meaning of family-derived knowledge is knowledge acquired from families of children with ASD that has been evaluated and disseminated by healthcare providers. The conceptual model depicting this meaning is presented in Figure 15. Knowledge first flows from the families of children with ASD to the provider. Several participants described learning from families who were not patients, so it is important to note that families of children with ASD do not necessarily have to be families of patients with ASD even if the latter scenario was more common. Participants endorsed the concept of families, especially parents, as being the primary communication partners and advocates of children with ASD. This finding aligns with the Circle of Partners framework (Blackstone, 1991) that defines immediate family as being the most significant communication partners and advocates.

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Heading levels used consistently throughout manuscript.

No widows and orphans, page numbering continuous and in correct alignment.

HEADINGS

Follow current [APA style](#) for headings throughout the main body of the dissertation.

Follow APA format for size, typeface, justification of headings. Please note that APA style has five heading levels, plan accordingly.

Level 1 uses text that is center-justified, bold, with each major word starting with a capital letter. The heading is double-spaced, and the paragraph text begins on a new line.

Level 2 uses text that is left-justified, bold, and each major word starting with a capital letter. The heading is double-spaced, and the paragraph begins on a new line.

Level 3 uses text that is left-justified, bold, italicized, with each major word starting with a capital letter. The heading is double-spaced, and the paragraph text begins on a new line.

Level 4 uses text that is indented, left-justified, bold, with each major word starting with a capital letter; the heading ends with a bolded period. The heading is double-spaced, and the paragraph text follows directly after the bolded period.

Level 5 uses text that is indented, left-justified, bold, italicized, with each major word starting with a capital letter; the heading ends with a bolded, italicized period. The heading is double-spaced, and the paragraph text follows directly after the bolded, italicized period.

This is an Example of a Level One Heading

The text that follows a level one heading is indented on the first line, left side justified and double-spaced.

This is an Example of a Level Two Heading

The text that follows a level two heading is indented on the first line, left side justified and double-spaced.

This is an Example of a Level Three Heading

The text that follows a level three heading is indented on the first line, left side justified and double-spaced.

This is an Example of a Level Four Heading. The text that follows a level four heading is on the same line as the heading, left side justified and double-spaced.

This is an Example of a Level Five Heading. The text that follows a level five heading is on the same line as the heading, left side justified and double-spaced.

WIDOWS AND ORPHANS

Unlike APA style, which is primarily designed to facilitate editing, widows and orphans are not allowed in your dissertation. Unlike APA style, a heading may not fall on the last line on a page and should be moved to the top of the next page. Readability should be the priority.

Figure 13. Correct and incorrect widows-and-orphans examples.

Correct Examples

How can KT be promoted in entry-level OTD capstones? emerged as part of Theme 3. Research questions cannot be fully understood by an analysis of their parts; rather, there is a need to understand the whole and the relationships among those parts (Bleakley & Cleland, 2015). This final section serves to summarize the main findings in reference to the research questions.

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How Is Knowledge Translation Reflected in Capstones?

Some foundational concepts of KT were reflected in the capstone documents as well as faculty interviews. These included *problem identification, adapting knowledge to local context, assessing barriers and facilitators to knowledge use, and stakeholder*

2022. Quantitative survey data, qualitative interview data, and data from the document review were compared during the integrative phase of this study.

Limitations and Delimitations

Limitations

An important limitation of this research was that the findings from this case study design may not be generalizable to other clinical practice settings or among other populations. However,

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the use of quantitative and qualitative data provided rich descriptions of cases and allow readers to determine if aspects of this research are transferable to other practice settings or patient populations. Another limitation was that this study did not explore, nor contributed to, the patient perspective about the experience of FH screening, diagnosis, and management processes.

Delimitations

With regards to delimitations, cases within this explanatory mixed methods research were

Heading starts on new page, not alone at bottom of previous page.

At least 2 lines of a paragraph are at the bottom of the prior page and at the start of the next page.

Incorrect Examples

Medicine, MD; Doctor of Osteopathic Medicine, DO), physician assistants (PA) and nurses (nurse practitioner, NP; registered nurse, RN; licensed practical nurse, LPN). Eligibility was determined based on two questions at the beginning of the survey. Details regarding participant recruitment and sampling will be addressed further within the Methods section.

Materials

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Quantitative Survey

Bell et al. (2013) utilized the TPB and KTA to develop a 19-item tool to assess the knowledge, awareness, and practice of FH among general practitioners in Australia. Of the 19-items, seven items measured knowledge, three items measured awareness, and nine items measured practice (Bell et al., 2013). This tool underwent content validation, adaptation, and

program...that takes place for the LGBTQ Latinx community. We also have a community-based program in a school in [Southern Maryland]... That program basically provides services to...newly arrived youth. And also, we have another [LGBTQ health program] site in [Southern Maryland] that also has support groups and activities, HIV testing, STI testing for the LGBTQ community [and] also serves as a safe space. So...it's easier to understand [clinic 2] as divided as two: so, we have the clinical services and the community services.

Participant 2.2, the Chief Medical Officer, defines the mission of the organization:

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Our mission is to provide culturally appropriate medical services...to our patients without regard to ability to pay and are focus historically is on...the immigrant community from Central America. Although...we have other types of patients...our strength is culturally appropriate services for that population.

Participant 2.2 goes on to describe the clinical staff at the main medical site in Northwest DC

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Single line at bottom of page. This should be moved to the top of the next page.

TABLES AND FIGURES

Tables and figures should be numbered consecutively throughout the document and follow current APA style and format. Numbering may refer to the chapter number, for example, Table 3.9 would refer to the ninth table in chapter 3. The preferred style is Table and number, table title, and then table, each with one single line between.

Table titles that exceed one line are single spaced. A single (1.0) space between table or figure number, table or figure title and table or figure. A single (1.0) space between end of table or footnote and beginning of next paragraph.

Unlike APA style manual, tables should not be double-spaced but instead should be single spaced. Figures and tables always fit within the specified page margins when practicable. Larger, full-page tables may extend side margins to 1-inch. Full-page tables must still include table number and title in standard format. Consider landscape orientation for larger tables. Landscape orientation tables must still maintain page numbering in the standard location.

Table or figure number, title, table/figure, and any footnote must be together on one page whenever practicable. If a table must be split across pages, the header row of the table must appear on the second page.

Text in figures and tables are at least 8-point font and may be of a different type face. Colors may be used but should not distract from the readability of the text. If using dark colors, change text to white for maximum contrast.

All tables and figures should be 'stand alone,' that is, all information necessary to interpret the table must be provided. Abbreviations and non-standard statistical notation should be described in a table footnote. Footnotes are single spaced and no less than 8-point font. Follow APA format for footnotes and abbreviations, including p-values.

An important note about adaptation of figures and copyright. In general, figures included within your dissertation should be your own work. If using an adaptation of a previously published figure, you must follow APA guidelines and provide the full citation in a footnote below the figure and clearly state that your figure was adapted from or based on this work. If you are using a previously published figure in its entirety, you must note this in the footnote along with the full citation. Minor, non-substantive changes to a figure are not adaptations.

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Figure 14a and 14b. Tables and Figures Examples.

Figure 14a. Table examples.

Tables Examples

Table numbering and format consistent throughout. Use consecutive Arabic numerals with or without chapter number.

Table 4.15
Frequency Table Practice Behaviors.

Provider/Practice Characteristics	Low Diagnostic Score (1-5) n=18		High Diagnostic Score (6-9) n=21		Do Not
	n	%	n	%	
Practice Focus					
Pediatric	1	2.3	13	25	
Family Medicine	17	38.6	13	29	
Practice Setting					
Solo	2	4.5	0	0	
Group	7	15.9	16	36	
Academic Med	1	2.3	5	11.1	
Public/Comm.	3	6.8	5	11.1	
Urgent Care	5	11.1	0	0	
Practice Region					
Urban	6	13.6	9	20.5	
Suburban	10	22.7	8	18.2	
Rural	1	2.3	7	15.9	
Practice between more than one region	1	2.3	2	4.5	
Percent Uninsured or Medicaid Patients					
≤25%	8	44.4	10	38.5	
26-50%	3	16.7	4	15.4	
>50%	7	38.9	12	46.2	
Percent Patient Population Hispanic					
<50%	15	88.2	22	88	12
≥50%	2	11.8	3	12	2
Percent Patient Population Black/African American					
<50%	17	94.4	18	72	14
≥50%	1	5.6	7	28	1
% Adolescent Patients					
<10%	9	52.9	6	23.1	4
11-25%	8	47.1	10	38.5	8
>25%	0	0	10	38.5	2

Tables should not break across pages. Larger tables may extend side margins to 1-inch.

adolescent patients with PCOS within two year of menarche, and stated that they did not make the diagnosis of PCOS.

A sum score for behavior in diagnosing PCOS (diagnosed) was calculated to identify providers who have high vs. low engagement in adequate diagnostic evaluations as per PES endorsed adolescent diagnostic guidelines. Analysis focused on nine specific behaviors that were selected as key for diagnostic evaluations. Key behaviors are listed in Table 10 Key Behaviors to Diagnose PCOS. In the survey, providers selected all key behaviors that they engaged in with 1-5 score, for each participant (see Table 10). Since no provider reported about menstrual irregularities, score ranged from 1-9 (9 = all key behaviors).

Table 10
Key Behaviors to Diagnose PCOS

- Clinical evaluation**
1. Evaluation of menstrual irregularity (inquiry about menstrual history)
 2. Irregular periods must be persistent two years or more
- Laboratory evaluation**
3. TSH
 4. Progesterin
 5. Testosterone levels (total and/or free)
 6. 17-OHP
 7. DHEAS
 8. FSH
 9. LH

Abbreviations: Thyroid Stimulating Hormone (TSH); 17 H Hydroxyprogesterone Sulfate (DHEAS); Follicle Stimulating Hormone (FSH); Luteinizing Hormone (LH).

Smaller tables are single spaced and within standard margins. Footers for abbreviations no less than 8-point font and on same page as table.

was collected regarding practice behaviors. Reasons stated for not having adolescents with a diagnosis of PCOS included: lack of patients who meet diagnostic criteria (n=4); lack of knowledge needed to diagnosis PCOS (n=1); lack of confidence (has knowledge, but not comfortable) to diagnosis PCOS (n=3).

For the remainder of items regarding practice behaviors, survey responses from the subset of 44 providers who have patients with PCOS were available for analysis. Table 9 *Estimate Number of Patients with PCOS Annually*, represents provider estimates of the number of adolescent patients with PCOS seen annually.

Table 9
Estimate Number of Patients with PCOS Annually

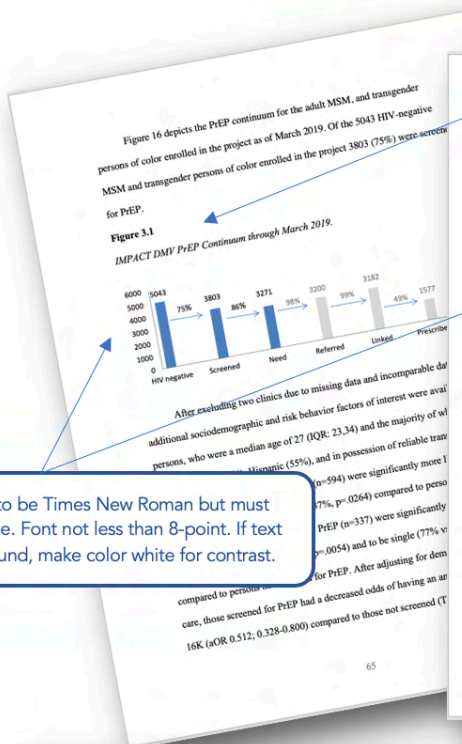
Number of patients	Pediatric focused practice		Family medicine focused practice		Total	
	n	%	n	%	n	%
<25	10	22.7	26	59.1	36	81.8
25-50	3	6.8	3	6.8	6	13.6
>75	1	2.3	1	2.3	2	4.5

Behavior of providers who have adolescents with PCOS (n=44) was first analyzed for their selection of laboratory and/or imaging tests for PCOS diagnostic evaluation. The selection of diagnostic tests is important as PCOS is a diagnosis of exclusion without specific tests to make a definitive diagnosis. Additionally, in contrast to other PCOS diagnostic criteria that are applicable to the adult population, routine use of ultrasonography to identify polycystic ovarian morphology is discouraged in the PES adolescent specific guidelines. The survey presented laboratory test options that are recommended in adolescent-specific guidelines to document biochemical hyperandrogenism (free and total testosterone) and to rule out other conditions that can,

Figure 14b. Figure examples.

Figures Examples

Figure numbering and format consistent throughout. Use consecutive Arabic numerals with or without chapter number. Title italicized. One blank line between figure number, title, and start of figure.



Font does not have to be Times New Roman but must be clear and readable. Font not less than 8-point. If text is on a dark background, make color white for contrast.

Figure 1.1
Ecological Domains that Influence the Delivery of Patient-Centered Care.



Within each of these four domains, Epstein and colleagues describe multiple factors that aid or hinder the capacity for patient-centered care delivery (Figure 1.2), including the patient's prior illness experience, the clinician's degree of risk aversion, or the health system's physical environment. Importantly though, this framework was developed under the premise of care delivery being dyadic (e.g., one patient and one clinician). OUD care, particularly in primary care, is more frequently delivered through multidisciplinary team-based models of care. Within this context, each individual provider type ("professional role") will uniquely influence the engagement of the patient, as well as factors related to care team collaboration ("relational coordination") that affect their ability to interact with patients in ~~more effective~~ ways. Therefore, this study will be guided by an adapted version of the Epstein framework that extends to consider the context of collaborative care delivery, via the additional constructs of "professional role" and "relational coordination." The addition of these two constructs will align the Epstein framework with this study's objectives of evaluating patient engagement in the context of interprofessional team-based care delivery.

Source of figure is acknowledged including whether a previously published figure was adapted and whether permission received to adapt unpublished figure.

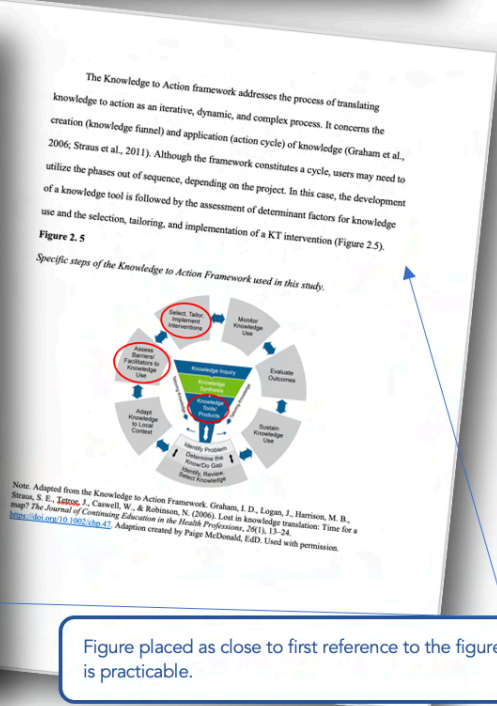
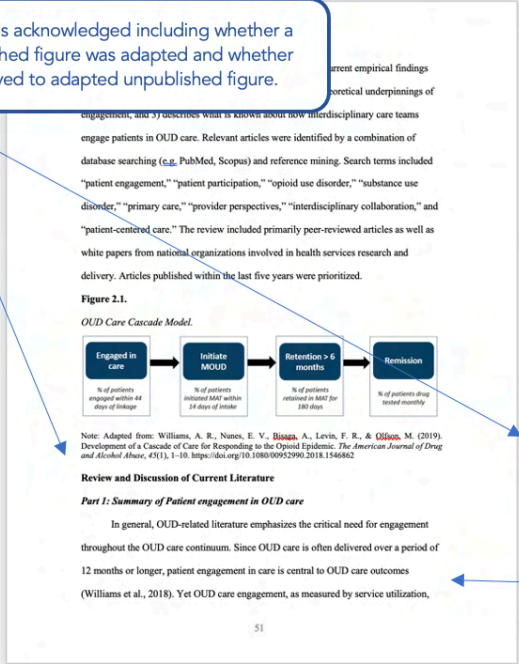


Figure placed as close to first reference to the figure as is practicable.

QUALITATIVE DATA AND QUOTATIONS

Direct quotes from study participants are set apart and single spaced. APA guidance suggests quotes longer than 40 words are set apart and single spaced. The use sub-headings should provide additional or clarifying information for the reader. Although you may “anonymize” quotes, all quotes should be attributable to an individual. Italicizing quotes is optional.

Figure 15. Qualitative data and quotation examples.

Qualitative Data and Quotations

their community. Factors that impact access to specialty care include: specialty provider shortages as a barrier and close proximity to specialty practices or larger health systems as a facilitator.

Specialty Provider Shortages.

“There are only 2 endocrine physicians in town. Takes 9-12 month new patient appointment.” (ID15, PA, family medicine, suburban)

“We don’t have Peds endo in the county so it’s within the health system locally but they would have to drive for that out of county...” (ID16 family medicine, suburban)

Proximity to Specialists.

“The big hospital systems are here and then we do have some outposts whether it be endocrinology or OBGYN, there’s a lot of private practices too. And I feel like most of the practices are larger and so I think that [patients] are able to get in easier than perhaps some other places (ID50, PA, pediatrics, suburban and urban)

“I think a lot of the doctors have affiliations with [large academic center in urban area] and [a suburban clinic] so a lot of the physicians will work amongst the two institutions so it becomes a lot more convenient in terms of referrals for them [patients] to go there versus a lot of them having to go to main campus.” (ID47, MD, pediatrics, suburban)

Ways to Address

Most pedPCPs discussed utilizing point of care resources, such as ICD-10 code guide diagnostic evaluations. Many pedPCPs identified a need for improved access to point of care resources and/or establishing practice protocols guide for diagnostic evaluation. Providing opportunities for provider education was also recognized for pedPCPs to gain a better understanding of adolescent guidelines and distinguishing the diagnosis of PCOS in adolescents from a

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Transgender patients. And kind of like one of the workarounds in that...has been getting Trans care navigators and has been getting more medical providers of color that are representative of the population that we’re serving. But I guess like one thing that negatively affects, like some patients might not feel confident in telling everything to their medical doctor because of...not feeling represented sometimes.

Participant 7.3 agreed:

I think that we have an underrepresentation as in no representation of Trans women or Trans providers in general which I think is a huge gap. We have an underrepresentation of providers of color. And we have an underrepresentation of especially MSM of color. And I think that’s a barrier, I know that’s a barrier.

However, the reputation of clinic 7 overall as a safe space was the most commonly identified facilitators to the PrEP screening process. Participant 7.1 shared:

We were a part of [a different PrEP demonstration] study so a lot of people in the community, they knew that we were doing PrEP...And so I think the community trusts us...Even if patients have established care in other places they usually land here either for those routine testing or...for PrEP... Sometimes they do not feel comfortable talking [to] their providers [about] prescribing PrEP.

Participant 7.4 agreed:

Well, we have PrEP materials everywhere, like promotional materials everywhere. People come to us because they feel safe and comfortable coming to [clinic 7] and talking about sex. I have plenty of patients in both my primary care and in the evening clinics that will say “Oh yeah I have a primary care provider but I don’t want to talk to them about this.” And so, I think because of [clinic 7]’s reputation, because of the PrEP posters all over the place, it brings up the dialogue just by walking in the doors.

Provider comfort discussing sexual health and interacting with LGBTQ patients was also cited as a facilitator to the PrEP screening process. Participant 7.1 explained “...we have a very strong mission and vision and I think most of those providers that come here, they come prepared knowing this is what we serve...” Participant 7.3 added:

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Direct quotes of participants are set apart (indented, line spacing above and below), and single spaced. Italicizing is optional.

All quotes are attributed to a particular individual, even though anonymized.

REFERENCES

References should be inserted using reference management software. All references should follow current APA format. References are single spaced with a single (1.0) blank line space between each reference. Page margins are as for the rest of the document. Font is Times New Roman, 12-point. Page numbering follows consecutively directly from the last page of Chapter 5.

It is your responsibility to ensure that you use the most current references available and that citations refer to the correct references. Appropriate use of citations and references is a fundamental aspect of academic integrity.

APPENDICES

The content of appendices is largely dependent on the specific details of the study undertaken. As a general rule, err on the side of sharing more, rather than less, information. At a minimum, appendices should include a copy of the IRB approval (or the letter stating that the study is exempt), any consent/assent forms, and a list of dissemination materials produced related to the dissertation such as meeting abstracts, posters.

Data collection forms are included if these are original to the dissertation study. Do not include materials copyrighted by others in the appendices. Appendices are not required to follow the strict formatting guidelines of the body of the dissertation; however, they should be readable and legible.

Appendices begin with a title page that lists the name of each appendix in the order in which they appear in the text. This is also the order in which they appear in the appendices.

Figure 16. References (Required) and Appendices (Recommended).

References and Appendices Examples

References have Level 1 heading, single spaced within and single line between each entry. Page number follows from last page of Chapter 5. Appendices use same heading levels as rest of dissertation.

Examples of common appendices. The heading format is incorrect in each of these examples.

**APPENDIX C:
INFORMED CONSENT DOCUMENT**

Bridging the Knowledge-to-Action Gap
A Qualitative Description of the Use of Knowledge Translation
in Entry-Level Doctor of Occupational Therapy Capstones
IRB # NCR202634

Principal Investigator: Mary Carconin, PhD, OTR/L, FAOTA
Student Investigator: M. Nicole Martino, MS, OTR/L
Co-investigator: Debra Herrmann, DHS-C, MHA

**APPENDIX B
FOCUS GROUP QUESTIONS**

Start recording

Moderator: Thank you for joining me. I'd like to start with introductions. I want to welcome healthy conversation and respectful disagreements which will lead us to productive conversations. It is a small group, so I encourage everyone to speak and share their thoughts.

APPENDIX A: IRB Acceptance Letter

Date: March 29, 2021
To: Van der Wees, Philippus Jan, PhD
The George Washington University Committee on Human Research,
Institutional Review Board (IRB), FW A00005943
From: IRB# NCR203117, "MANAGEMENT OF NON-COMPRESSIBLE TORSO
HEMORRHAGE OF THE ABDOMEN IN AUSTERE/REMOTE ENVIRONMENTS BY
NON-SURGEON USING TRUNCAL HEMORRHAGE CONTROL"
Subject: IRB# NCR203117, "MANAGEMENT OF NON-COMPRESSIBLE TORSO
HEMORRHAGE OF THE ABDOMEN IN AUSTERE/REMOTE ENVIRONMENTS BY
NON-SURGEON USING TRUNCAL HEMORRHAGE CONTROL"
Exempt Determination Date: March 29, 2021

The request for an exemption determination for the above-referenced study has been completed. The study was determined to be research that is exempt from IRB review under DHHS regulatory category 2. The project as described in the application may proceed without further oversight by the OHR.

The exemption determination applies only to the project described in your IRB Application. Any changes that may alter in any way the risks to participants, type of information to be accessed, addition of new populations, or change in PI may not be instituted without submission of a Modification within the IRIS system and further review by the OHR prior to implementation of the changes.

Refer to posted OHR guidance for requirements regarding in-person research interactions during the COVID-19 pandemic.

Questions or concerns regarding the exemption determination made for the study should be directed to the OHR staff at ohrirb@gwu.edu. |

Appendix A. Interview Guide

My name is Brian Samsell, and I am a PhD candidate at George Washington University conducting research for my dissertation. I am interested in understanding how you acquire and incorporate knowledge in the treatment of children with autism spectrum disorder.

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SCHOOL OF MEDICINE AND HEALTH SCIENCES

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OTHER CONSIDERATIONS

Fair use of text and figures

Fair use refers to using materials (such as tables, figures, text) in your own work that were created by others. For example, you may wish to include a copy of an image of the CFIR model within your dissertation. In general, make limited and judicious use of other's materials, and when you do, cite that material appropriately. Whenever possible, request use from the copyright holder. In the case that you need to modify a figure to reflect the nuances of your own study, careful reference to original sources is required.

If you have questions about including material from other sources within your dissertation, please contact a GW librarian. GW Libraries has additional information regarding fair use and copyright issues that you are responsible for reading [here](#).

If you publish part of your dissertation before final deposit of the written dissertation in Himmelfarb Research Commons, you may have given up rights to material. This will vary by journal and students, chairs, and committee should check on this issue at the time of submission to the journal. In general, journals have policies regarding use of pre-publication versions. Students including published manuscripts will generally include the pre-publication version approved by the relevant journal. Use [Sherpa-Romeo](#) for guidance.

Academic Honesty and Integrity

Students in the PhD in THS program are taught how to correctly cite and avoid plagiarism during orientation and each subsequent semester, the University policy regarding plagiarism is documented in course syllabi. As you move from the didactic portion of the program to the dissertation phase, it is equally important that you do not plagiarize others' work within your dissertation. For University guidance on plagiarism refer to the following [website](#).

Academic honesty and integrity in the doctoral dissertation go beyond the written text. As a collaborative activity that reflects the principles of team science, the doctoral dissertation should reflect honest acknowledgement of the work done by the student/candidate and the work done by others including, but not limited to, the dissertation chair and committee members, and readers. Other individuals whose contributions should be fully acknowledged include those providing methodological support (e.g., statisticians, qualitative coding experts), access to and/or recruitment of study participants, access to secondary data, logistical support, and writing/editing services. The acknowledgements page is an important venue for providing full and clear credit for materials, intellectual contributions, and time and effort that substantively contributed to the work of the dissertation research and written dissertation.

Acknowledging receipt of grant, award, or other funding to directly support the dissertation work is required.

Writing/Editing services

Students who require support with editing and formatting their dissertation may choose to hire a consultant for such purposes. Students are reminded of the high standards for academic honesty to which the program holds students and that 'ghost' writing of dissertations or even substantive re-writing of material by an editor will not be tolerated.

FORMAT APPROVAL

Review Process

Initial review of the dissertation format occurs in the semester prior to the dissertation defense. Request a preliminary dissertation format review from the Director of Doctoral Research. When requesting a preliminary review, both the candidate and the dissertation chair should state that every good faith effort has been made to align the written dissertation to this style guide. Revisions and feedback are expected, but submission of a dissertation with little effort to follow the style guide will be summarily returned. This may delay dissertation defense. The dissertation defense may not be scheduled without an approved preliminary review of your written dissertation. Plan on at least 3-4 weeks to receive comments and feedback on your dissertation format.

Review Submission Requirements

For the preliminary review, you will need to submit the title page, all front matter, chapters 1, 2, and 3, references, and appendices, in **Word format**. While these materials may not be in final form and/or entirely complete, they should be formatted in compliance with the style guide and include as much material as you have at the time of submission.

Review Summary Form

The review summary form will provide feedback on necessary revisions to the format that need to be made before final review. The review will provide feedback on the following areas:

- Margins
- Font/Typeface
- Headings
- Line spacing, Indents, and Alignment
- Paragraph Spacing
- Headers, Footers, and Page Numbering
- Table of Contents
- Tables and Figures

Not every instance of a needed correction will be detailed. It is the student's responsibility to make needed changes throughout the document.

Final Summary Review

Prior to depositing the dissertation in Himmelfarb Research Commons, the student must receive final approval of the written dissertation from the program. Himmelfarb librarians will not upload a dissertation without form CP5: Final Approval of the Written Dissertation. Please allow at least one week for final review. The review may not be initiated until after form CP4: Final Approval of Dissertation Revisions is signed and filed.

TIMELINES AND GRADUATION

Dissertation Review, defense, and deposit timeline and deadlines

For a detailed presentation of timelines, students are referred to the Guide to Planning the Dissertation Defense. Students are advised that final dates vary by semester of graduation. Latest dates for request final review are:

- Spring Graduation: Friday, 3rd week April
- Summer Graduation: Friday, 1st week August
- Fall Graduation: Friday, 2nd week November

Depositing the dissertation in HS Research Commons

Students must deposit the final approved version of their written dissertation to Himmelfarb Research Commons and the entry must be visible to the Director of Doctoral Research before clearance for graduation is provided.

Answers to many questions related to Research Commons are available at the following [website](#). Students should consult with the Metadata and Scholarly Publishing Librarian, at hsrc@gwu.edu for more details about the submission process.

Copyright and Embargoing and Open Access Policy

Students who plan to publish their work in the years after dissertation defense may choose to embargo their dissertation for up to three years. You may not embargo your work for longer than three years. Depositing the dissertation to Research Commons does not constitute publishing and students may publish with their collaborators in the future. As of July 2022, the PhD in THS program does not have a policy regarding Open Access of data from student dissertations.

Frequently Asked Questions (FAQS)

How early can I submit a draft of my written dissertation for format review?

You can submit your preliminary components of your written dissertation for format review as soon as you are able after successful proposal defense. You do not need to wait until the latest date provided on the Gantt chart. In fact, the program recommends you submit your written dissertation for format review as early as possible.

When does the program do a final review of my written dissertation?

The program conducts a final review and approval of written dissertation format after final approval is provided by the chair/committee.

Can I schedule my dissertation defense date (future), at the same time I submit my draft for review?

We recommend that you submit your written dissertation well in advance of planning your dissertation defense. You can submit the draft sections of your written dissertation any time after your proposal defense. The dates provided on the Gantt chart are the absolute latest by which the program can reasonably support graduation in the desired semester.

How final must the draft be that is submitted for pre-review?

The draft must include the relevant components listed in the style guide. You may submit your written dissertation draft any time after your successful proposal defense. Please remember, as stated in the style guide, you must have made a good faith effort to follow the style guide before submitting it for program review.

Can I have someone format my written dissertation for me?

Students are welcome to provide this style guide to an editor to format their written dissertation. The program does not provide financial support for formatting and students considering using an editor will need to locate and pay for those services on their own. Remember that the program has high standards for academic integrity and editors may not be hired to write the content of the dissertation.

APPENDICES

Summary Review Form

This is a sample of the type of format feedback the student will be provided. Actual form may vary from the example provided.

Dissertation Page Templates

These pages are for review only. They provide details of margin and line spaces that may be helpful. Students should download the template pages provided on the program website to use for setting up their dissertation.

PhD in THS Format and Style Checklist

Name: _____

Date: _____

o Title page format	
• Template used is correct	•
• Candidate's name and degrees	•
• Chair's name, degree(s), department	•
• Title, date	•
• Other	•

o Front Matter Sections are in specified order	
• Title Page (Required)	•
• Certification Page (Required)	•
• Copyright Page (Optional)	•
• Dedication (Optional)	•
• Acknowledgments (Recommended)	•
• Abstract (Required)	•
• Table of Contents (Required)	•
• List of Figures (Required if figures are used)	•
• List of Tables (Required if tables are used)	•
• List of Abbreviations (Recommended)	•
• Glossary of Terms (Optional)	•
• Other	•

o Style	
• Margins consistent and correct, justification correct	•
• Headings consistent (including font size, typeface)	•
• Only chapter titles use level 1 heading style	•
• Times New Roman font used throughout	•
• Font size, typeface, consistent	•
• No font less than 8-point, including figures and tables	•
• Paragraphs appropriately indented	•
• Double line spacing of text (except for longer quotes)	•
• Page numbering – Roman numerals for front matter; Arabic for main body and appendices; bottom center	•
• Headings – follows APA current format	•
• Other	•

o Participant Quotes and Published Quotes and Citations	
• Longer quotes are indented, single spaced, fully justification	•

• Participant attribution provided	•
• Long quotes (greater than 2-3 lines) from published sources are used sparingly	•
• Other	•

o Tables and Figures	
• Numbering format correct	•
• Table and figure heading format correct	•
• Footnotes correct, including abbreviations	•
• Tables are single spaced	•
• Tables and figures are within required margins	•
• 8-point font or larger in all tables and figures	•
• Other	•

o References	
• Current APA format used	•
• Inserted with reference management software	•
• Other	•

o Appendices	
• Page numbering consistent and correct	•
• Title pages and/or headings	•
• Other	•

Plagiarism Check	
• Turn it in score ____	•
• Other check score ____	•

1-inch margins top and bottom throughout entire document.

1.25-inch
margins left
and right
throughout
entire
document.

(Title starts 2 inches from top; 1 inch below margin)

Manuscript Title

(3 single (1.0 blank lines)

by **Student Name**

(3 single (1.0 blank lines)

Degree e.g., B.S. in discipline, month, year, University

Degree e.g., M.S. in discipline, month, year, University

(2 single (1.0 blank lines)

A Dissertation submitted to:

(2 single (1.0 blank lines)

The Faculty of

The School of Medicine and Health Sciences

of the George Washington University

in partial fulfillment of the requirements

for the degree of Doctor of Translational Health Sciences

(3 single (1.0 blank lines)

Date of your dissertation defense (e.g., April 5, 2022)

(3 single (1.0 blank lines)

Dissertation directed by

(3 single (1.0 blank lines)

Dissertation directed by

(1 single (1.0 blank line)

Chair Name, Credentials

(1 single (1.0 blank line)

Title and

Department

The School of Medicine and Health Sciences of the George Washington University certifies that **student full name** has passed the Final Examination for the degree of Doctor of Philosophy as of **date of defense**. This is the final and approved form of the dissertation.

(3 single (1.0 blank lines))

Dissertation Title

(3 single (1.0 blank lines))

Student Name

(3 single (1.0 blank lines))

Dissertation Research Committee

(1 single (1.0 blank line))

Name, degree, title, department, role of chair and committee members

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Name, degree, title, department, role of chair and committee members

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Name, degree, title, department, role of chair and committee members

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Dissertation Readers

(1 single (1.0 blank line))

Name, degree, title, institution, of your readers

(1 single (1.0 blank line))

Name, degree, title, institution, of your readers

Page numbering in front matter is Times New Roman, 10-point, and begins display with ii on this Certification Page. It is aligned at 0.75 inches from bottom of page.

Acknowledgements

(2 single (1.0 blank lines)

I would like to thank my research participants, colleagues, mentors, friends, and family. In addition, I would like to acknowledge and thank...

Text here is left justified, and the first line of each paragraph is indented, and there are not spaces between paragraphs.

Abstract

(2 single (1.0 blank lines))

Dissertation Title: Center the Text, Capitalize Important Words and Ensure that the Title is Single Spaced if it Runs More Than One Line

(2 single (1.0 blank lines))

Background: This is the style for a structured abstract. Insert background information here. Text here is indented on the first line of the paragraph with the paragraph title in bold. The text is left justified. There are no spaces between paragraphs.

Objective: Text here is indented on the first line of the paragraph with the paragraph title in bold. The text is left justified. There are no spaces between paragraphs.

Abstract

(2 single (1.0 blank lines))

Dissertation Title: Center the Text, Capitalize Important Words and Ensure that the Title is Single Spaced if it Runs More Than One Line

(2 single (1.0 blank lines))

This is the style for an unstructured abstract. Text here is indented on the first line of each new paragraph. The text is left justified. There are no spaces between paragraphs.

Text here is indented on the first line of the paragraph. The text is left justified.

There are no spaces between paragraphs.

Table of Contents
(2 single (1.0 blank lines))

Acknowledgements	iii
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Abstract.....	Error! Bookmark not defined.
List of Figures.....	vii
List of Tables	viii
List of Abbreviations	ix
Chapter 1: Introduction (or your heading).....	1
Background.....	1
Statement of the Problem	Error! Bookmark not defined.
Significance of the Study.....	Error! Bookmark not defined.
Chapter 2: Literature Review (or your heading)	2
Chapter 3: Methods (or your heading)	3
Chapter 4: Results (or your heading).....	4
Chapter 5: Discussion, Conclusion (or your heading).....	5
References	6
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Single space within headings and double-space between headings.

Do not include the title page, certification page, and copyright page.

Make sure the text for longer entries does not overlap with the page number column.
Check this page for Bookmark errors!

Front Matter uses Roman Numerals; Chapter 1 onwards uses Arabic Numbers.

List of Figures

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No table of figures entries found.

List of Tables

(2 single (1.0 blank lines)

No table of figures entries found.

List of Abbreviations

(2 single (1.0 blank lines)

[Insert Abbreviations](#)

Page numbering in front matter Times New Roman, 10-point, and continues in Roman Numerals up to this Abbreviations Page if included.

Chapter 1: Introduction (or your heading)

(2 single (1.0 blank lines)

First Section Header in Level Two Format

The text in the chapters of the dissertation is double-spaced, with the first line of each paragraph indented. Titles throughout the chapters are left justified, may be bold or italics but must be consistent throughout the text. Details regarding the different levels of headings are described in the style guide. The text and headings of chapters are Times New Roman, 12-point. Heading styles follow current APA format as described in Style Guide.

Page numbering is Arabic starting on first page of Chapter 1 and continuing to last page, including Appendices. Type face is Times New Roman and font size is 10-point.

Chapter 2: Literature Review (or your heading)

(2 single (1.0 blank lines)

First Section Header in Level Two Format

The text in the chapters of the dissertation is double-spaced, with the first line of each paragraph indented. Titles throughout the chapters are left justified, may be bold or italics but must be consistent throughout the text. Details regarding the different levels of headings are described in the style guide. The text and headings of chapters are Times New Roman, 12-point. Heading styles follow current APA format as described in Style Guide.

Chapter 3: Methods (or your heading)

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First Section Header in Level Two Format

The text in the chapters of the dissertation is double-spaced, with the first line of each paragraph indented. Titles throughout the chapters are left justified, may be bold or italics but must be consistent throughout the text. Details regarding the different levels of headings are described in the style guide. The text and headings of chapters are Times New Roman, 12-point. Heading styles follow current APA format as described in Style Guide.

Chapter 4: Results (or your heading)

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First Section Header in Level Two Format

The text in the chapters of the dissertation is double-spaced, with the first line of each paragraph indented. Titles throughout the chapters are left justified, may be bold or italics but must be consistent throughout the text. Details regarding the different levels of headings are described in the style guide. The text and headings of chapters are Times New Roman, 12-point. Heading styles follow current APA format as described in Style Guide.

Chapter 5: Discussion, Conclusion (or your heading)

(2 single (1.0 blank lines)

First Section Header in Level Two Format

The text in the chapters of the dissertation is double-spaced, with the first line of each paragraph indented. Titles throughout the chapters are left justified, may be bold or italics but must be consistent throughout the text. Details regarding the different levels of headings are described in the style guide. The text and headings of chapters are Times New Roman, 12-point. Heading styles follow current APA format as described in Style Guide.

References

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Start references here. All references should be entered using reference management software. References must follow current APA format.

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Typeface for references is Times New Roman and font size is 12-point.

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Single spacing within entries; double spacing between entries.

Appendices

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Appendix A: Add the Title of Appendix A here.

Appendix B: Add the Title of Appendix B here.

Appendix C: Add the Title of Appendix C here.

Continue to list titles of all appendices.

Appendix A

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Title of Appendix A Here

(1 single (1.0 blank lines)

Begin Appendix material here. Appendix material may be single- or double-spaced but must comply with all page margins.

Copyright permissions, if any, should be placed in the last appendix of the manuscript.